WELCOME TO IT'S SIMPLE:

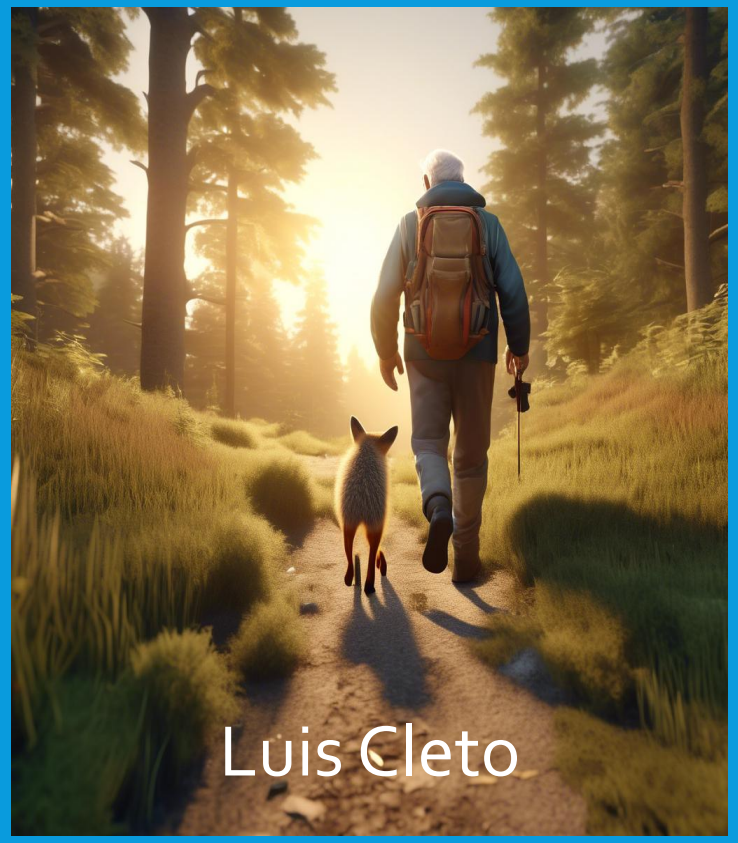


PLEASE START RECORDING

WELCOME



WEEK 1 OF SIMPLE ORIENTATION AND INTRODUCTION



- Good morning. My name is Luis Cleto, and I'm one of the co-leaders of the SIMPLE Course.
- To those of you joining us for the first time: welcome. I speak for all the co-leaders when I say we feel privileged that you're choosing to spend your precious time with us, and we will do our very best to deserve that privilege.
- And to those of you returning for a second, third, or even seventh time: welcome back. It means a great deal to us that you keep coming back, and your experience is a gift to everyone in this room.
- I have many hopes for this year, but if I had to name just one, it would be this: that the work we do together allows all of us, co-leaders and participants alike, to continue our journey of cleaning up, growing up, showing up, and waking up. Those are phrases we'll come to know well in the months ahead.
- My hope is that the work we'll do together helps us in the journey of healing ourselves and our world.
- Welcome to the 2026–2027 edition of the SIMPLE Course.

WELCOME TO SIMPLE: TODAY'S SESSION AT A GLANCE

Welcome — and welcome back.

Whether this is your first time or your seventh, we're glad you're here. Your experience is a gift to everyone in the room.

Our hope for the year: that the work we do together helps all of us — co-leaders and participants alike — keep cleaning up, growing up, showing up and waking up.

PART 1 · ORIENTATION

Getting on the SIMPLE "bus"

The nuts and bolts: who we are, why the course is called SIMPLE and who it's for, what you'll need, our resources and schedule, and the agreements that keep the group safe.

PART 2 · OVERVIEW

Previewing the SIMPLE "trip"

The what: the ideas and metaphors we'll return to all year, the six parts of the course, the challenges people often meet along the way, and how to care for yourself in the group.

WHAT WE'LL COVER TODAY

PART 1 · ORIENTATION

1. **Introductions and our first poll**
   Meet the co-leaders; tell us a little about you
2. **Mindfulness**
   Benefits, risks, grounding, and our first practice
3. **Your intentions for the course**
   What would you like to focus on this year?
4. **Why "SIMPLE", and who it's for**
   Emotional dysregulation and the window of tolerance
5. **What you'll need**
   The books, a binder — and your engagement
6. **Resources and schedule**
   Email, website, YouTube, Groups.io, Boing
7. **Participant agreements**
   How we look after one another, in person and on Zoom

PART 2 · OVERVIEW

8. **Some key definitions**
   Health, illness, disease, pain, suffering and more
9. **There's a hole in my sidewalk**
   The central metaphor of the course
10. **What we'll cover this year**
    Six parts: theory, DBT skills, tools, strategies, practice, IFS
11. **When the course gets difficult**
    Common obstacles, and how to stay the journey
12. **Sharing, and if you're triggered**
    Caring for yourself and others in the group
13. **Homework for the coming week**
    What to read before next Wednesday

BEFORE WE BEGIN

Recording and privacy

We record Wednesday sessions for the SIMPLE YouTube channel, but stop recording for the two question periods so participants aren't seen or heard.

Questions and comments

Write them on an index card or in the Zoom chat. We'll take them before or after the break and before the end of the session.

Take care of yourself

Feel free to skip a mindfulness exercise if it causes distress, and step out to re-regulate if you need to — just let a facilitator know.

Joining on Zoom

Mute when you're not speaking, keep your camera on at the start and during questions, and make sure no one else can see or hear the group.

An invitation for today: as we go, start thinking about your intention for the course — what you'd like to invite into your life over the coming months.

RECORDING SESSIONS



- To make the course more easily available we record the Wednesday sessions and post the videos on simple's YouTube channel @itssimpleonyoutube1123.
- We are concerned about respecting the privacy of all the participants. Our goal is that neither the in person nor the zoom participants will be visible or audible on the videos.
- To this effect we set aside two periods for participant questions or comments. The first will be before or after the midsession break and the second before the end of the session. We will stop recording during these periods.

WELCOME TO THE 2026-27 SIMPLE COURSE

- A few quotations that have inspired SIMPLE:
- “Conforming to the divine I live for mankind not only for myself, and whoever understands this message will also live for me” Carl Jung
- “ Human beings are driven by forces of which they are not aware” Jeffrey Kripal
- “Healing (and growth) is the touching with love of that which has been touched with fear, anger, and despair” Anonymous.
- “Health is not the absence of disease, it is the state of physical, psychological, social, and spiritual wellbeing.” WHO
- “Be kind for everyone you meet is fighting a great battle” Anonymous
- “It is a little embarrassing that, after forty-five years of research and study, the best advice I can give to people is to be a little kinder to each other.” Aldous Huxley

2025-26 SIMPLE COURSE CO-LEADERS



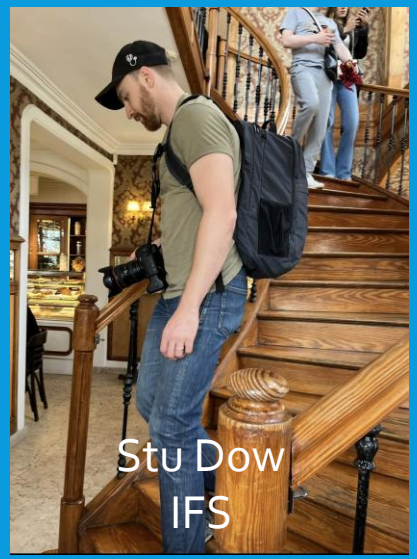












The 2026-27 Simple course is offered in collaboration with:
The Stratford family health team

TODAY'S SESSION IS DIVIDED INTO 2 PARTS

1. ORIENTATION: THE WHO, HOW, WHY WHERE, AND WHEN OR NUTS AND BOLTS OF THE SIMPLE COURSE

An introduction to the Simple "bus"



2. OVERVIEW: THE WHAT OF THE SIMPLE COURSE

An overview of the Simple "trip" or material we will cover over the next 8 months.





- My name is…
- My role as a co leader is…
- My hope for the course is…

YOUR QUESTIONS AND COMMENTS



- We truly appreciate your participation in the course and welcome your questions and comments. They are important in making the content of the course clearer and helping us to do a better job.
- Over the years we've experimented with different question and comment formats.
- This year we are once again going to have two designated periods of 15-20 minutes each for questions and comments.
- These will be before or right after the half-way break and before the end of the session. Outside these times we will not be able to address your questions or comments.
- During the question and comment period, we will give priority to in person participants written questions. (please write your questions or comments in the index cards provided) and those sent by zoom participants via the chat function.

YOUR QUESTIONS AND COMMENTS



- The co-leaders will review these questions and comments and introduce them at the appropriate times. You can also let us know if you want to be identified as the author of the question/comment or prefer to remain anonymous.
- If there's time left over, we can take questions/comments that were not submitted in writing.
- If you have questions between sessions, you can email us, and we will try to address them in the sessions. If they are lengthier or more personal questions or comments, we encourage you to bring them to the Monday boing group.
- If there are more questions/comments than can be addressed in our time we can address them in the boing group on Mondays.

WHAT WE WILL COVER TODAY

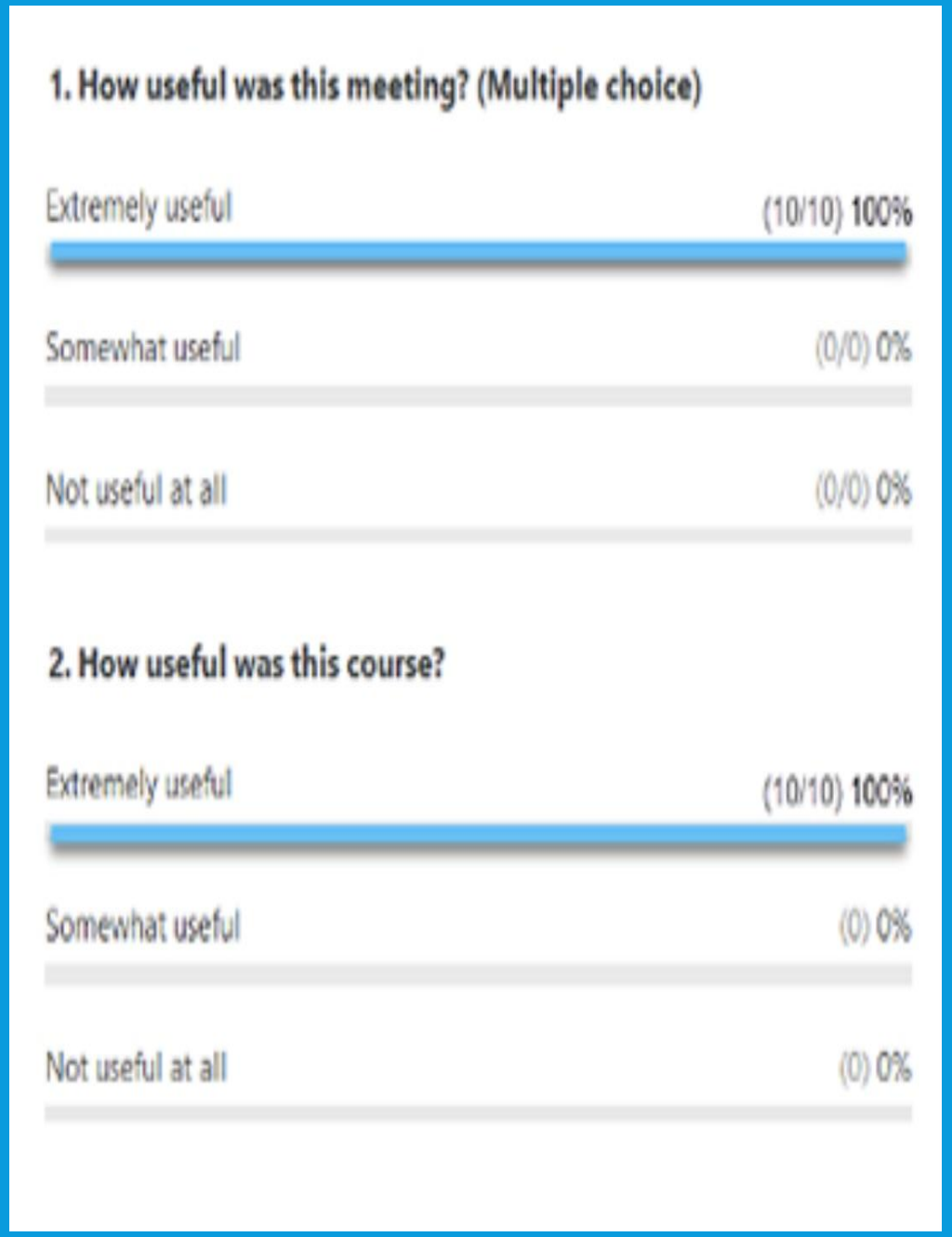


- Poll
- Mindfulness
- Your intentions for the course
- Why is this course called Simple and who might benefit from it
- Stuff you need for the course
- Simple course resources and schedule
- Participant agreements for the in person and zoom attendees.
- health, illness, disease, sickness, disorder, pain and suffering
- "there is a hole in my sidewalk" by Portia Nelson
- What we will be covering in the course
- Challenges often encountered by people doing Simple and how to address them
- Stuff to keep in mind when sharing in the group or if you’re triggered
- Homework for the coming week



- My name is…
- My role as a co leader is…
- My hope for the course is…

ZOOM POLLS



- Throughout the year we will be doing polls to better understand some of your thoughts, feelings and needs from the course.
- We'll look at the answers of zoom participants immediately after we do the polls.
- We'll share the answers of in person participants at the beginning of the session the week after the poll.
- Answers are anonymous
- The session 1 poll asks about you

PLEASE LAUCH SESSION 1 POLL



- My name is…
- My role as a co leader is…
- My hope for the course is…

WHAT WE WILL COVER TODAY



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MINDFULNESS IS PAYING ATTENTION TO THE PRESENT MOMENT WITHOUT JUDGEMENT.

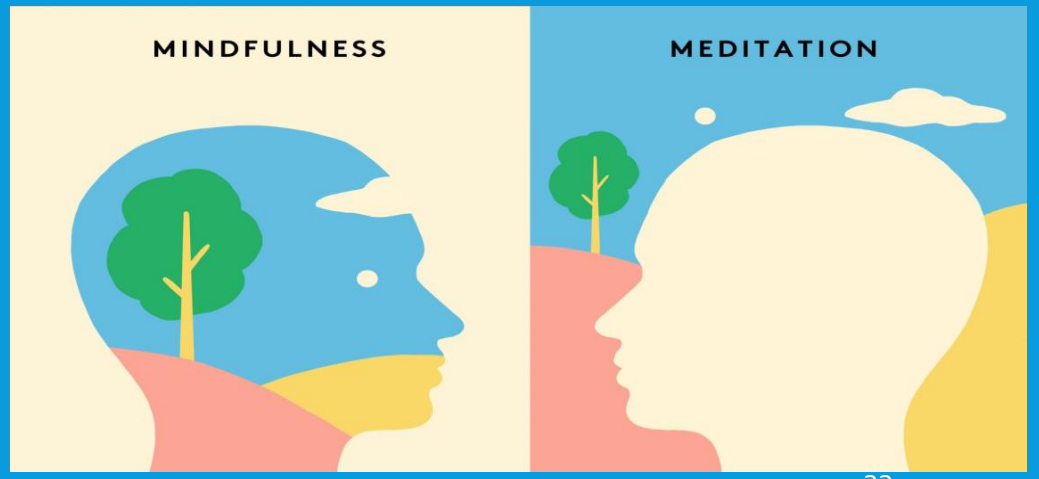
MINDFULNESS IS A CORE CONCEPT IN THE SIMPLE COURSE

WHAT IS MINDFULNESS ?

- In our day-to-day life, when we are not focused on a concrete task, our thoughts tend to roam, flitting from one subject to another in what is called a stream of associations. Sometimes our thoughts go to happy or neutral places, but many people experience a disproportionate amount of negative painful thoughts and feelings.
- Mindfulness is learning the difficult skill of influencing where our thoughts and feelings go.
- In mindfulness, we fill our mind with something that we choose to fill it with, for example being present with a friend, the forest around us, or a sunset. In mindfulness our mind stays present and focused on that one thing and avoids roaming to other subjects.
- Mindfulness, is also about learning to live in the present moment rather than “time travelling” and ruminating about the past or catastrophizing about the future.
- Meditation is a mindfulness practice that helps us learn to focus our attention by keeping it focused on one single object of perception such as the breath, a mantra, or our bodily sensations. If you put into pictures…

Distressing thoughts and feelings → Mindfulness and meditation





BENEFITS AND RISKS OF MEDITATION



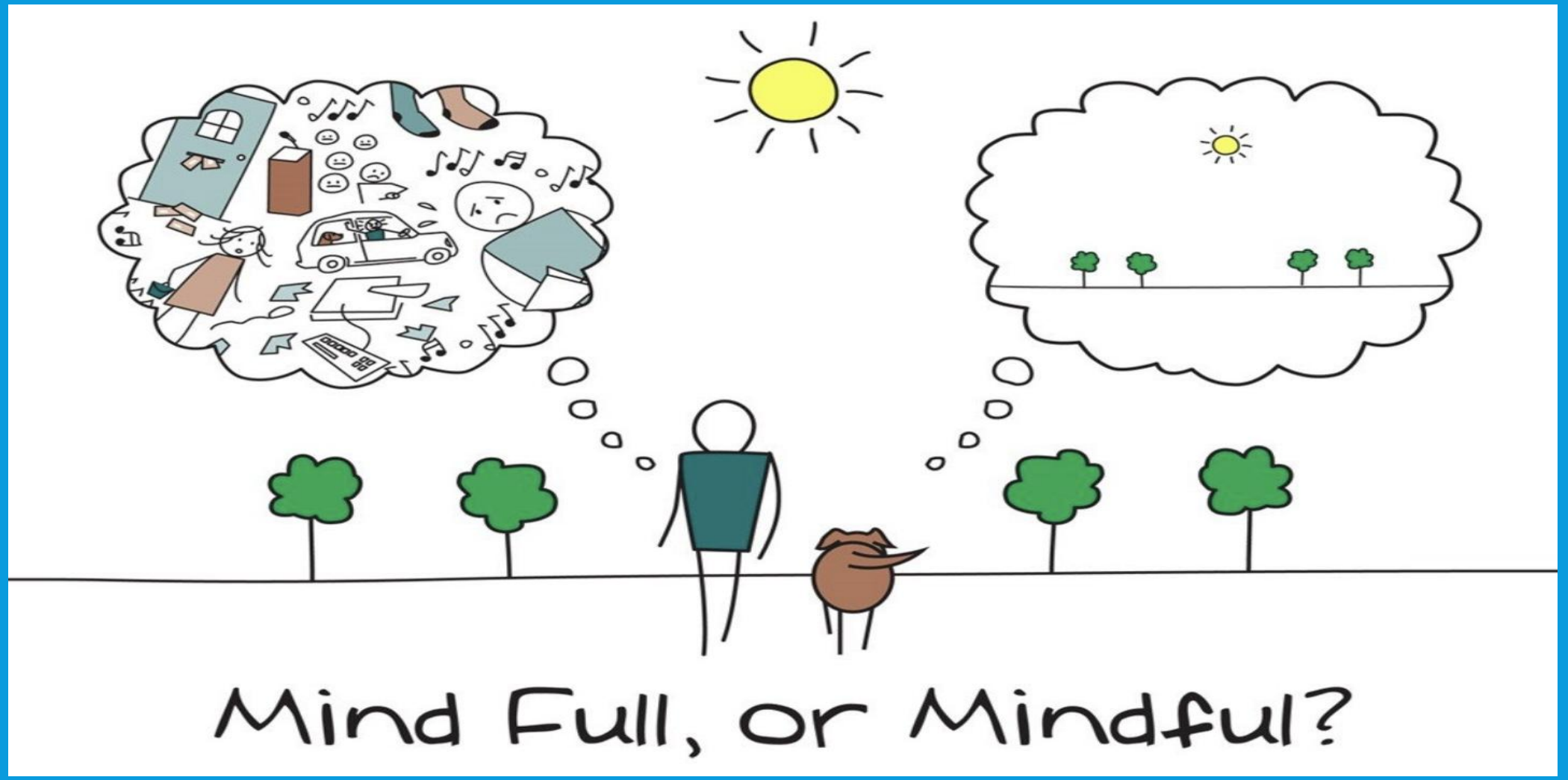
- Thousands of studies have concluded that meditation benefits mental, physical, emotional, and spiritual health.
- For some meditation can have negative effects.
- The most common negative effects of meditation are increased anxiety, panic, confusion and disorientation, depression, and feeling spaced out.
- People with significant past trauma and those who frequently have ruminative negative thoughts are the most likely to experience these negative effects.
- A busy life can serve to distract us from painful thoughts and feelings. Sometimes when we slow our minds down the negative thoughts and feelings fill the empty space we created.
- This is also why some people are more distressed at nighttime or in the morning when life is quieter.

WHAT IS GROUNDING?



- Grounding techniques, exercises and skills, can distract from or soothe distressing feelings by shifting our focus from past or future thinking into the present moment. Grounding exercises help us focus on the here and now. This can help us to distract from what is preoccupying our mind.
- Without realizing it many of us already engage in some of these techniques.
- Grounding exercises are especially helpful for people experiencing anxiety, substance use or eating disorders, self-harm urges, PTSD or complex PTSD symptoms and chronic pain.
- Grounding exercises are mindfulness but not meditation exercises.
- The self soothing toolkit and the mindful eating exercise which we will do together in future sessions are both grounding exercises. They should both be safe for most people
- If the mindfulness exercises, we do at the beginning of each session cause you distress, feel free to skip them, you may want to use that time to do a grounding practice.

OUR FIRST 5 MINUTE MINDFULNESS EXERCISE





MINDFULNESS PRACTICE

feel free to skip the practice if it causes you distress

WELCOME

Let's begin by finding a comfortable position—seated or lying down—whatever feels safe and grounded to you.
If you feel comfortable, you can gently close your eyes. If not, simply lower your gaze or soften your focus.
Take a moment to arrive.
Notice that you are here, in this space, with this group.
You don't need to do anything right now. There's nothing to fix or figure out. Just be.
Let your attention rest on your breath—noticing the in-breath… and the out-breath.
You don't have to breathe in any special way.
Just notice the natural rhythm.
Feel the breath as it enters through your nose or mouth…
and gently leaves your body.
Now bring awareness to your body.
Can you feel the support beneath you—your chair, the floor?
Allow yourself to settle into that support, trusting that you are held.

Now imagine you're standing outside during a storm.
The wind is blowing. It's cold. The rain is relentless. Every gust knocks you off balance.
For many people, that's what life feels like. Anxiety. Depression. Trauma. Loss. Loneliness. Illness. Conflict. Grief.
They don't have enough shelter from the storms of life.
This course isn't about making the storms disappear.
Storms are part of being human.
What this course hopes to do is help you build a shelter.
Not *the* shelter.
Your shelter.

We'll introduce many different building materials.
Some will come from psychology.
Some from neuroscience.
Some from philosophy.
Some from spirituality.
Some from the lived experience of the people in this room.
Some materials you'll find incredibly useful.
Others won't fit the shelter you're building.
That's okay.
You're the architect.

The DBT skills become part of the foundation.
Mindfulness becomes the windows.
Emotion regulation strengthens the walls.
Attachment and relationships become the beams that hold the structure together.
IFS helps you understand the people already living inside the house.
Meaning and spirituality help you decide where to build it and why.

The first part of the course asks:
How do I build a shelter?
By session 33 we'll be asking:
I've built the shelter now how do I makes it home?

We begin the course by learning how to build a shelter from the storms of life.
We finish by discovering that the strongest shelter is built from love, connection, wisdom, and meaning.
Storms will still come.
But now, perhaps, you have a home from which to meet them.

[10–15 seconds of silence]

When you’re ready, gently wiggle your fingers and toes.
You can open your eyes if they were closed and come back to the room.

Welcome to the group. You belong here. We’re glad you’re here.

WHAT WE WILL COVER TODAY

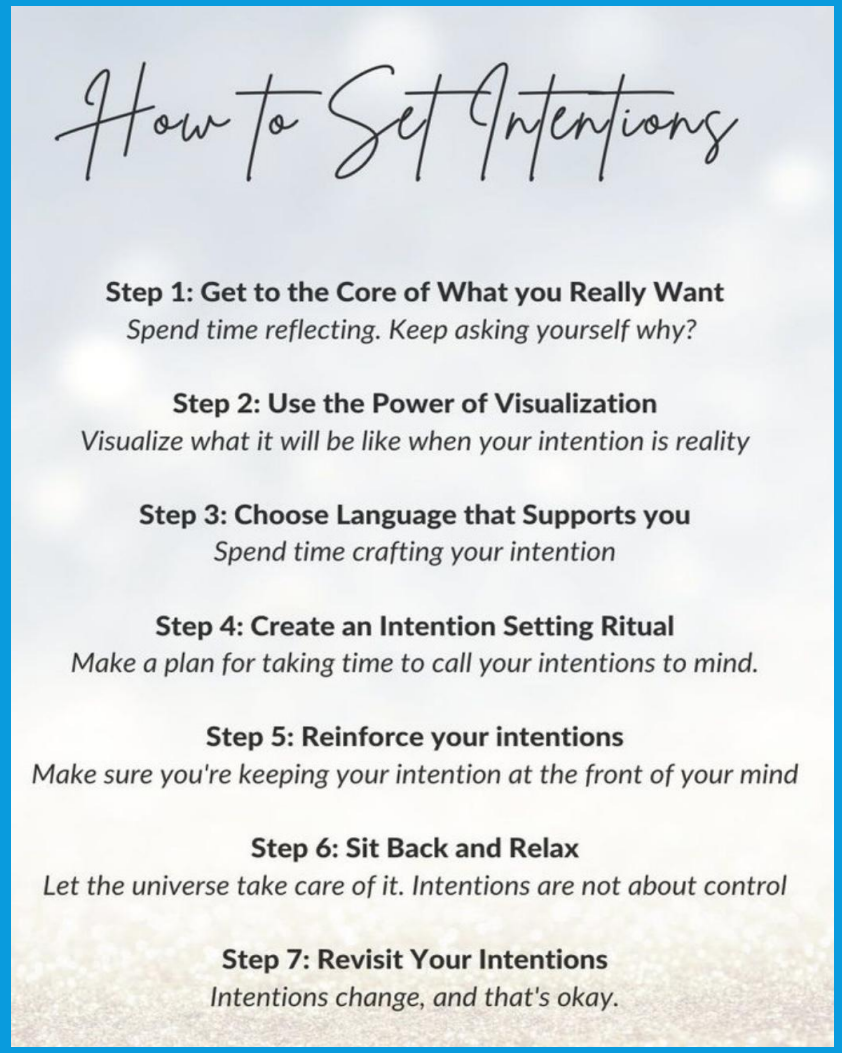


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- My name is…
- My role as a co leader is…
- My hope for the course is…

YOUR INTENTIONS FOR THE COURSE



- Setting an intention means consciously deciding what you want to focus on or achieve in a particular area of your life. It's about clarifying your goals, desires, or feelings and aligning your actions and mindset with those aspirations.
- There are many ways of setting intentions: through meditation, journaling, or simply taking a moment to reflect.
- When we set an intention, we're not just wishing for something to happen; we're actively committing to a mindset or a course of action that can help us get to our goals.
- An intention can be as specific as wanting to improve our health or as broad as wanting to experience more joy in our daily life. The key is to be clear and positive about what we want to invite into our life!
- Take a moment now to think about and set your intention for the next few months and the time we'll spend together.
- Write it down. Remind yourself of your intentions every time you do a session. If you would like, you can share your intentions with us using the index cards or the chat.

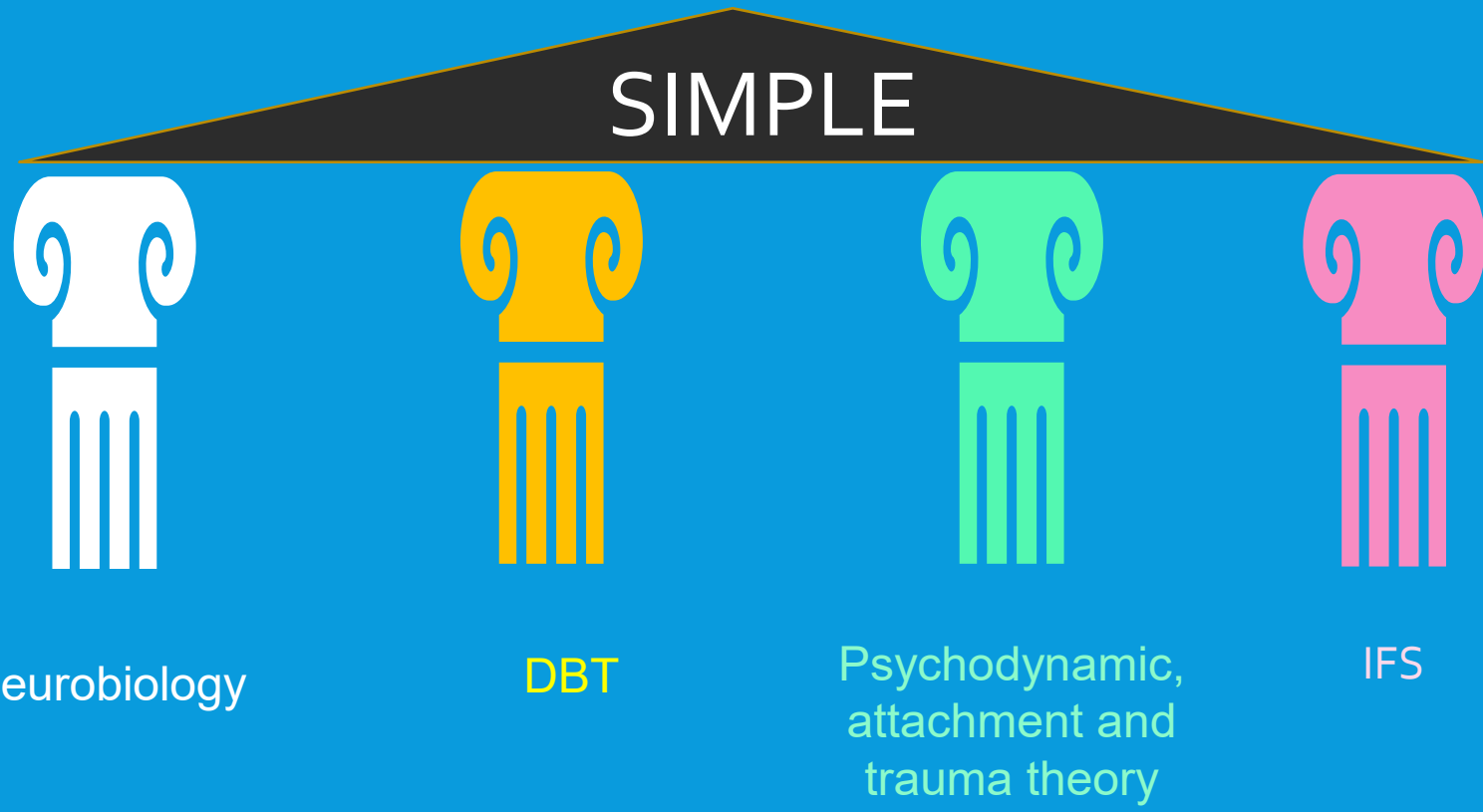
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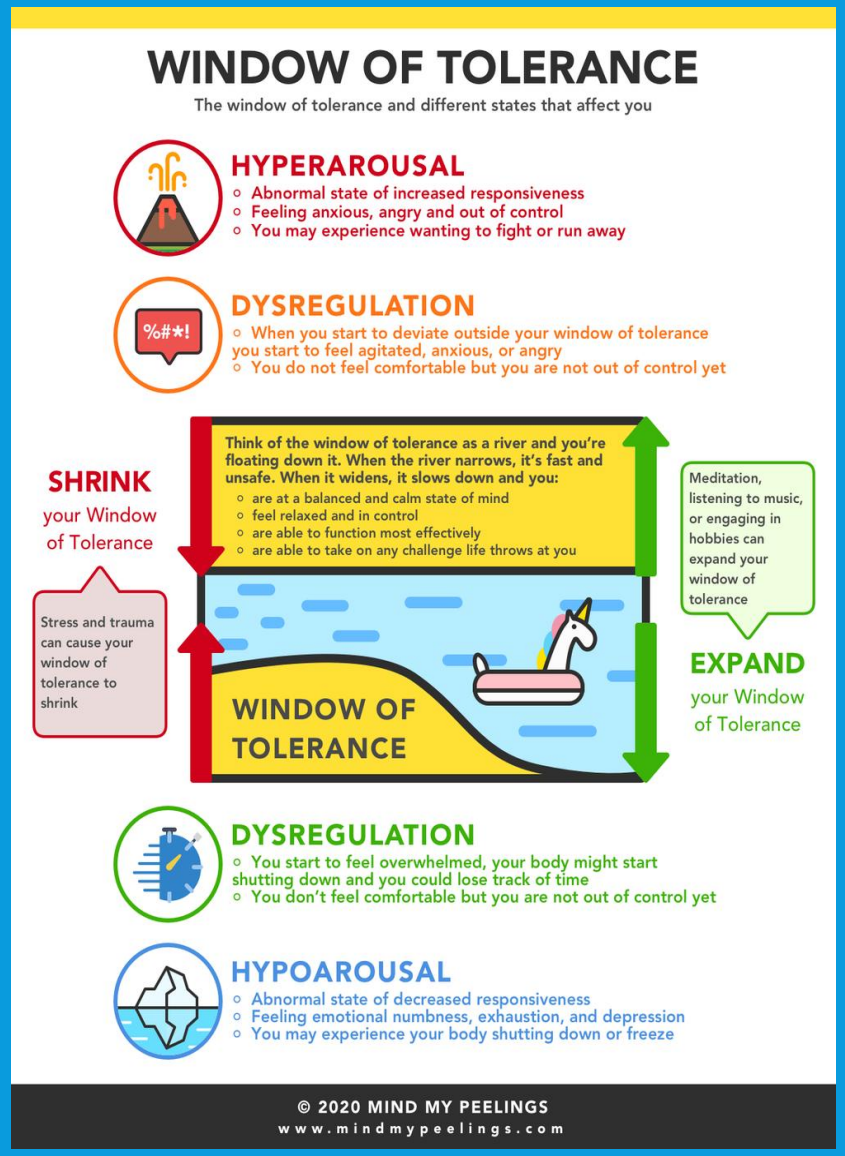
IT'S SIMPLE

Structured
Integrative, integral, idealist, IFS inspired
Mindful
Psychotherapy that is
Learned
Easily



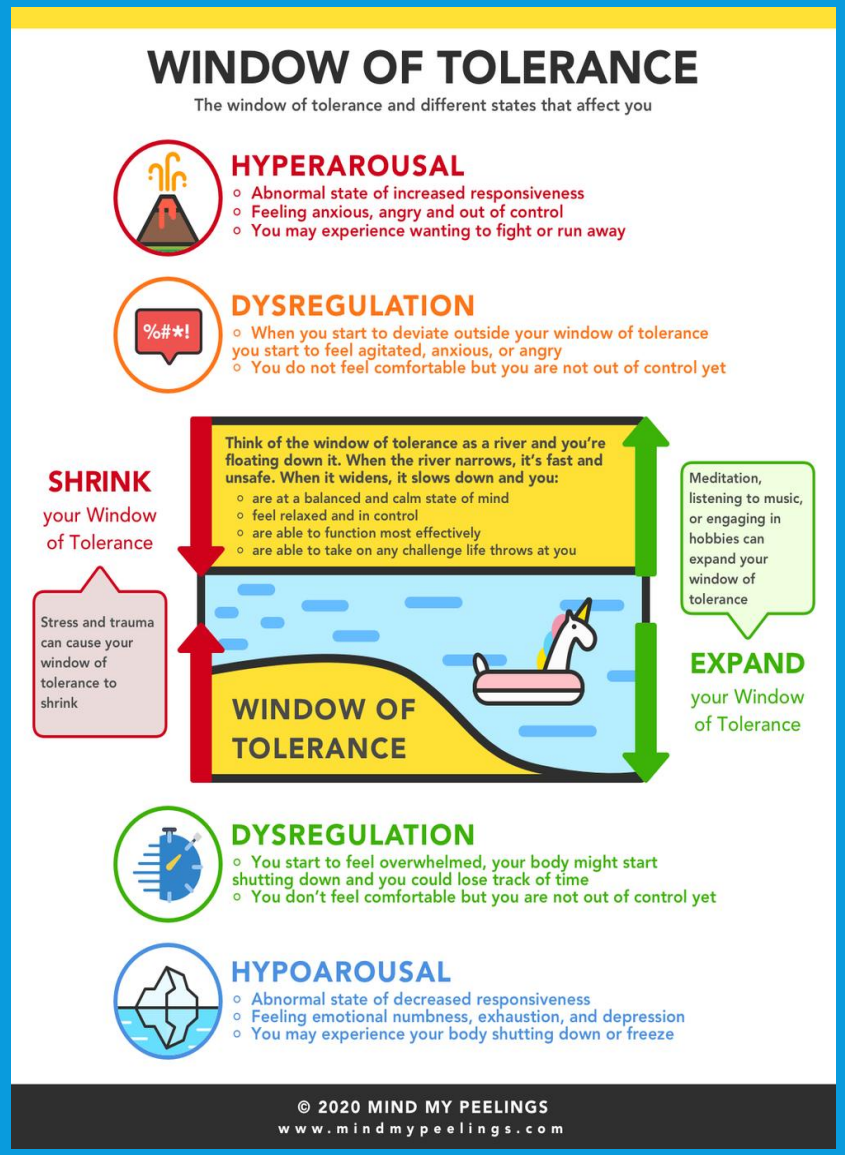
- Simple is a bio psycho socio spiritual course/group that is geared towards anyone who experiences emotional dysregulation.
- It strives to synthesize knowledge from a variety of disciplines into a single framework

WHO SIMPLE IS FOR



- Anyone who experiences emotional dysregulation.
- When we're calm or alert, we're in a state of physiological activation referred to as the 'window of emotional tolerance'.
- When we're outside that window of tolerance we are either in the hyperarousal of fight/flight or the hypoarousal of freeze/dissociation.
- What is emotional dysregulation?
- It is a disproportionate emotional reaction to present day events or intense emotions arising apparently from nowhere.
- Dysregulated emotions are seen in DBT as the core problem which then give rise to dysregulated thoughts and behaviors.
- Many people who experience depression, anxiety, high levels of shame and anger, self-harm, excessive substance use, high risk behaviors, perfectionism, conflictual interpersonal relationships, issues with eating, suicidal thoughts, etc.. do so because of emotional dysregulation

WHO SIMPLE IS FOR



- Dysregulated emotions are not just average responses to present day events.
- Dysregulated emotions are often triggered by present-day events but also depend on unconscious factors such our temperamental predispositions, and our past experiences, including the type of parenting we received and/or the previous traumatic circumstances we may have encountered during our lives.
- The main goals of this course are
- 1. to help people who experience emotional dysregulation become aware of, understand, and better regulate their dysregulated emotions , thoughts, and behaviors and
- 2. to heal the traumas that underlie emotional dysregulation

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What do you need to do the Simple course?

WHAT YOU NEED TO DO THE SIMPLE COURSE

1. a)The Simple manual b)the skills training and c)IFS workbooks each around $30

2. A 3-ring binder

3. Access to the Simple website- Itssimple2021.com

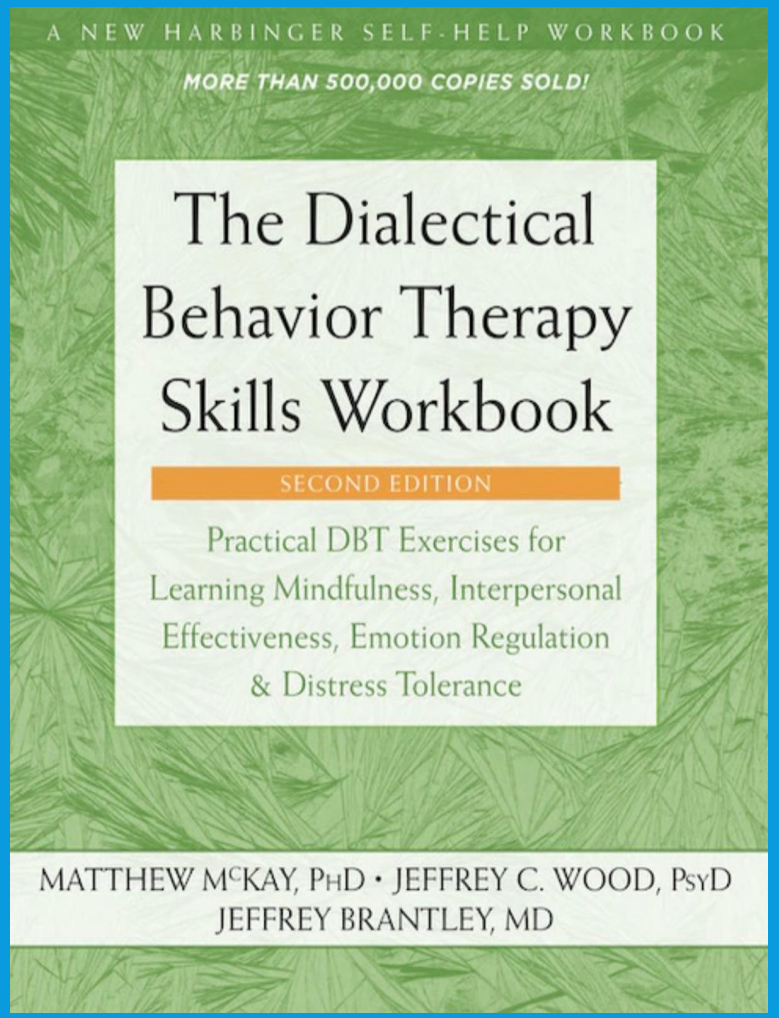
4. Access to the It's Simple on YouTube (itssimple on youtube1123) or the "live" course.

5. Your active participation

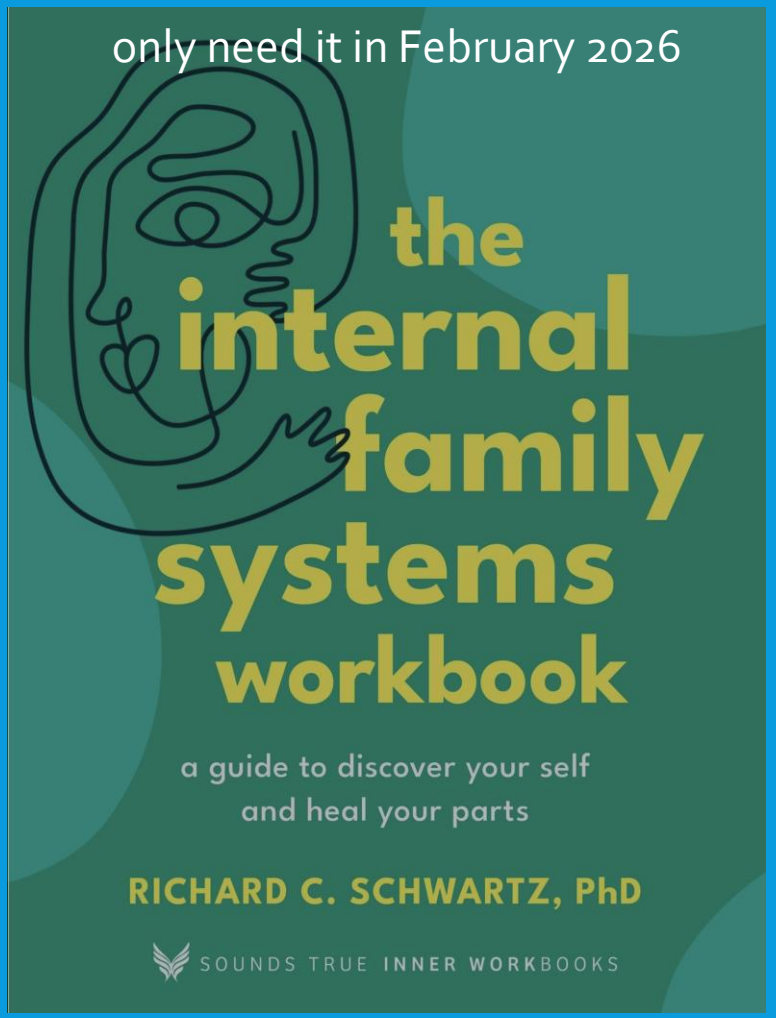
THE BOOKS WE USE IN THE SIMPLE COURSE







only need it in February 2026



THREE RING BINDER



- Preferably with 33 separation tabs- one for each session
- Have it with you at each session
- You can use it to keep your weekly homework: crisis plans, diary cards, chain analysis, jot down notes, etc.

MOST IMPORTANTLY



- Across all different therapy models, the most important predictor of positive change is the client's emotional engagement with the work
- Meaning you'll get the most out the course if you actively emotionally engage in it. This includes:
- Doing the homework: reading about the skills, tools, strategies, theory, and optionally reviewing the PowerPoint presentations and YouTube videos ahead of the sessions
- Intentionally and mindfully applying the tools and skills you are learning in the course in your day-to-day life.
- The benefits you'll get from the course are proportional to the effort you put in.
- Do the homework, stay organized and…
- Practice, practice, practice

WHY HOMEWORK IS CRITICAL

PRACTICE We learn skills by using them.

AWARENESS Homework helps us notice our patterns.

MOMENTUM Small steps keep change moving.

OWNERSHIP You discover what works for you.

Homework is not a test. It is practice.

WHY HOMEWORK OFTEN DOESN'T GET DONE

LIFE GETS BUSY Other demands take over.

WE FORGET Good intentions disappear during the week.

IT FEELS UNCOMFORTABLE We naturally avoid difficult feelings.

IT FEELS TOO BIG Perfectionism can make starting difficult.

WE DON'T SEE THE POINT The task may not yet feel relevant.

Not doing homework is information — not failure.

MAKING HOMEWORK MORE DOABLE

MAKE IT SMALL Start with five minutes.

MAKE A PLAN Pick a time and place.

USE REMINDERS Use your phone or calendar.

EXPECT RESISTANCE Be curious, not critical.

BRING IT BACK Done or not done — we can learn from it.

The goal is not perfect homework. The goal is learning.

TO HELP YOU DO THE HOMEWORK PICK A TIME AND PLACE AND DEVOTE 15 to 30 MINUTES TO IT. DO THIS AT LEAST ONCE A WEEK. CONSULT THE HOMEWORK HABITS CHECKLIST AT THE START.

HOMEWORK HABITS CHECKLIST

Circle or check what you will try this week.

1. Preparation habits

- I schedule a specific time for homework.
- I choose a consistent location with minimal distractions.
- I gather what I need ahead of time (notebook, worksheet, pen).

2. Focus & pacing habits

- I start with a tiny step (2–5 minutes).
- I use a timer (10–15 minutes).
- I remove distractions (phone away / Do Not Disturb).

HOMEWORK HABITS CHECKLIST

3. Tracking & organization habits

- I keep materials in one place (binder / folder / notebook).
- I write down insights right after doing the homework.

4. Self-compassion habits

- I aim for progress, not perfection.
- I notice resistance without judgment.

5. Accountability habits

- I review my week: What worked? What didn't?
- I share honestly with my buddy — even when I didn't do it.

Micro commitment:

This week I will focus on: ■ Time ■ Place ■ Tiny step ■ Timer ■ Other please specify:

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What learning resources does the course offer ?
What does our schedule for the year look like?
And what do we do in case of unexpected events such as the internet being down?

SIMPLE COURSE RESOURCES: EMAIL



- E-mail: Our email is itssimple2023@gmail.com
- On Wednesday mornings before the group, and occasionally through the week we review your questions, comments, and feedback.
- When appropriate we may address these questions, comments and feedback “live” at the beginning of a session.
- Unfortunately, at other times In-between sessions, we cannot guarantee that we will always answer your e-mails
- You can also email us if you want to volunteer for a in-class practice. We will work with you individually to prepare for the session in which we will use the tools and skills in front of the group.(more on this later)

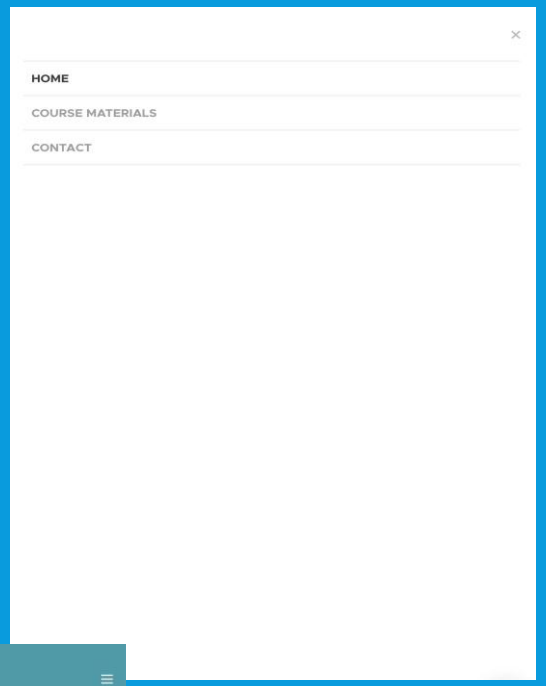
SIMPLE COURSE RESOURCES: YouTube



- Simple YouTube channel
- Search YouTube for: @itssimpleonyoutube1123.
- May help you understand the material better if you missed some things in the Wednesday session.
- May be useful to you if you miss one or more sessions.
- Allows people to do the course on their own.

SIMPLE COURSE RESOURCES: Website







- On the itssimple2021.com homepage website click on course materials then scroll down and you will find PDF and PowerPoint files for the registration form, assessment tools, announcements, PowerPoint slides for the 2026-27 simple sessions, mental health resources, key slides, a schedule etc.

SIMPLE COURSE RESOURCES: Groups.IO



What is Groups.io?

Groups.io is a private online discussion forum that allows members of our group to communicate with one another between sessions.

You can use it to:

- Ask questions and get ideas from other participants.
- Share experiences, resources, suggestions, and helpful information.
- Start a new discussion or reply to an existing one.
- Stay connected with the SIMPLE community throughout the course.

You can participate either through the Groups.io website or simply by email. When someone posts a message, you can receive it in your email and reply directly from there.

The purpose is to create a supportive, respectful community where participants can learn from and help one another. It is not intended to replace professional or emergency support, and you should avoid sharing information that you would not want other members of the group to see.

SIMPLE Participants Forum(groups.io) — Code of Conduct

The SIMPLE Participants Forum is intended to provide a welcoming space where course participants can continue conversations outside our formal sessions, ask one another questions, share reflections and resources, and learn from each other's experiences.

The forum belongs to the community. It is not intended to be a therapy group, and it will not necessarily be regularly monitored or moderated by SIMPLE course leaders. We ask everyone who participates to help make it a safe, respectful and useful space.

1. Treat one another with respect

We will sometimes see things differently. Curiosity and respectful disagreement are welcome; personal attacks, ridicule, harassment, discriminatory comments, or deliberately hurtful language are not.

Try to approach another person's perspective with the same spirit we encourage throughout SIMPLE: **curiosity before judgment**.

2. Protect confidentiality

Please treat what other participants share as private.

Do not copy, forward, screenshot, post on social media, or otherwise share another participant's comments outside the group without that person's permission.

At the same time, remember that this is an online forum with many participants. **Absolute confidentiality cannot be guaranteed.** Share only what you are comfortable having other members of the group know.

3. Protect the privacy of people who are not in the group

You are welcome to discuss situations from your own life, but please avoid providing information that could identify patients, clients, family members, colleagues, or other people.

Health professionals should be particularly careful not to disclose identifiable patient information.

4. Speak from your own experience

Whenever possible, use language such as *“What I have found helpful is…”* or *“My experience has been…”* rather than telling another participant what they should do.

Different people may respond very differently to the same situation.

5. The forum is not a substitute for professional care

Participants may support one another and share experiences, but the forum is **not a place for diagnosis or individualized medical, psychiatric, or psychological treatment advice**.

Questions about medications, diagnoses, treatment decisions, or significant health concerns should be discussed with an appropriate healthcare professional.

6. Be thoughtful about emotionally difficult material

SIMPLE sometimes deals with trauma, suicide, abuse, sexuality, loss and other deeply personal subjects. These topics can certainly be discussed, but please consider how much detail is necessary. When a post contains material that others might find particularly distressing, a brief warning at the beginning—for example, **“Content note: discussion of suicide”**—can allow people to decide whether they wish to continue reading.

7. The forum is not a crisis service

The Groups.io forum is **not continuously monitored by SIMPLE leaders**, and participants should not use it to seek urgent help.

If you or someone else is in immediate danger or experiencing a mental-health emergency, please contact appropriate emergency or crisis services rather than waiting for someone in the forum to respond.

8. Participation is voluntary

You are never required to post, disclose personal information, or respond to another participant.

Reading quietly is also a perfectly legitimate way of participating.

9. Give others room to participate

We hope the forum will contain many different voices. Before posting repeatedly or responding to every discussion, consider leaving room for others to contribute.

Questions are welcome. Thoughtful disagreement is welcome. Changing your mind is welcome.

10. Help us look after the community

Most difficulties can probably be handled by participants themselves through kindness, clarification and good judgment.

If something posted in the forum is seriously concerning, violates these guidelines, or appears to put someone at risk, please bring it privately to the attention of a SIMPLE course leader rather than attempting to resolve a serious situation publicly.

One simple principle

When you are uncertain whether to post something, you might ask yourself:

Is it respectful? Is it necessary? Is it mine to share? And does it contribute to the kind of community we are trying to create?

The purpose of this forum is not for us always to agree. It is to provide another place where we can **learn from one another with curiosity, compassion and respect.**

By participating in the SIMPLE Participants Forum, members agree to follow these guidelines.

How to Post a Message on the SIMPLE Groups.io Forum

There are **two easy ways** to participate in the SIMPLE discussion forum.

Option 1 — Post on the Groups.io website

1. Go to Groups.io and sign in with the email address you used to join the SIMPLE group.
2. Select **Your Groups** and then select the **SIMPLE Participants** group.
3. Select **New Topic**.
4. Enter a short **subject** describing what you want to discuss.
5. Write your message.
6. Select **Send**.

Your message will then appear in the forum and will be available to the other SIMPLE participants.

To **reply to someone else's message**, open their message and select **Reply**. Write your response and select **Send**.

Option 2 — Use ordinary email

You don't actually have to visit the Groups.io website.

You can send an ordinary email from the email account you used to join the group to:

simpleparticipants@groups.io

The **subject line** of your email becomes the topic title, and the **body of the email** becomes your post.

When you receive a SIMPLE Groups.io message by email, you can also **reply to the email** to participate in the conversation.

A couple of important reminders

Before posting, please remember our SIMPLE Participants Forum Code of Conduct. In particular, protect your own and other people's privacy, don't include identifiable information about patients or other third parties, and remember that the forum is **not continuously monitored by SIMPLE course leaders and should not be used for urgent or crisis concerns**.

You are never required to post. You're equally welcome simply to read the discussions and participate when you feel comfortable.

SUMMARY OF SIMPLE COURSE RESOURCES

- Website: itssimple2021.com then click “news” and scroll down
- Email: itssimple2023@gmail.com
- YouTube: itssimpleonyoutube1123
- Google group: 2026-27 simple course
- Manual: It’s simple by Luis Cleto 2nd edition available on amazon
- The DBT skills training workbook by Matthew McKay
- The IFS workbook by Richard Schwartz

SIMPLE COURSE SCHEDULE 2026-27

Week 1- October 7
Week 2- October 14
Week 3- October 21
Week 4- October 28
Week 5- November 4
Week 6- November 11
Week 7- November 18
Week 8- November 25
Week 9- December 2
Week 10- December 9
Week 11- December 16
Week 12-December 23
December 30 no course
Week 13- January 6
Week 14- January 13
Week 15- January 20
Week 16- January 27
Week 17- February 3
Week 18- February 10
Week 19- February 17
Week 20- February 24
Week 21- March 3
Week 22- March 10
March 17 and 24 no course
Week 23- March 31
Week 24- April 7
Week 25- April 14
Week 26- April 21
Week 27- April 28
Week 28- May 5
Week 29- May 12
Week 30- May 19
Week 31- May 26
Week 32- June 2
Week 33- June 9

- Homework and Boing group start Monday October 19.h
- Homework group will run for 3 weeks on a trial basis from 12:30 to 1 pm. It will be done by Joan and Nicole. We need at least 5 participants to consider extending it.
- Boing will run Monday 12:30- 2:00 pm. Both will be held in person (444 Douro st. 2nd floor and on zoom.)

SIMPLE COURSE SESSION TITLE

week 1- orientation and overview- session 1 of simple manual.
week 2- introducing distress tolerance-p. 1-13 of dbt workbook and crisis plans-session 2 of the manual.
week 3- the theoretical foundations of the simple course. session 3 of the manual.
week 4- distress tolerance p. 14-32 of dbt workbook. suicide prevention session 4 of the manual.
week 5- distress tolerance p. 33-46 of dbt workbook. Introducing holes diary cards- session 5 of manual. Our first practice- crisis plans.
week 6- distress tolerance p. 47-68 of dbt workbook. finding your diary card targets- session 6 of manual. Our second practice- holes diary cards.
week 7- introducing personality- session 7 of manual.
week 8- distress tolerance p. 69-90 of dbt workbook. introducing Holes or chain analysis-session 8 of manual.
week 9- what shapes personality-session 9 of manual.
week 10-introducing mindfulness skills p.90-109 of dbt workbook. advanced chain analysis- session 10 of manual. our third practice-chain analysis.
week 11- attachment theory- session 11 of manual.
week 12- mindfulness skills p. 110-131 of dbt workbook. introducing rational mind remediation-session 12 of manual.
week 13- the dynamic-maturational model of attachment and adaptation- session 13 of manual.
week 14-mindfulness skills p. 131-147 of dbt workbook. practicing all the tools-session 14 of manual. Our fourth practice-rational mind remediation.
week 15-stress-session 15 of manual.
week 16-introducing emotion regulation skills p.148-182 of dbt workbook. introducing the goals diary card procedure-session 16 of manual

week 17- the stress and trauma related disorders-session 17 of manual.
week 18- emotional regulation skills p.183-206 of dbt workbook. Our fifth practice session-the goals diary card procedure- session 18 of manual
week 19- structural dissociation theory and the treatment of the traumatic spectrum disorders- session 19 of manual.
week 20- introducing interpersonal skills p.207-241 of dbt workbook. Review of all the skills
week 21- Spirituality, religion, and health- session 21 of manual.

March break

week 22-Wrapping up DBT and the four pillars of trauma recovery
week 23-An overview of internal family systems

- Week 24- IFS workbook Part One: Getting to Know Your Self & Parts P.17
- Week 25- IFS Workbook Part Two: Appreciating Your Overworked Managers P. 63
- Week 26- IFS Workbook Part Three: Befriending Your Activated Firefighters P. 101
- Week 27- IFS Workbook Part Four: Embracing Your Burdened Exiles P.139
- Week 28- IFS Workbook Part Five: Accessing Your Unlimited Self-Leadership P. 177
- Week 29- Session 29 Self-led remediation

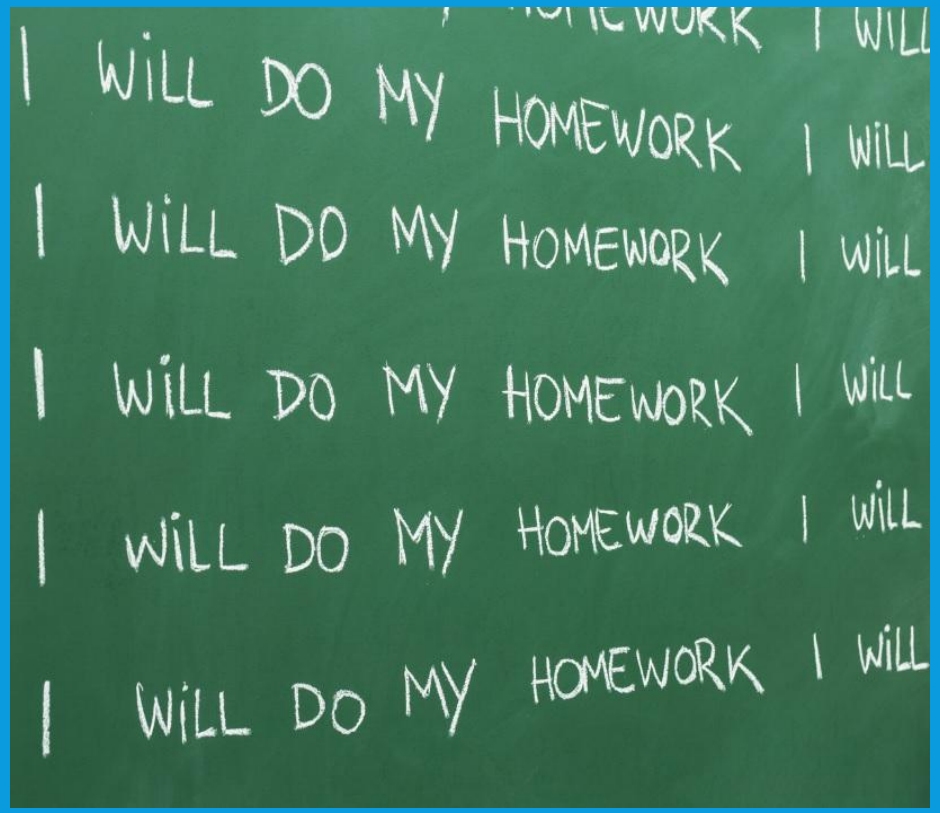
Week 30 –Self-led relationship repair-session 30 of manual.
Week 31- Sexuality and bonding
week 32 – Aging and mortality
week 33- Wrap up, evaluation, brunch

BOING GROUP



- Boing stands for break out informal and graduate group.
- It's open to all simple course participants present and past (graduates)
- It will run Monday's 12:30 to 2:00 PM starting October 19th.
- It's held on zoom (same link as the Wednesday group) and in person (in the board room of the Stratford family health team 444 Douro St. 2nd floor.)
- We don't introduce any new material but help participants understand and practice what we talk about on Wednesdays.
- It's drop-in so you can come sometimes and stay only part of the time.

HOMEWORK GROUP



- Joan and Nicole will trial a homework group.
- It will also run on Monday's 12:00 to 12:30 PM starting October 19 just before boing.
- It's also held on zoom (same link as the Wednesday group) and in person (in the board room of the Stratford family health team 444 Douro St. 2nd floor.)
- They will assess if they continue depending on the response to it.

POST WEDNESDAY SESSION DEBRIEF



- For up to 30 minutes after each Wednesday session, you can remain on zoom to have an informal chat with other course participants.
- Lauren Gienow one of the co-leaders was present for these debriefs last year.
- Carolynn has kindly agreed to do that this year.
- This is not group therapy or a place to disclose deep personal issues.
- It’s a time to debrief what was just covered in the course and share your insights, questions and understanding with others.



- Every year we ask for volunteers to help us demonstrate how the tools and skills are used. These “practices” are done live in front of the group and have been very appreciated both by the volunteers and course participants.
- To prepare for these practices, volunteers meet with dr. Cleto for about 90 minutes the Wednesday prior to the practice (at 1:30 PM).
- There will be 11 practices throughout the year, one for each of the 6 tools we discuss in Simple and 5 devoted to internal family systems.
- The last five practice sessions will work on internal family systems and the Self-led remediation procedure. To volunteer for these sessions, you should be willing to work with us through the internal family systems workbook. These last 5 practices involve stage 2 trauma work. If you volunteer for these, it's important that you’ve learned and can use the emotional regulation skills discussed in the remainder of the course and have some access to Wise mind.
- If you’d like to volunteer, let us know by Email (itssimple2023@gmail.com.) We take volunteers on a first email first volunteer basis. If we receive an email from you, about this we will get back to you to set a date.

PRACTICE SESSIONS SCHEDULE

Date	Preparation	Subject	Volunteer
1. Week 5 November 4		Crisis Plans	Chris P.
2. Week 6 November 11	November 4 , 1:30	Holes diary cards	
3. Week 10 December 9	December 2, 1:30	Chain analysis	
4. Week 14 January 13	January 6, 1:30	Rational mind remediation	Elaine S.
5. Week 18 February 10	February 3, 1:30	goals diary card	
6. Week 24 April 7	March 31, 1:30	IFS workbook 1	
7. Week 25 April 14	April 7	IFS workbook 2	
8.Week 26 April 21	April 14	IFS workbook 3	
9. Week 27 April 28	April 21	IFS workbook 4	
10. Week 28 May 5	April 28	IFS workbook 5	
11.Week 29 May 12	May 5 1:30 PM	Self-led remediation	

VOLUNTEER FOR OCTOBER 21

- We will practice the first tool; developing your own crisis plan November 4th . Chris already kindly volunteered to do that practice with the group.

UNEXPECTED EVENTS

- There may be unexpected events that interfere with the normal running of the simple course.
- These may include internet issues, power outages, or bad weather.
- Some suggestions:
- If the internet cuts out, check if the problem is at your end. If it's at our end, we will keep trying to reconnect. Often, it's short lived.
- If for some reason we can't do the course virtually, (power outage, long internet disruption.) we will still do it in person.





- If it's bad weather:
- If the church is open, we will be here.
- If the church is closed, we will still do the course virtually. If you're doing the course in person and need a zoom link, please email us. (meeting 85101122900 password 322517)
- How will we know if the church is closed?
- We will post updates on unexpected events on groups.io

WHAT WE WILL COVER TODAY



- Poll
- Mindfulness
- Your intentions for the course
- Why is this course called Simple and who might benefit from it
- Stuff you need for the course
- Simple course resources and schedule
- Participant agreements for the in person and zoom attendees.
- health, illness, disease, sickness, disorder, pain and suffering
- "there is a hole in my sidewalk" by Portia Nelson
- What we will be covering in the course
- Challenges often encountered by people doing Simple and how to address them
- Stuff to keep in mind when sharing in the group or if you're triggered
- Homework for the coming week



PARTICIPANT AGREEMENTS

SIMPLE COURSE CODE OF CONDUCT AGREEMENT (all participants)

- Everyone in the course will strive to interact with others in a kind and respectful manner. We will strive to validate, avoid judgments and assume the best about each other.
- Personal information, including names, should not be discussed with anyone outside of the course. What happens in simple stays in simple.
- Participants are encouraged to arrive on time and stay until the end of the session.
- Participants are encouraged to do the assigned homework between sessions.
- If you are doing the course in person and become ill with a potentially transmissible condition, please do the course virtually until you are well. (If you need the zoom link, please email us)
- Active participation is encouraged but not necessary. (you don't ever have to say anything)
- If during discussions you share your experiences, please keep in mind that some subjects such as traumatic relationships, self-harm, suicide, substance abuse etc. may trigger others. (save this for boing)
- If in person course participants needs to leave the room to take a reregulation break, please let the facilitators know . (You can go into the sanctuary and try to re-regulate- we will suggest some skills you may use by providing you with a skills card.)
- In person course participants will strive to avoid side conversations when another individual is speaking.
- Course participants are encouraged to not engage in dysregulated behaviors with other participants outside of the course.
- Course participants are encouraged to avoid forming new romantic relationships with other participants for the duration of the course.
- Course participants are strongly discouraged to attend sessions under the influence of drugs or alcohol.
- If you are doing the course in-person, please legibly write your first and last name on the attendance sheet as you come into the room. If you are doing it virtually, please enter your first name and the initial of your last name on the screen.

ALTERNATIVE PARTICIPANT AGREEMENT

I recognize that how I treat others is as important as what I learn in coursework.

I examine my assumptions before speaking.

I use 'I' statements.

I refrain from blaming, shaming, attacking, or discounting self or others.

I come from a place of empathy rather than judgment.

I agree to disagree and move on.

I work to not get trapped in trying to persuade others to my way of thinking.

I seek to understand those who differ with me by holding space for multiple points of view.

I commit to learn about myself, my history, and personal legacy and I tell my own story.



ZOOM PARTICIPANT AGREEMENT

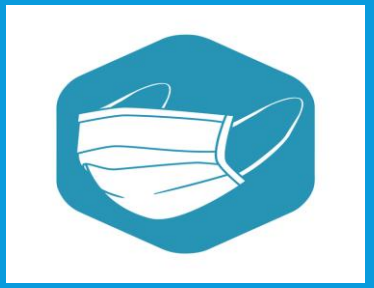
- Please mute your microphone when not using it
- Please have your camera on at the beginning of the session and during question period . You may turn it off during PowerPoint slide presentations or if you need to step out of the group. It's important that we see each other so that we can establish trust and ensure confidentiality.
- Please make sure no one at your end who is not taking part in the course can see or overhear other group participants .
- When you have questions, comments, feedback please chat them to the co-leaders or save them for the question periods when you can raise your hand icon and wait until one of the co leaders gets to you.

AVONDALE UNITED CHURCH



ZOOM meeting
Meeting id: 851 0112 2900
Passcode: 322517



- Our hosts: Yvonne - front desk. Roger - custodian
- Rev. Keith Reynolds – minister
- feel free to bring a drink and/or a snack but please clean up after yourself.
- If you're ill with a cold or have been in contact with someone who is, we strongly encourage you to attend the course on zoom or if you have to do it in person to use a mask and hand sanitizer.
- please write down the zoom meeting number and password in case you lose the link.
- No smoking is allowed on church grounds.(not just 12 feet)
- Please if it's wet or snowy outside bring a pair of dry shoes to change into.
- The Avondale church is a scent free environment
- You can bring something to eat or drink but please keep your area neat.

WHAT WE WILL COVER TODAY

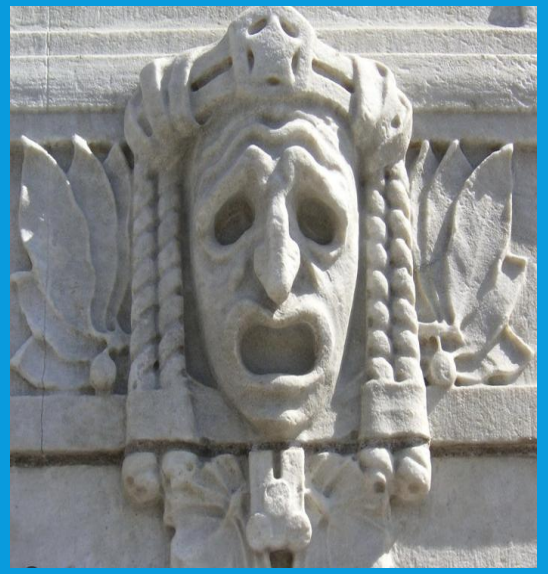


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CIRCLES AND STARS

- You may have noticed that at the top left-hand corner of some of the slides there are circles  or stars 
- These are meant to help you and us know what to pay most attention to.
-  Tells the co-leaders that, if pressed for time, these are slides that may be skipped in the session. We encourage participants to read them on their own after the session.
-  Tells participants that this is a particularly important slide describing a key concept or idea.

DEFINITIONS



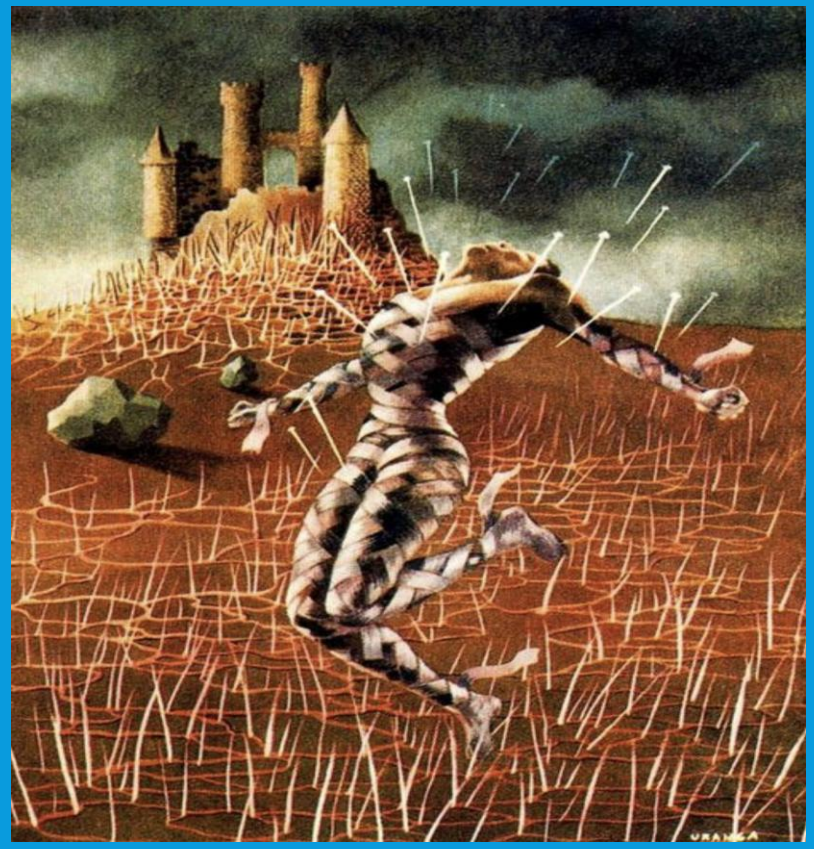
- As we begin our journey of healing and growing, it may be helpful to define a few terms we'll be coming across repeatedly.
- According to the world health organization, health is "a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease and infirmity."
- Pain is a physical sensation or emotional experience that signals harm or distress. It can be acute (short-term) or chronic (long-lasting) and is typically a direct response to injury, illness, or other physical conditions. Pain is a biological signal that something is wrong, prompting individuals to take action to protect themselves.
- Suffering, on the other hand, is a broader emotional and psychological experience that encompasses the feelings of distress, anguish, or hardship that can arise from pain, but also from other sources such as loss, disappointment, or existential concerns. Suffering can occur even in the absence of physical pain, and it often involves a deeper, more complex response to life's challenges. Pain and suffering are often intertwined but represent different experiences.

DEFINITIONS



- Illness is a feeling or experience of unwellness which is entirely personal, and interior to the person. Often it accompanies disease, but the disease may be as yet undiagnosed, as in the early stages of cancer, tuberculosis, or diabetes. Sometimes illness exists where no disease can be found.
- Disease is a physical pathological process or deviation from a biological norm. There is an objectivity about disease which physicians are able to see, touch, measure, or smell.
- Diseases are valued as essential facts in the medical model. Traditional medicine is not very good at understanding or caring for illness in the absence of disease.

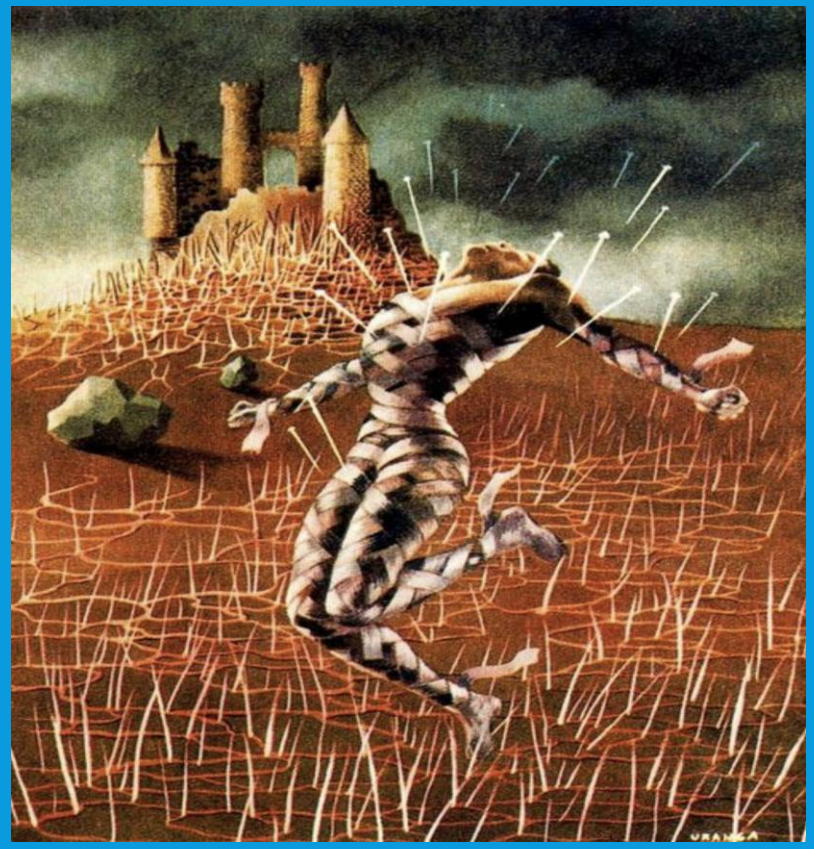
DEFINITIONS



Rheumatic pain II by Remedios Varo

- “Sickness is a social role, a status, a negotiated position in the world, a bargain struck between the person henceforward called "sick", and a society which is prepared to recognize and sustain him.
- Sickness based on illness alone is of the most uncertain status. But even the possession of disease does not guarantee equity in sickness. Those with chronic disease are much less secure than those with an acute one; those with a psychiatric disease than those with a surgical one… Best is an acute physical disease in a young man quickly determined by recovery or death, either will do, both are equally regarded.”

DEFINITIONS



Rheumatic pain II by Remedios Varo

- Psychiatric, psychological or mental disorders/conditions are characterized by a clinically significant disturbance in an individual's thinking, emotional regulation, or behavior. They are usually associated with distress or impairment in important areas of functioning.

- Biological psychiatry follows a disease model, in which mental disorders are seen as being "chemical", physiological, or biological diseases.
- We will argue in this course that by embracing the disease model, psychiatry neglects the social, psychological, and spiritual aspects of illness without which we cannot fully understand most people's experiences.

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- My name is…
- My role as a co leader is…
- My hope is…

THERE'S A HOLE IN MY SIDEWALK
A central metaphor in the course

I walk down the street.
There is a deep hole in the sidewalk.
I fall in.
I am lost… I am helpless.
It isn't my fault.
It takes forever to find a way out.

I walk down the same Street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place.
But it isn't my fault.
It still takes me a long time to get out.

I walk down the same Street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in. It's a habit.
My eyes are open.
I know where I am.
It is my fault. I get out immediately.

I walk down the same Street.
There is a deep hole in the sidewalk.
I walk around it.

I walk down another Street."

Portia Nelson (2)

THERE'S A HOLE IN MY SIDEWALK



- Portia Nelson's poem There's a hole in my sidewalk is a powerful reflection on self-awareness, personal growth, and the journey of life.
- The poem describes a process of encountering the same challenges repeatedly, illustrating how we often fall into familiar patterns of behavior, thought or emotions.
- In simple we use the hole in the sidewalk metaphor to represent the maladaptive patterns of thinking, emotions and behaviors that people may repeatedly encounter in their lives and that can cause great distress.
- In the course we will start by identifying some "holes in the sidewalk"(holes for short) we repeatedly fall into.
- We will then work at understanding these holes, what might cause us to fall into them and how to get out.
- When we are in these holes, we are in "emotional mind".
- We will learn how to use our rational and wise minds and internal family system's Self to get out of and eventually to avoid them.

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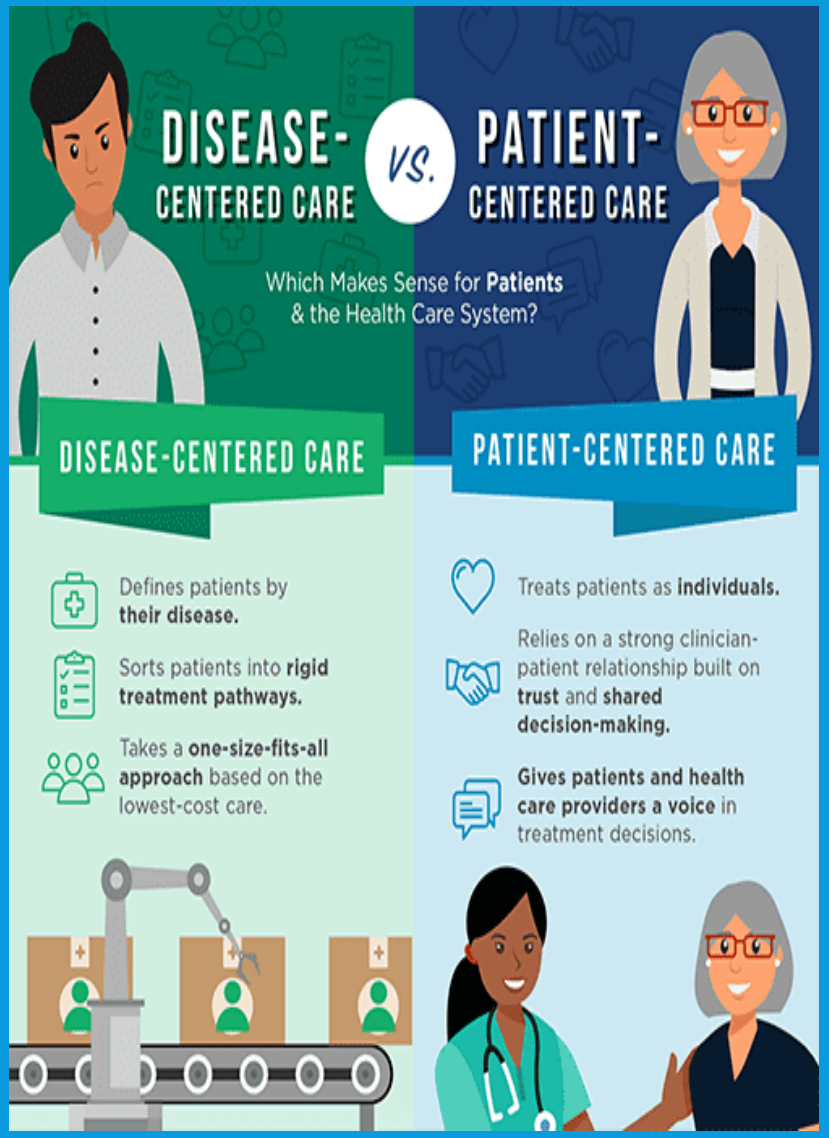
WHY DO OUR LIVES UNFOLD THE WAY THEY DO?

- Our lives unfold as they do through the interplay of innumerable factors: the circumstances we are born into, the random events that alter our course, and the influence of our relationships, social systems, cultural moment, biological makeup, and spiritual or existential orientation. All these combine in unique ways to shape each person's personality and life path. Much of life happens to us and is out of our control.
- Personality which can be defined as the long-term patterns of how we react emotionally, and of how we think and behave develops in the interaction of who we are at birth, that is our temperament and neurodivergences and what happens to us.
- How we respond to what happens to us which is determined by our personality, also greatly affects the trajectories that our lives and can mean the difference between weather we flourish, survive or fail to thrive.
- Metaphorically personality can be thought of as an "armor" that protects us from the "slings and arrows" that life constantly throws at us. Each person's armor varies in how effective it is at protecting them.

WHY DO OUR LIVES UNFOLD THE WAY THEY DO?

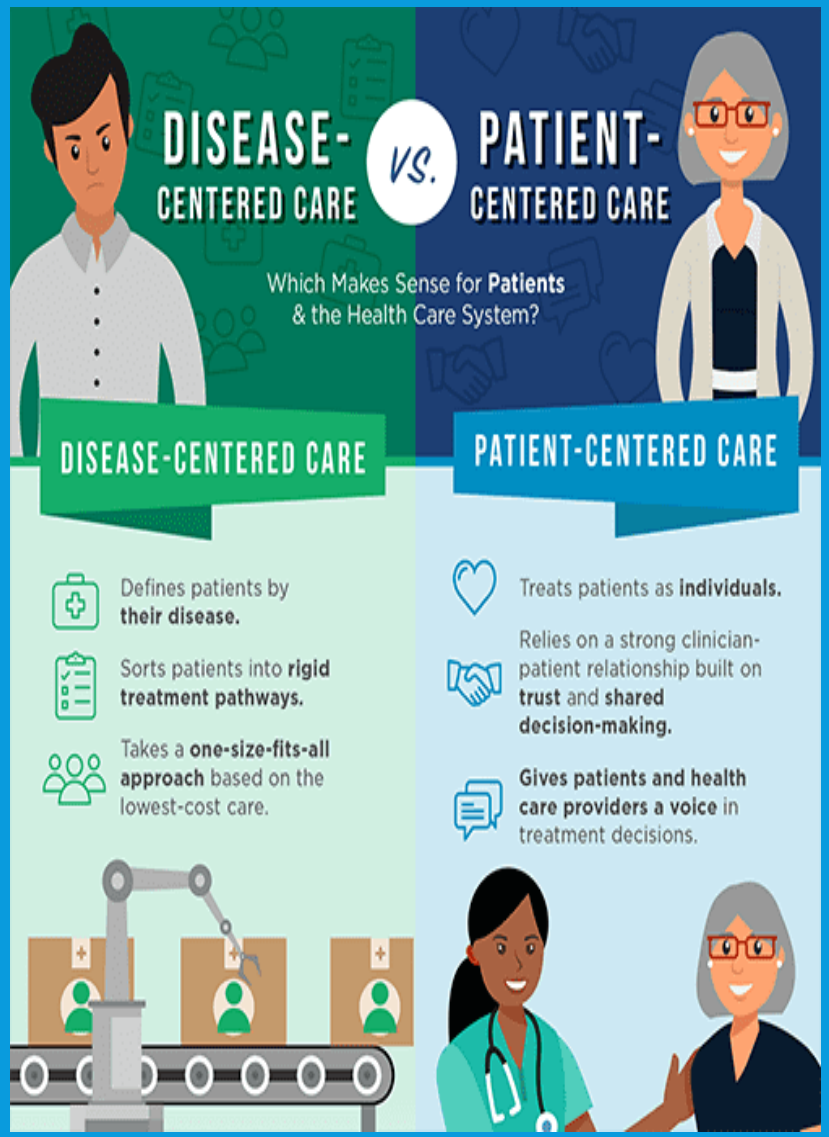
- Personality, what shapes it and how we can change certain aspects of it is a central theme in this course. Over the next 8 months we will explore how personality develops and is affected by biological, psychological, social, and spiritual factors. We will consider how temperament and neurodivergences, attachment patterns and trauma, social forces such as inequities, economic pressures, and the impact of new technologies, from smartphones to social media impact our lives and affect our personality.
- Understanding ourselves and the many forces affecting the course of our lives, is a patient centered model that contrasts with a deficit and symptom based medical model. Taking a patient centered perspective can help us shift from automatically reacting to what happens to us to reflecting on it and acting wisely which can mean the difference between failing to thrive and flourishing.
- We're starting a 33-week, 147-hour journey together. It is one that we hope will give us new perspectives, skills, tools, strategies, and possibilities and will allow us to live with greater awareness, intention and peace.

MEDICAL VS. PATIENT-CENTERED MODEL



- In the medical model, an issue such as substance abuse if diagnosed can be seen as one of the main causes of a person's problems. For example, someone drinks heavily, then loses their job, damages relationships, and suffers health consequences.
- The focus is on the substance itself as the driver of the ills in their life. Treatment in this model usually aims at removing the substance, stopping the drinking or drug use, because the assumption is that this will solve most of the problems. The medical model asks, "what is wrong with the person?"

MEDICAL VS. PATIENT-CENTERED MODEL



- The patient-centered model takes a wider lens. Instead of seeing substance use as the single cause, it sees it as one piece of a much bigger picture. Substance use is often a symptom or correlate of deeper struggles, not the original cause.
- What leads someone to use substances may include their temperament (for example, being more sensitive or impulsive), the quality of their early attachments, their family culture, their social environment, the stresses and inequities they face, the availability of support programs, and many protective or aggravating forces during their formative years.
- From a patient-centered perspective, the substance use is not the starting point, it's one outcome of a complex web of influences. If we only focus on the substance, we risk missing the person. The patient-centered model asks, "what happened in this person's life that made substances serve a purpose for them?" This approach doesn't ignore the harm of substance use, but it recognizes that healing requires us to understand and address the whole person and the whole context of their life.

A BRIEF OVERVIEW OF THE SIMPLE COURSE



- The Simple course aims to help us identify, become more aware of, get out of, avoid, and repair some of the “holes in the sidewalk” we keep falling into.
- It aims to help us

- 1) expand our window of emotional tolerance
- 2) heal our trauma
- 3) live a fuller life

- Don’t be overwhelmed by the quantity of material we’re previewing today. We will spend a lot of time together exploring it in detail.

SIMPLE COURSE OVERVIEW



- The Simple course is divided into 6 parts:
- Part 1: Psychological theory- understanding our mind
- Part 2: learning DBT skills
- Part 3: learning the 6 tools
- Part 4: learning the techniques and strategies needed for using the tools and skills
- Part 5: Practicing applying skills, tools, and strategies in everyday life
- Part 6: Using IFS to heal trauma

SIMPLE COURSE OVERVIEW



- Part 1: Psychological theory- understanding our mind
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1. PSYCHOLOGICAL THEORY: WHAT'S COVERED:



a biopsychosociospiritual model for understanding the mind

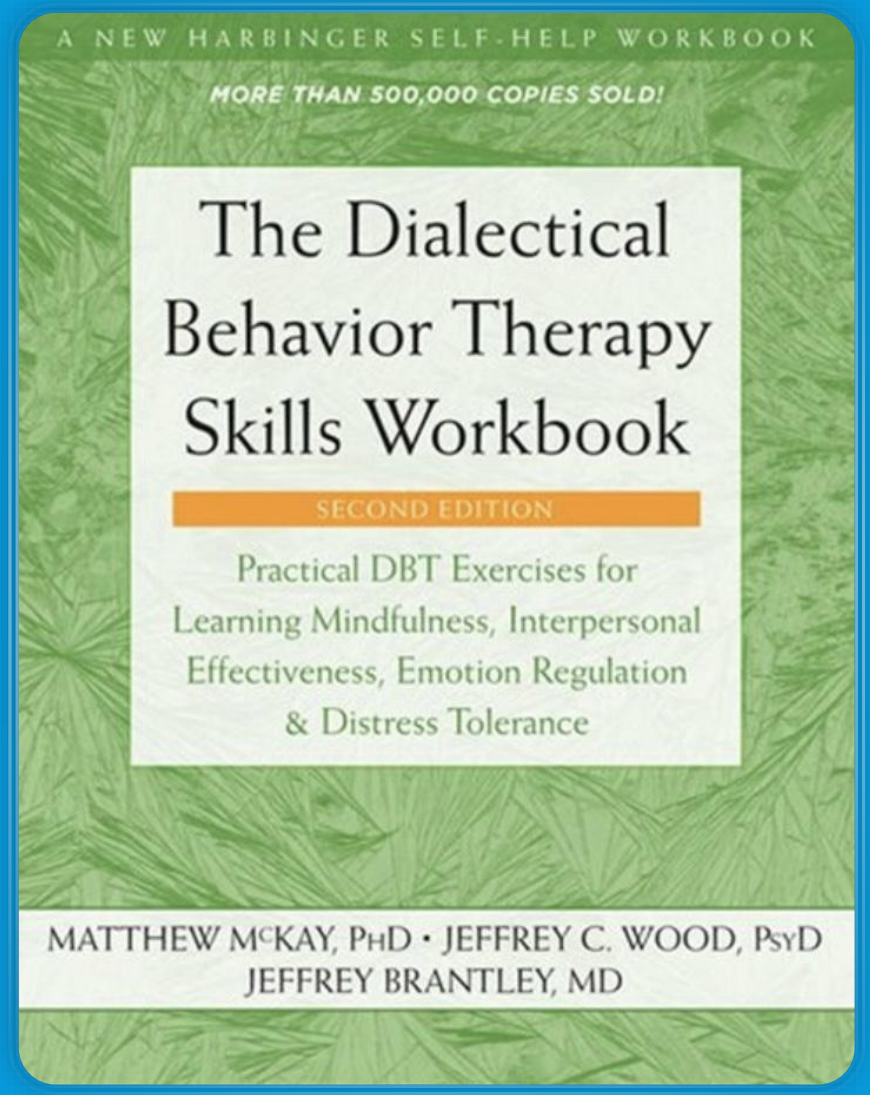
- Foundations of the simple course: The evolution of emotional, rational mind and wise minds
- Introduction to personality
- Temperament and character
- Introduction to attachment theory
- The dynamic maturational model of attachment
- Stress, distress, and the post-traumatic stress spectrum
- Traumatic stress in children and adults
- Dissociation and the structural dissociation theory
- Internal family systems
- Dominant states of activation of part selves
- Interpersonal conflicts and their repair
- Spirituality and health
- Sexuality and bonding
- Searching for meaning

SIMPLE COURSE OVERVIEW



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SKILLS- THE DBT SKILLS WORKBOOK



- The DBT workbook covers the four traditional DBT modules:
- 1 Distress tolerance – how to deal with crisis.
- 2 Mindfulness – how to become more aware of your thoughts, feelings, sensations, and behaviors.
- 3 Emotional regulation – how to widen and increasingly be able to stay in the window of emotional tolerance
- 4 Interpersonal effectiveness – how to have healthier relationships by being assertive rather than passive or aggressive.
- We will, as part of the course's suggested homework, assign readings from the DBT skills training workbook. We strongly encourage you to do these readings because when in the sessions we cover them you will already be familiar with what we are talking about. At the sessions we'll also be happy to explore anything you might not have understood from your reading.

TRACKING THE SKILLS AS WE LEARN THEM



- The DBT workbook suggests using the DBT diary card (found on p. 262-265 of the 2nd edition of the workbook) to keep track of all the skills you are learning.
- Simple recommends using the skill list that we'll provide each time we discuss new skills. (see below)
- Review whichever way you choose to keep track of the skills regularly. Quiz yourself to see if you can remember and describe each of the skills.
- While its ideal to be familiar with all the skills presented in the workbook, everyone has their favourite ones which they use more often.

The DBT Diary

Note how many times each day you use these key skills. For items marked with *, briefly describe what you did in the "Specifics" column. Make copies of the blank diary before using it and do your best to complete one every week.

Core Skills	Coping Strategies	Mon.	Tues.	Wed.
Distress Tolerance	Stopped Self-Destructive Action			
	Used REST Strategy			
	Used Radical Acceptance			
	Distracted from Pain			
	Engaged in Pleasurable Activities*			
	Soothed Myself*			
	Practiced Relaxation			
	Committed to Valued Action*			
	Connected with My Higher Power			
	Used Coping Thoughts & Strategies*			
	Analyzed Feelings-Threat Balance			
	Used Physiological Coping Skills*			
Mindfulness	Practiced Thought Defusion			
	Practiced Mindful Breathing			
	Used Wise Mind			
	Practiced Beginner's Mind			
	Practiced Self-Compassion			
	Practiced Doing What's Effective			
	Completed a Task Mindfully			
	Practiced Loving-kindness Meditation			

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Core Skills	Coping Strategies	Mon.	Tues.	Wed.
Emotion Regulation	Was Able to Recognize My Emotions			
	Dealt with Physical Pain Appropriately*			
	Ate in a Balanced Way			
	Didn't Use Drugs or Alcohol			
	Got Sufficient Sleep			
	Exercised			
	Experienced Positive Events/Emotions*			
	Let Go of Thoughts or Judgments			
	Watched and Named Emotions			
	Didn't Act on Emotions			
	Used Opposite Action			
	Used Problem Solving			
Interpersonal Effectiveness	Practiced Compassion for Others			
	Practiced Fear Mgmt.—Risk Assessment			
	Made an Assertive Request			
	Said No Assertively			
	Negotiated Agreements			
	Listened to and Understood Others			
	Validated Others			
Rate Your Overall Mood for the Day (1 to 10) 1=Very Poor, 5=Mediocre, 10=Excellent				

PERSONAL SKILLS LIST

Distress tolerance skills

1. Grounding skills- Set a daily intention
2. " - Sensory soothing toolkit
3. " -The 5,4,3,2,1 method
4. " -The emotional freedom technique
5. REST (or PEST) Pause
6. Radical acceptance statements (please specify)
7. Distraction plan "
8. Self-soothing plan
9. Safe place visualization
10. Cue controlled relaxation
11. Rediscovering your values (please specify)
12. Rehearse values-based behavior or edit/splice/paste
13. Connect with your higher power "
14. Live in the present moment
15. Use self-encouraging coping thoughts
16. Radical acceptance
17. Use self-affirming statements
18. Balance feelings and threat
19. Create new coping strategies
20. Create an emergency coping plan
21. Box breathing
22. Cold temperatures
23. High intensity exercise
24. Progressive muscular relaxation
25. Paced breathing
26. Side to side eye movement.

PERSONAL SKILLS LIST

Mindfulness skills

1. Focus on a single minute
2. Focus on a single object
3. Band of light
4. Inner-Outer Experience
5. Record Three Minutes of Thoughts
6. Thought Diffusion
7. Describe Your Emotion
8. Focus Shifting
9. Mindful Breathing
10. Mindful Awareness of Emotion
11. Wise mind
12. how to make Wise mind decisions
13. Radical acceptance
14. Judgements and labels
15. Self compassion
16. Mindful communication
17. Being mindful in our daily life
18. How to do tasks mindfully
19. How to be mindful of our activities
20. Resistances and hindrances to mindfulness practice
21. Exploring mindfulness further
22. Mindfulness and meditation
23. Using kindness and compassion
24. Paying attention to spaciousness and stillness

PERSONAL SKILLS LIST

Emotional regulation skills

How do emotions work?

1. Recognizing emotions
2. Overcoming barriers to healthy emotions
3. Reducing physical vulnerability
4. Reducing cognitive vulnerability
5. Increasing Positive Emotions
6. Being mindful of your emotions without judgement
7. Emotion exposure.
8. Doing the opposite of your emotions
9. Problem Solving

PERSONAL SKILLS LIST

Interpersonal effectiveness skills

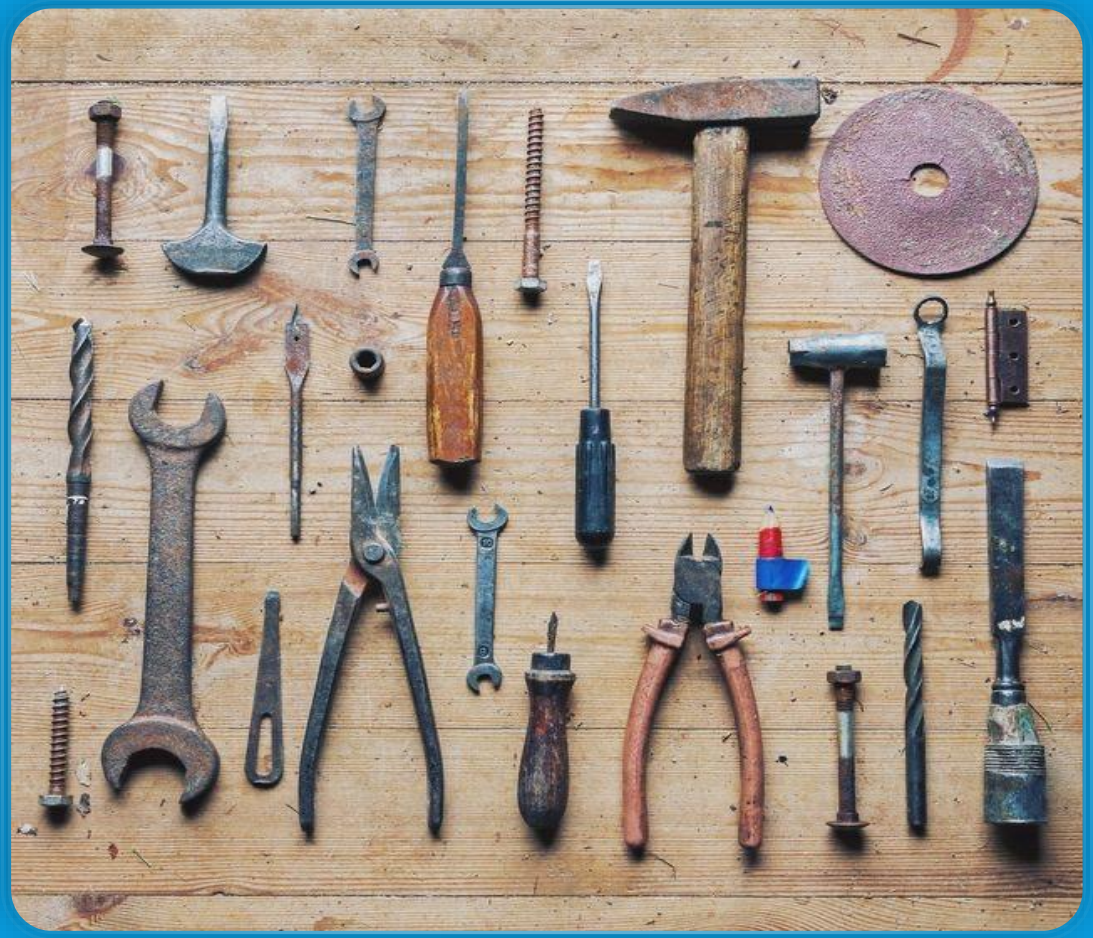
1.Mindful attention
2. Compassion for others
3. Passive vs. aggressive behavior
4. I want-they want ratio
5. I want-I should ratio
6. Key interpersonal skills
7. Blocks to using interpersonal skills
8. Knowing what you want
9. Modulating the intensity of a request
10. Making a simple request
11. Designing basic assertiveness scripts and
12. Assertive listening

SIMPLE COURSE OVERVIEW



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3. THE SIX TOOLS- SIMPLE MANUAL



- 1 Crisis plans
- 2 Holes diary cards
- 3 Chain analysis
- 4 Rational mind remediation
- 5 Goals diary cards
- 6 Self-led remediation
- The tools build on one another. To use the second tool, you need to know how to use the first one and so on.
- To benefit the most from the course you must use the tools with the skills.
- Self-led remediation is an IFS tool that can be used long after you've finished the course.

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4. THE FOUR TECHNIQUES AND STRATEGIES



- 1. Use good problem-solving strategies when using the tools by following the steps in the algorithms and templates.
- 2. Be mindful of your “dashboard”:

a) Monitor your energy balance.

b) Be mindful of your crisis risk level.

c) Stay in the window of emotional tolerance

- 3. Stay in the window of tolerance by pendulating.
- 4. Use editing, splicing and pasting with problematic thoughts, feelings or behaviors to practice new ones.

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5. PRACTICES



Wednesday practices

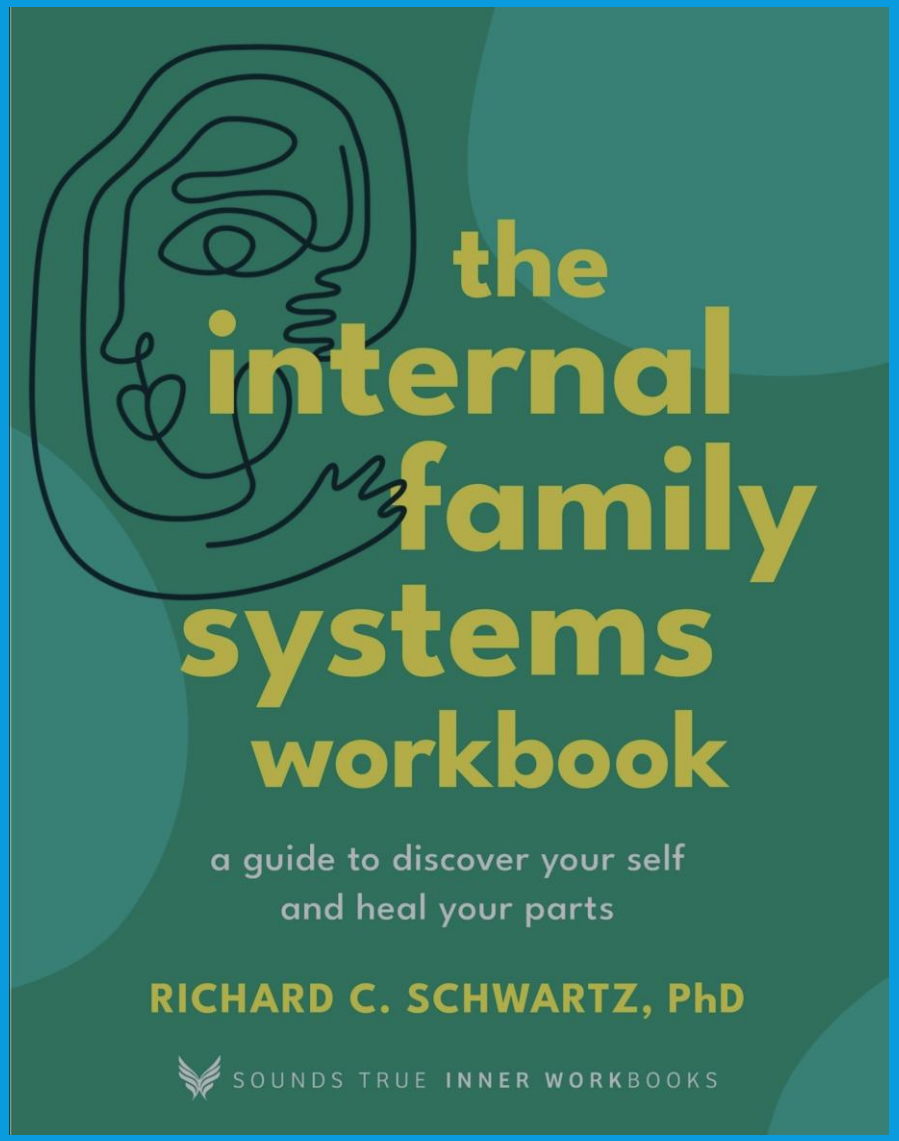
- During the year, after introducing a new tool and as we go through the IFS workbook, we schedule in-session practices with volunteers
- The goal of practices is to help the volunteers, and the other participants, understand how to use the skills, tools and strategies in their own lives and in real life situations.
- If you would like to volunteer for a practice, please let us know using email.
- Volunteers meet with Dr. Cleto individually in person the Wednesday before the practice after the group at 1:30 pm to go over how to apply the tools, skills and strategies to their situation.
- The following Wednesday we will do this “live” in the group. This segment of the sessions will not be recorded.
- We can also practice using the tools skills and strategies in your situations in the Boing group.

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IFS THERAPY



- There's 3 stages in trauma therapy:
- 1 emotional regulation,
- 2 processing trauma and
- 3 reclaiming a full life
- DBT deals mostly with stage 1.
- Internal family systems is the therapeutic approach we use in this course for stage 2 trauma processing work
- We'll devote 7 weeks to IFS and processing trauma.
- Stage 2 trauma work can go on for years, but our intent is to launch you on a sustainable long-term practice.
- We'll use the IFS workbook.

NEW IN 2026-27

- In response to feedback from last years participants and suggestions from the co-leaders, we've made some significant changes to this year's course:
- New question/comment format
- Sexuality and bonding and Aging and mortality sessions
- Homework group trial with Joan/Nicole
- Keep giving us feedback so the course will become more user friendly.

ORIENTATION TO SIMPLE: WHAT WE WILL DO TODAY



- Introductions
- Mindfulness
- Your intentions for the course
- Why is this course called Simple and who might benefit from it
- What do you need to have to do the Simple course?
- Simple course resources and schedule
- Participant agreements for the in person and zoom attendees.
- health, illness, disease, sickness, disorder, pain and suffering
- "there is a hole in my sidewalk" by Portia Nelson
- What we will be covering in the course
- Challenges often encountered by people doing Simple
- Stuff to keep in mind when sharing in the group or if you're triggered
- Homework for the coming week

ACCESSING AND BENEFITTING FROM MENTAL HEALTH CARE



- Getting out of, learning to avoid, and repairing holes or developing and implementing solutions to our problems can be challenging.
- Challenges can arise around:
- 1. Realizing there is a problem.
- 2. Having a good understanding of the problem.
- 3. Deciding on which approach is best suited to working on your problems and
- 4. Accessing mental health professionals to help implement the approach.
- Obstacles to developing and implementing solutions to problems may have to do:
- 1. mostly with the person seeking to change
- 2. mostly with accessing the right resources.
- Understanding and dealing with these obstacles is essential in benefiting from mental health care resources.

PERSONAL AND SYSTEMIC OBSTACLES TO CHANGE



- For a more detailed consideration of these obstacles please see slides from 2025-26 which you'll find below.
- 1. Am I the problem, or is the world the problem? Internal vs. external locus of control, the stages model of change and motivational interviewing
- 2. Understanding the problem: diagnosis vs. formulations
- 3. What will help and who can I trust.
- 4. Coping with limited resources
- 5. Dealing with competing priorities
- 6. Believing one can change: Self-efficacy, learned helplessness, and locus of control

OBSTACLES PARTICIPANTS OFTEN ENCOUNTER IN THE SIMPLE COURSE



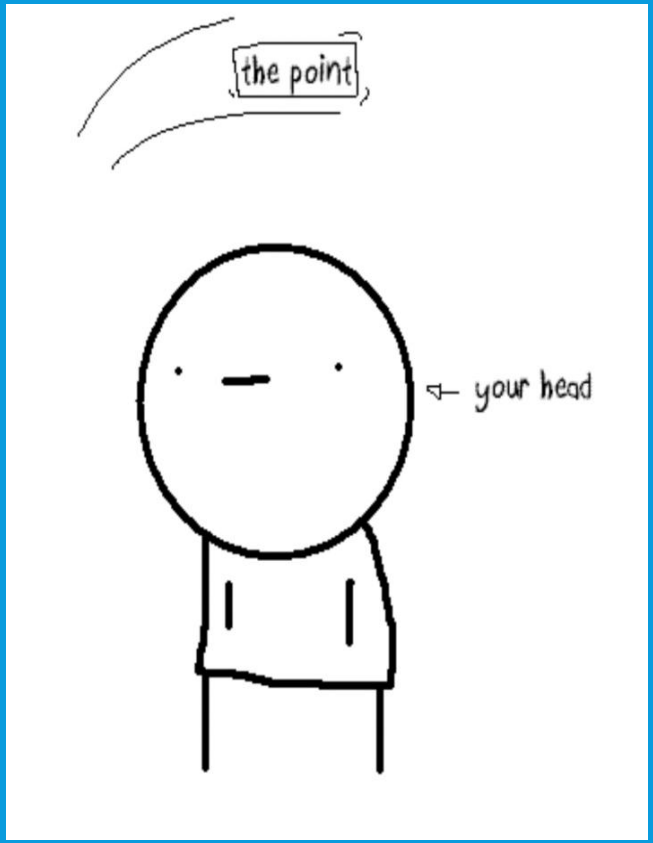
- One out of every three people who starts the Simple course stops attending. Some of the reasons people have shared:
- They feel better and don't need the course anymore, or feel worse and can't find the motivation, hope, or interest needed for participating.
- They may feel their problems are too big for a course like this or that what they really need is individual therapy.
- Simple is not a good fit for their issues, their attention span, or learning style.
- There are changes in their schedules, new commitments, or changes in circumstances.
- They experience general discouragement: "if I have to do all of this to change, change is impossible" or "What we've talked about so far is not working and nothing will ever work"

OBSTACLES PARTICIPANTS OFTEN ENCOUNTER IN THE SIMPLE COURSE



- Three hours (or 4.5 hours if you attend boing) a week is a big commitment other things get in the way. People miss one or two session and feel they are too far behind. People can't be in a room or in front of a screen for 3 hours.
- The material covered is too difficult to understand.
- The format the material is presented in, is challenging when people have trouble with attention, concentration, or have atypical learning styles. The co-leaders are boring.
- Participating in the course, the material, what the co-leaders say or how they say it, and other participants trigger strong emotions that people want to avoid such as hurt, anxiety, anger, grief, sadness, hopelessness.
- Combinations of several of the above.

LEARNING CHALLENGES



- In this course we strive to create an effective learning environment.
- This involves paying attention to factors such as safety and comfort, engagement, inclusivity, clear expectations, supportive relationships, feedback and assessment, flexibility, encouragement of critical thinking, and positive reinforcement.
- Your contributions to creating such an environment are essential. We encourage you to:
- 1) view challenges as opportunities for growth. Perseverance will lead to improvement, and mistakes are a natural part of the learning process.
- 2) Understand the real-world applications of what you are learning.
- 3) Help us create a safe and inclusive atmosphere where everyone feels comfortable and safe. Collaborate and respect your peers.
- 4) Recognize and celebrate yours and other people's achievements, both big and small. Positive feedback can boost confidence and motivation.
- 5) Approach the course with a sense of wonder and curiosity.
- 6) Set achievable goals for yourself. You don't have to understand everything to benefit from the course.

FACTORS ASSOCIATED WITH GOOD GROUP OR INDIVIDUAL THERAPY OUTCOMES

Or what will help you get the most out of this course

Motivation and readiness: genuine desire for change rather than external pressure (court-mandated, partner-mandated), realistic expectations about pace and difficulty.
Psychological mindedness: capacity for self-reflection, ability to consider one's own contribution to problems, curiosity about inner experience rather than purely externalizing blame.
Interpersonal capacity: for group specifically, some baseline tolerance for being seen and for hearing feedback, ability to listen, willingness to take some interpersonal risk.
Affect tolerance: capacity to experience difficult emotions without complete shutdown, dissociation, or acting out, since the work often stirs things up before it settles.
Containment and stability: enough current life stability (housing, basic safety, not in active crisis) that the person can use the group rather than needing crisis management; for IFS/DBT-integrated groups, some baseline distress tolerance so exile material doesn't overwhelm.
Attachment/relational history: some capacity for trust-building, even if tentative; severe relational trauma isn't a contraindication, but it shapes pacing.
Commitment to structure: willingness to attend regularly and do between-session work, since multi-month sequential programs depend on continuity.
Fit with format: comfort with a group (vs. needing pure individual work first), and alignment with the framework's language (parts, Self, willingness to engage with experiential/imaginal work rather than only intellectual discussion).
Absence of contraindications: active psychosis, current severe suicidality without a safety plan, or antisocial patterns that would disrupt group safety usually need to be screened out or addressed first.

PROSPECTIVE GROUP MEMBER QUESTIONNAIRE

SIMPLE Course

Name:		**Date:**	
Referred by:		Current therapist (if any):	

This questionnaire helps us understand your goals, readiness, and fit for this group program. There are no right or wrong answers. Your responses are confidential and will be reviewed by the facilitators as part of the intake process and may be discussed with you in a brief pre-group conversation.

1. Goals and Motivation

Helps clarify whether the person is seeking change for their own reasons and has realistic expectations.

What is bringing you to this group right now?

What would you like to be different in your life as a result of this group?

Is anyone else (a partner, family member, employer, court, or other party) recommending or requiring you to attend this group?

- ☐ No — this is entirely my own decision
- ☐ Somewhat — others encouraged me, but I also want this for myself
- ☐ Yes — I'm mainly attending because someone else wants me to

Self-Reflection

Helps gauge capacity for inward attention and curiosity about one's own patterns — central to both DBT and IFS work.

Statement	1 Not at all true	2	3 Somewhat true	4	5 Very true
I find it useful to think about why I react the way I do in certain situations.	☐	☐	☐	☐	☐
I can usually notice when a strong emotional reaction is more about my own history than about what's happening right now.	☐	☐	☐	☐	☐
I am curious about understanding the different and sometimes conflicting 'parts' of myself.	☐	☐	☐	☐	☐
When something goes wrong, I can usually consider what part I played in it, not just what others did.	☐	☐	☐	☐	☐

Statement	1 Not at all true	2	3 Somewhat true	4	5 Very true
I am willing to commit to attending most or all sessions for the full length of the program.	☐	☐	☐	☐	☐
I expect that real change will likely take sustained effort over months, not a quick fix.	☐	☐	☐	☐	☐
I am willing to try things between sessions (reflection, practice, written exercises) outside of group time.	☐	☐	☐	☐	☐

3. Comfort with Group Process

Group work asks participants to be witnessed, to listen to others, and to tolerate feedback.

Statement	1 Not at all true	2	3 Somewhat true	4	5 Very true
I am comfortable sharing personal experiences in front of a small group of people.	☐	☐	☐	☐	☐
I can listen to feedback from others without needing to defend myself right away.	☐	☐	☐	☐	☐
I am able to let other people have their turn and attention, even when I have something pressing to share.	☐	☐	☐	☐	☐
I can keep what is shared by other group members confidential.	☐	☐	☐	☐	☐

Have you participated in group therapy or a similar group process before? If so, what was that experience like?

5. Trust and Relational History

Statement	1 Not at all true	2	3 Somewhat true	4	5 Very true
I am generally able to build trust with people over time, even if it takes a while.	☐	☐	☐	☐	☐
I am open to receiving care or support from others in this group, even if that feels new or uncomfortable.	☐	☐	☐	☐	☐

6. Practical Fit

Are there any scheduling, accessibility, or logistical concerns that might affect your attendance?

Is there anything else you'd like the facilitators to know before you begin?

For facilitator use only

Summary impression of readiness/fit:

4. Emotional Capacity and Current Stability

This work can surface difficult emotions before things feel easier. We want to make sure the timing and supports are right for you.

Statement	1 Not at all true	2	3 Somewhat true	4	5 Very true
I can generally experience a difficult emotion without needing to immediately numb it, escape it, or act on it.	☐	☐	☐	☐	☐
My current living situation and daily life feel stable enough to take on this kind of work right now.	☐	☐	☐	☐	☐
If I became distressed between sessions, I have at least one person or resource I could turn to.	☐	☐	☐	☐	☐

Are you currently experiencing any of the following? (check all that apply)

- ☐ Thoughts of suicide or self-harm
- ☐ A recent significant loss, crisis, or major life disruption
- ☐ Active substance use that is currently unmanaged
- ☐ Symptoms such as hearing voices or difficulty distinguishing what is real
- ☐ None of the above

If you checked any of the first four boxes, this doesn't necessarily exclude you from the group — it helps us understand timing and what additional supports might be needed alongside it.

WHEN THE COURSE GETS DIFFICULT: STAYING THE JOURNEY

- One of the most important things we learn in SIMPLE is not just the skills and concepts we teach, but how to respond when we inevitably encounter obstacles.
- Interestingly, the very reasons people often think about leaving the course are frequently the same patterns they came here to understand and change: avoiding difficult emotions, becoming discouraged when progress is slow, perfectionism ("if I can't do it all, there's no point"), shame about falling behind, or the belief that "something else has to happen before I can begin."
- About one in three people who start the course do not complete it. This is not because they are lazy, incapable, or not trying hard enough. Usually, life becomes complicated, motivation fluctuates, painful feelings arise, or the course begins touching the very struggles they came here to heal.
- If you encounter these obstacles, we invite you to consider the following.

WHEN THE COURSE GETS DIFFICULT: STAYING THE JOURNEY

- **“I missed sessions. I’m too far behind.”**

Please don’t let perfectionism make the decision for you.
You do not need to catch up on every handout, understand every concept, or complete every exercise before returning. The most important step is simply to come back.
Think of it like going to the gym: missing a few weeks does not mean you give up exercising forever. You return and continue.

- **“I don’t understand everything” or “This is too much.”**

That is completely normal.
You are not expected to master every skill, remember every concept, or transform your life in nine months. Some ideas may only become meaningful months later when life gives you an opportunity to apply them.
The goal is not to become a perfect student of SIMPLE. The goal is to leave with a few useful skills, a few important insights, and perhaps a little more compassion for yourself than when you arrived.

WHEN THE COURSE GETS DIFFICULT: STAYING THE JOURNEY

- **“I feel worse. This isn’t working.”**

Sometimes healing involves becoming more aware of pain we have spent years avoiding.

Turning toward old wounds, losses, fears, and protective patterns can temporarily make things feel more intense. Feeling worse does not necessarily mean you are moving in the wrong direction. Sometimes it means the work is reaching something that needs care and attention.

- **“The course is bringing up emotions, and I want to avoid it.”**

This may actually be one of the most important moments in the journey.

Our minds naturally move away from discomfort because avoidance often gives short-term relief. Unfortunately, it can also keep us stuck in the same painful patterns.

When possible, pause and become curious:

•What is being touched in me right now?

•What part of me wants to leave?

•What is this part afraid would happen if I stayed?

You do not have to fight that part or force yourself through the experience alone. Talk to a facilitator. Sometimes the doorway to growth is exactly where we most want to turn away.

WHEN THE COURSE GETS DIFFICULT: STAYING THE JOURNEY

- **“My problems are too big for a course like this.”**

You may be right that some people also need individual therapy, medication, crisis support, or other services. SIMPLE is not intended to replace all forms of care. However, even when life feels overwhelming, people can still learn one small skill, develop one new insight, and take one small step in a different direction. Small changes repeated over time can transform a life.

- **“My motivation has disappeared.”**

This happens to almost everyone.

Most meaningful changes in life—learning an instrument, exercising, building a relationship, recovering from illness—do not happen because motivation is always present. They happen because we return, again and again.

Sometimes commitment needs to carry us on the days when motivation is absent.

WHEN THE COURSE GETS DIFFICULT: STAYING THE JOURNEY

- **“I feel better now. Maybe I don’t need this anymore.”**

Sometimes a part of us says, “I’m fine now, I can stop.” Other times it says, “This is too painful, I need to leave.” Although these voices seem opposite, both may be trying to protect us from discomfort.

Before making a decision, try asking your Wise Mind: “Will stopping now support the life I want six months from now, or is it mostly a response to how I feel today?”

Either way, we encourage you to talk to us before deciding to leave.

- **A Final Thought**

The goal of this course is not to have a perfect journey. The goal is to practice returning.

Come back after a difficult week. Come back after missing sessions.

Come back when you are discouraged. Come back when you are confused.

Come back when a part of you says, “This won’t work for me.”

The simple act of returning may be one of the most important skills you learn.

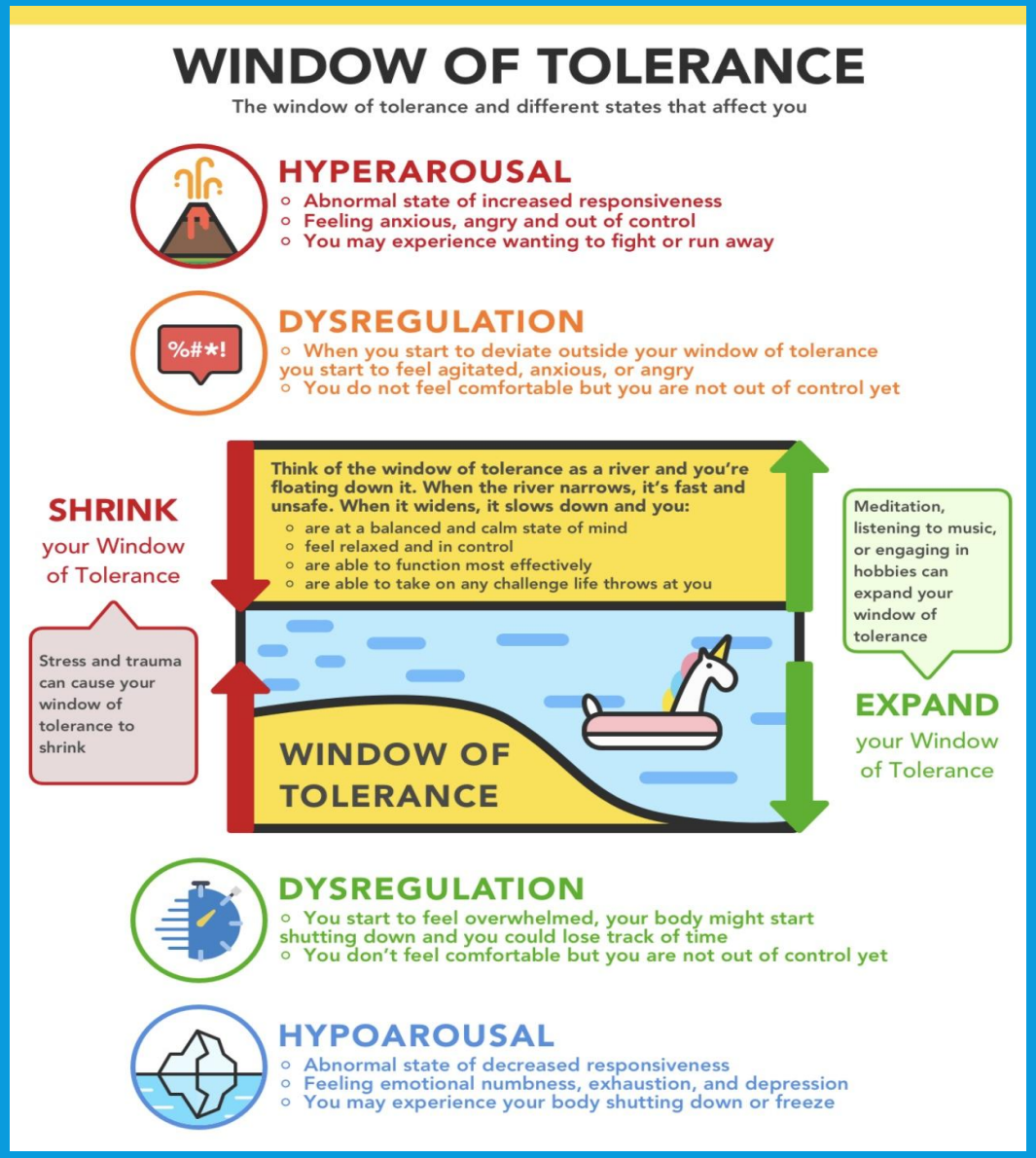
Before you decide to stop, please bring that thought into the room. Often the moment you want to leave contains some of the most important information about the patterns you are working to change.

ORIENTATION TO SIMPLE: WHAT WE WILL DO TODAY



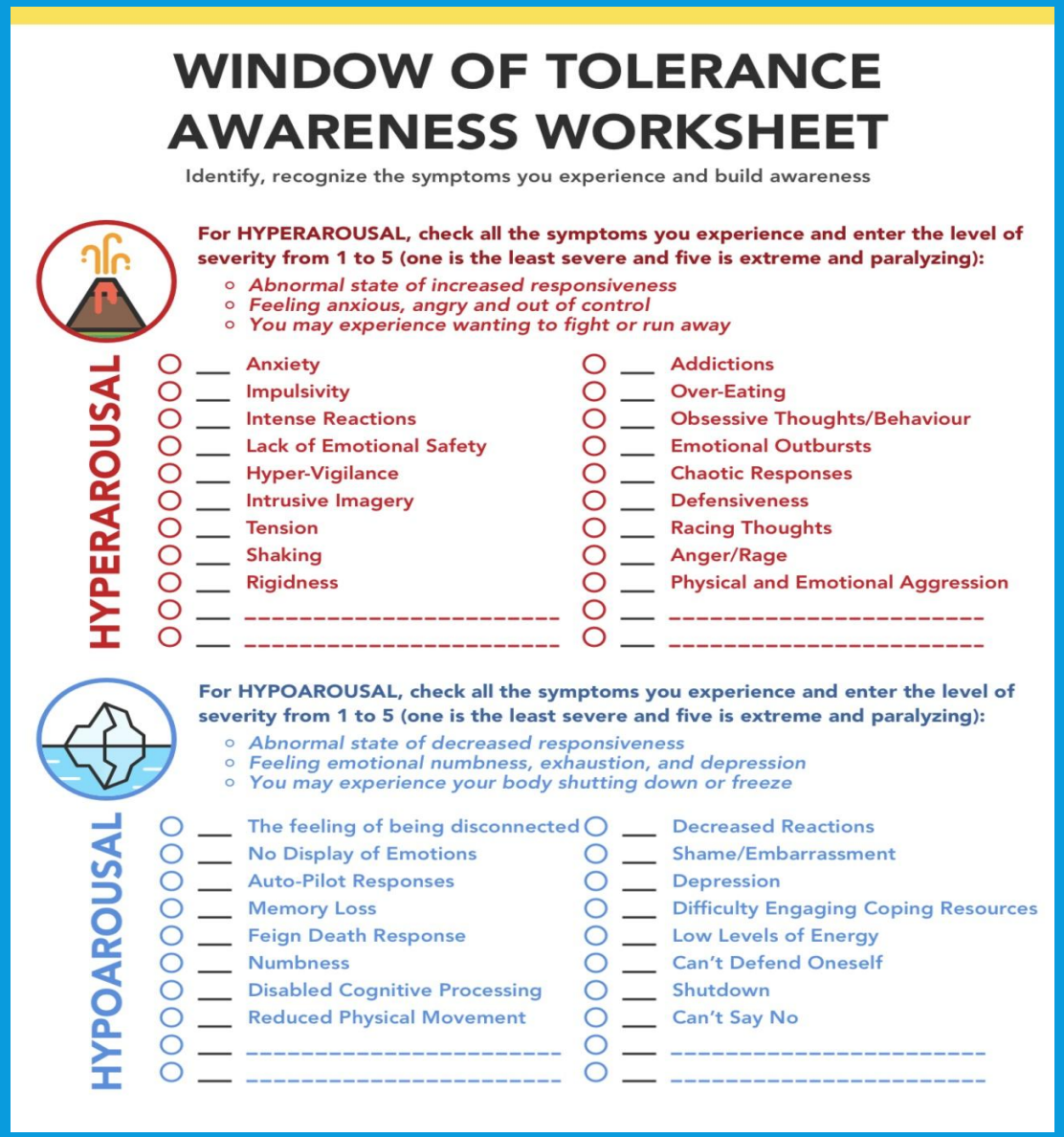
- Introductions
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IF YOU'RE TRIGGERED



- At some point during the course, you will be triggered. This may even happen frequently. Being triggered is an unpleasant experience that we all want to avoid.
- Emotional triggers are experiences such as memories, situations, certain objects or words, people etc. that spark intense negative emotions.
- These emotions can arise abruptly.
- People with emotional dysregulation frequently have narrow windows of tolerance and frequently experience intense emotions.
- Our minds tend to blame the triggering events for causing these intense emotions. This ignores the fact that being triggered has less to do with the triggering event and more to do with our psychological struggles that the triggering event reveals.

IF YOU'RE TRIGGERED



WINDOW OF TOLERANCE AWARENESS WORKSHEET

Identify, recognize the symptoms you experience and build awareness

For HYPERAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- *Abnormal state of increased responsiveness*
- *Feeling anxious, angry and out of control*
- *You may experience wanting to fight or run away*

HYPERAROUSAL

○ ___ Anxiety	○ ___ Addictions
○ ___ Impulsivity	○ ___ Over-Eating
○ ___ Intense Reactions	○ ___ Obsessive Thoughts/Behaviour
○ ___ Lack of Emotional Safety	○ ___ Emotional Outbursts
○ ___ Hyper-Vigilance	○ ___ Chaotic Responses
○ ___ Intrusive Imagery	○ ___ Defensiveness
○ ___ Tension	○ ___ Racing Thoughts
○ ___ Shaking	○ ___ Anger/Rage
○ ___ Rigidness	○ ___ Physical and Emotional Aggression
○ ___ ----------	○ ___ ----------
○ ___ ----------	○ ___ ----------

For HYPOAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- *Abnormal state of decreased responsiveness*
- *Feeling emotional numbness, exhaustion, and depression*
- *You may experience your body shutting down or freeze*

HYPOAROUSAL

○ ___ The feeling of being disconnected	○ ___ Decreased Reactions
○ ___ No Display of Emotions	○ ___ Shame/Embarrassment
○ ___ Auto-Pilot Responses	○ ___ Depression
○ ___ Memory Loss	○ ___ Difficulty Engaging Coping Resources
○ ___ Feign Death Response	○ ___ Low Levels of Energy
○ ___ Numbness	○ ___ Can't Defend Oneself
○ ___ Disabled Cognitive Processing	○ ___ Shutdown
○ ___ Reduced Physical Movement	○ ___ Can't Say No
○ ___ ----------	○ ___ ----------
○ ___ ----------	○ ___ ----------

- The automatic reactions to being triggered include withdrawing (anxiety), attacking (anger), or numbing out (dissociation).
- Rather than withdrawing, attacking, or numbing out, which is often the repeat of the previous experiences you've encountered, we encourage you to observe and reflect on your emotional reactions.
- This is more likely to help you widen your window of tolerance and heal.
- Take a time out in the sanctuary if you're in person or away from zoom.
- Use grounding or distress tolerance skills to attempt to return to the window of tolerance.

SHARING IN THE GROUP



- Course participants can share their feelings and thoughts in the sessions during the designated periods. Participant contributions are generally considered, by most participants, to be one of the most valuable aspects of the course.
- You will notice that the co-leaders strive to time manage during the course so that all the different components of each session are adequately covered.
- This year we'll ask you to write your questions on an index card or in the chat co-leaders will get to them in the designated periods.
- Remember that the Monday boing group is an opportunity to express yourself more fully. Come to that group.

WHEN SHARING IN THE GROUP



- We schedule 11 practice session throughout the year in which we set aside a much longer period of time for one of the co-leaders and a volunteer to work together using personal examples to put into practice the material we're learning. If you'd like to volunteer for a practice, please email us. We'll take volunteers on first email first practice basis.
- Any sharing of emotional material can have a significant effect on other course participants. Many course participants have had traumatic experiences in their lives and emotions associated with these experiences may be triggered when hearing other people who have had similar experiences talking about their traumas.
- Take this into account and use the tools, skills, and strategies that you will learn, to recognize and try to regulate your feelings when you are sharing or listening to someone who is. We will help you stay emotionally regulated.
- When you feel triggered by something in the course and go into fight, flight, or freeze, rather than acting on these emotions and thoughts take this as an opportunity to try to understand what happen and practice regulating yourself. The co-leaders will be happy to help you do this.

ORIENTATION TO SIMPLE: WHAT WE WILL DO TODAY



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HOMEWORK FOR THE COMING WEEK



- Please read p. 1-13 of the DBT skills training workbook 2nd edition. Joan and Nicole will cover these pages next week.
- Read Simple manual Session 3
- Submit questions, comments and feedback to or if you'd like to volunteer for a practice to itssimple2023@gmail.com

WHAT WE WILL DO NEXT WEEK



- Part I We'll review the Skills training workbook p. 1-13 – which covers 5 topics:
- 1. DBT an overview of the treatment, who the DBT skills training workbook book is for?
- 2. Basic distress tolerance skills, what are they?
- 3. About this chapter
- 4. How to use this chapter
- 5. Take a rest.
- Part II We'll introduce the 4 Simple strategies. Covered in the Simple manual
- Part III We'll introduce the first tool: crisis plans also covered in the Simple manual session 3



KEY TAKEAWAYS

BUILDING YOUR SHELTER: WHAT SIMPLE IS ABOUT

Storms are part of being human.

This course isn't about making the storms disappear. It's about helping you build a shelter — not *the* shelter, *your* shelter.

You're the architect. DBT skills lay the foundation, mindfulness opens the windows, emotion regulation strengthens the walls, relationships are the beams, IFS helps you meet who already lives inside, and meaning helps you decide where — and why — to build.

Who SIMPLE is for

Anyone who experiences emotional dysregulation: reactions out of proportion to what's happening, or intense feelings that seem to come from nowhere and push us outside our window of tolerance.

Our three goals

1. Expand your window of emotional tolerance
2. Heal the trauma that often underlies dysregulation
3. Live a fuller life

There's a hole in my sidewalk

Portia Nelson's poem is our central metaphor for the patterns we keep falling into. We learn to see our holes, climb out, walk around them — and one day choose another street.

A whole-person lens

Instead of asking "what's wrong with this person?" we ask "what happened, and what purpose does this pattern serve?" — weighing biological, psychological, social and spiritual influences.

THE JOURNEY AHEAD: SIX PARTS OVER 33 WEEKS

1 Understanding our mind

Personality, attachment, stress and trauma, dissociation, spirituality and meaning.

2 DBT skills

Distress tolerance, mindfulness, emotion regulation and interpersonal effectiveness.

3 The six tools

Practical tools from the SIMPLE manual that build on one another (below).

4 Techniques & strategies

Problem-solving steps, minding your "dashboard", pendulating, and editing, splicing & pasting.

5 Practice

Live in-session practices with volunteers, and the Monday Boing group.

6 Healing with IFS

Seven weeks of Internal Family Systems for stage 2 trauma work, with the IFS workbook.

The six tools build on one another — and work best alongside the skills

1 Crisis plans › 2 Holes diary cards › 3 Chain analysis › 4 Rational mind remediation › 5 Goals diary cards › 6 Self-led remediation

GETTING THE MOST FROM SIMPLE

Practice, practice, practice

- Your emotional engagement is the strongest predictor of change.
- Set aside 15–30 minutes at a set time and place, at least weekly.
- Start small — five minutes counts.
- Homework is practice, not a test. Not doing it is information, not failure.

When it gets hard

- If you're triggered, get curious instead of withdrawing, attacking or numbing out.
- Take a break (the sanctuary, or away from Zoom) and use grounding skills.
- Feeling worse or wanting to leave can mean the work is touching something important. Talk to us first.

Stay connected

- Email: itssimple2023@gmail.com
- Website: itssimple2021.com
- YouTube: @itssimpleonyoutube1123
- Groups.io participant forum (not a crisis service)
- Boing group: Mondays 12:30–2 pm, from October 19

The goal isn't a perfect journey. It's to practise returning — after a hard week, a missed session, or when a part of you says "this won't work for me."

Before next week

- DBT Skills Training Workbook, p. 1–13
- SIMPLE manual, Session 3
- Email questions, feedback, or an offer to volunteer for a practice



I have trouble parting with slides. At the end of some sessions I've included slides and videos we used in previous years. Feel free to ignore them.

- Portia Nelson's poem "There's a Hole in My Sidewalk" is a powerful reflection on self-awareness, personal growth, and the journey of life. The poem describes a process of encountering the same challenges repeatedly, illustrating how we often fall into familiar patterns of behavior.
- The speaker initially falls into a hole, representing a lack of awareness or understanding of their circumstances. This highlights the importance of recognizing our problems.
- As the poem progresses, the speaker begins to take responsibility for their actions and choices. This shift indicates growth and a willingness to change.
- Eventually, the speaker learns to navigate around the hole, symbolizing personal development and the ability to overcome obstacles. This suggests that with awareness and effort, we can change our responses to life's challenges.
- The poem emphasizes the importance of accepting our experiences, including pain and mistakes, as part of the human journey.
- Nelson’s poem encourages readers to reflect on their own lives, recognize patterns, and take steps toward personal growth and self-improvement. It’s a reminder that while we may encounter the same issues repeatedly, we have the power to change our approach and ultimately find a way forward.

- Creating an effective learning environment involves several important factors:
- Safety and Comfort: A physically and emotionally safe space encourages students to take risks and express themselves without fear of judgment.
- Engagement: Incorporating interactive and hands-on activities helps maintain student interest and motivation. Varied teaching methods can cater to different learning styles.
- Inclusivity: Recognizing and respecting diverse backgrounds, abilities, and perspectives fosters a sense of belonging and encourages participation from all students.
- Clear Expectations: Establishing clear rules, goals, and outcomes helps students understand what is expected of them and how they can succeed.
- Supportive Relationships: Building strong relationships between teachers and students, as well as among peers, promotes collaboration and a sense of community.
- Access to Resources: Providing access to a variety of learning materials and technologies can enhance the educational experience and support different learning needs.
- Feedback and Assessment: Regular, constructive feedback helps students understand their progress and areas for improvement, while formative assessments can guide instruction.
- Flexibility: Adapting the learning environment to meet the changing needs of students can enhance engagement and effectiveness.
- Encouragement of Critical Thinking: Creating opportunities for students to analyze, evaluate, and create fosters deeper understanding and skills that are essential for lifelong learning.
- Positive Reinforcement: Recognizing and celebrating achievements, both big and small, can boost motivation and self-esteem.
- By considering these factors, educators can create a dynamic and effective learning environment that supports student growth and success.

- Intellectual learning involves acquiring knowledge and understanding concepts through cognitive processes such as reading, studying, and analyzing information. It focuses on developing critical thinking skills and expanding one's intellectual capacity.
- Experiential learning, on the other hand, is a hands-on approach to learning that involves learning through experience, reflection, and experimentation. It emphasizes learning by doing, and often involves real-world applications of knowledge and skills.
- Effective learning refers to the ability to retain and apply what has been learned in a meaningful way. It involves understanding how to learn efficiently, setting goals, managing time effectively, and utilizing various learning strategies to maximize learning outcomes.
- In summary, intellectual learning focuses on acquiring knowledge and understanding concepts, experiential learning emphasizes learning through hands-on experience, and effective learning involves retaining and applying knowledge in a meaningful way. Each approach has its unique benefits and can be combined to create a comprehensive learning experience

VIDEOS

1. Introduction to the simple course
2. Session 1 of simple
3. Session 2



What are the goals of simple?






WELCOME TO THE SIMPLE
YOUTUBE COURSE


THERE'S A HOLE IN MY SIDEWALK


5 MINUTE MEDITATION


HOW WOUNDED PEOPLE SEEK OUT FURTHER PUNISHMENT
FOOL




INGREDIENTS
OF MENTAL
HEALTH


5 WAYS TO
Begin Your Therapy Journey


IS EVERYONE ELSE NORMAL?


PsychHub
WHAT IS
DIALECTICAL
BEHAVIOR THERAPY?


WHY WE
BEHAVE
AS WE DO

PSYCHOTHERAPY




OVERCOMER

THE MYTH OF SISYPHUS




I PROMISED I
DON'T SEE IT

4 SKILL MODULES

- Mindfulness
- Emotion Regulation
- Interpersonal Effectiveness
- Distress Tolerance

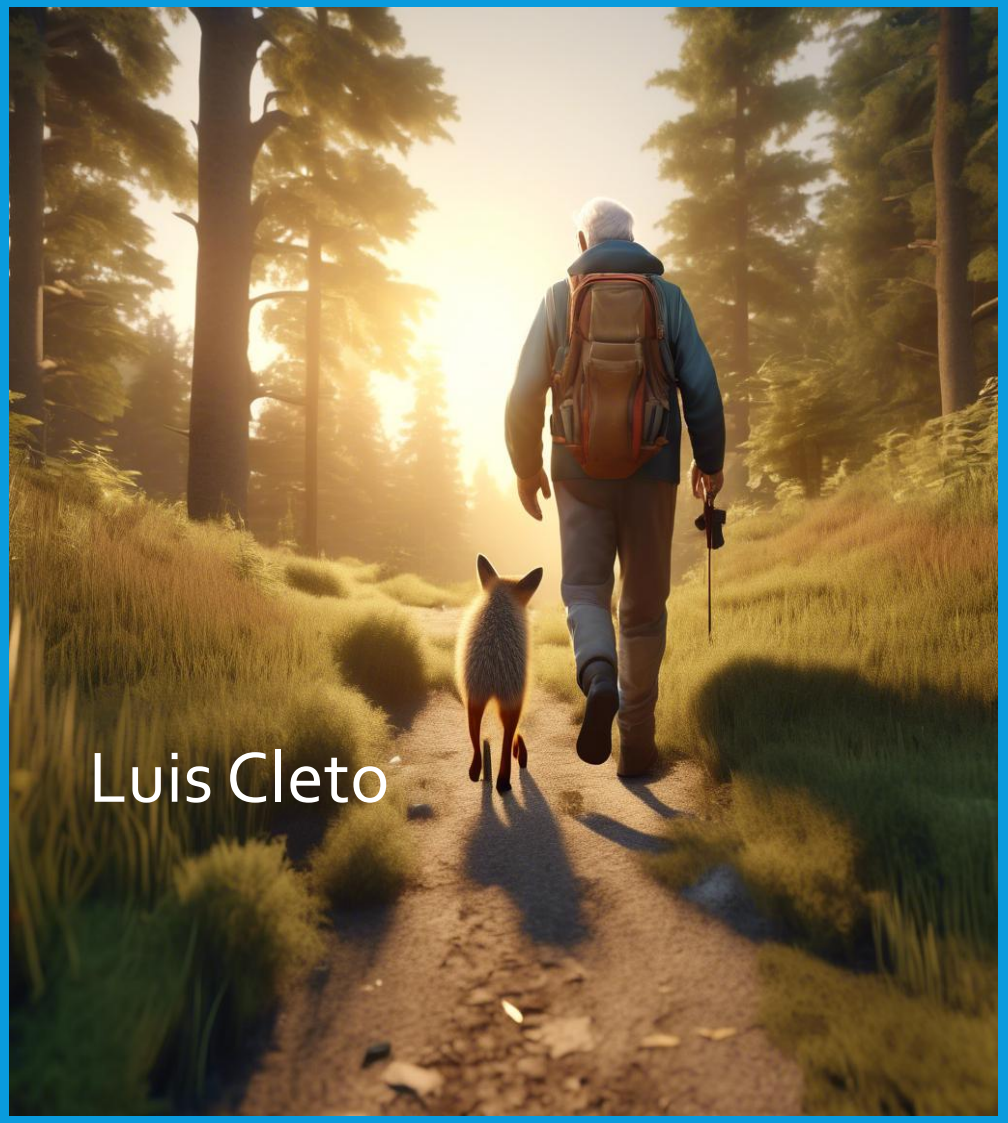


2024-25 SESSIONS 1 AND 2

WELCOME TO THE 2024-25 SIMPLE COURSE

"Healing is the touching with love of that which has been touched with fear, anger, and despair" Anonymous.

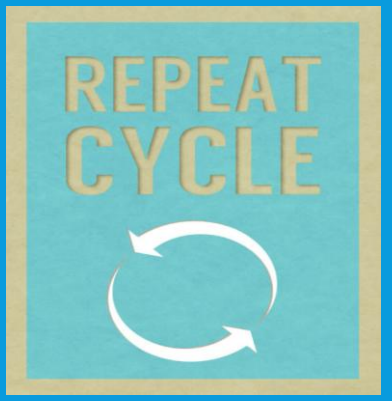
Health is not the absence of disease it is physical, psychological, social, and spiritual wellbeing.

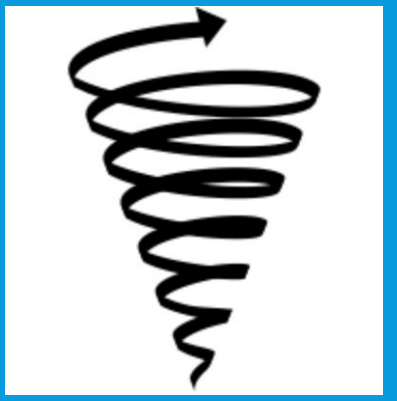


May I live graciously and joyfully nurturing the flame and being of service to the universe

- My name is…
- My role as a co leader is…
- My intention for the time we spend together is…
- My hope for the course is…







- Health is not the absence of disease it is physical, psychological, social, and spiritual wellbeing.
- May the time we spend together help us grow and heal as we strive to stay compassionate, curious, clear, creative, calm, confident, courageous, and connected.



SESSION 1 OF SIMPLE ORIENTATION

2024-25 SIMPLE COURSE CO-LEADERS















The 2024-25 Simple course is offered in collaboration with:
The Stratford and Star family health teams

VIDEOS

1. Introduction to the simple course
2. Session 1 of simple



What are the goals of simple?






WELCOME TO THE SIMPLE
YOUTUBE COURSE

SESSION 1 ORIENTATION: THE WHO, HOW, WHY WHERE, AND WHEN OF THE SIMPLE COURSE

An introduction to the Simple "bus"



SESSION 2 OVERVIEW: THE WHAT OF THE SIMPLE COURSE

An overview of the Simple "trip" or material we will cover





- My name is…
- My role as a co leader is…
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- My hope for the course is…

LAND AKNOWLEGMENT

We acknowledge that we are standing on the traditional territory of the Haudenosaunee, Anishinaabe and Neutral peoples. As we gather let us remember that we are standing on treaty land that is steeped in rich indigenous history and home to many First Nations, Metis, and Inuit peoples. We are grateful to have the opportunity to live, work, and play on this land.




INGREDIENTS
OF MENTAL
HEALTH


5 WAYS TO
Begin Your Therapy Journey


IS EVERYONE ELSE NORMAL?


PsychHub
WHAT IS
DIALECTICAL
BEHAVIOR THERAPY?

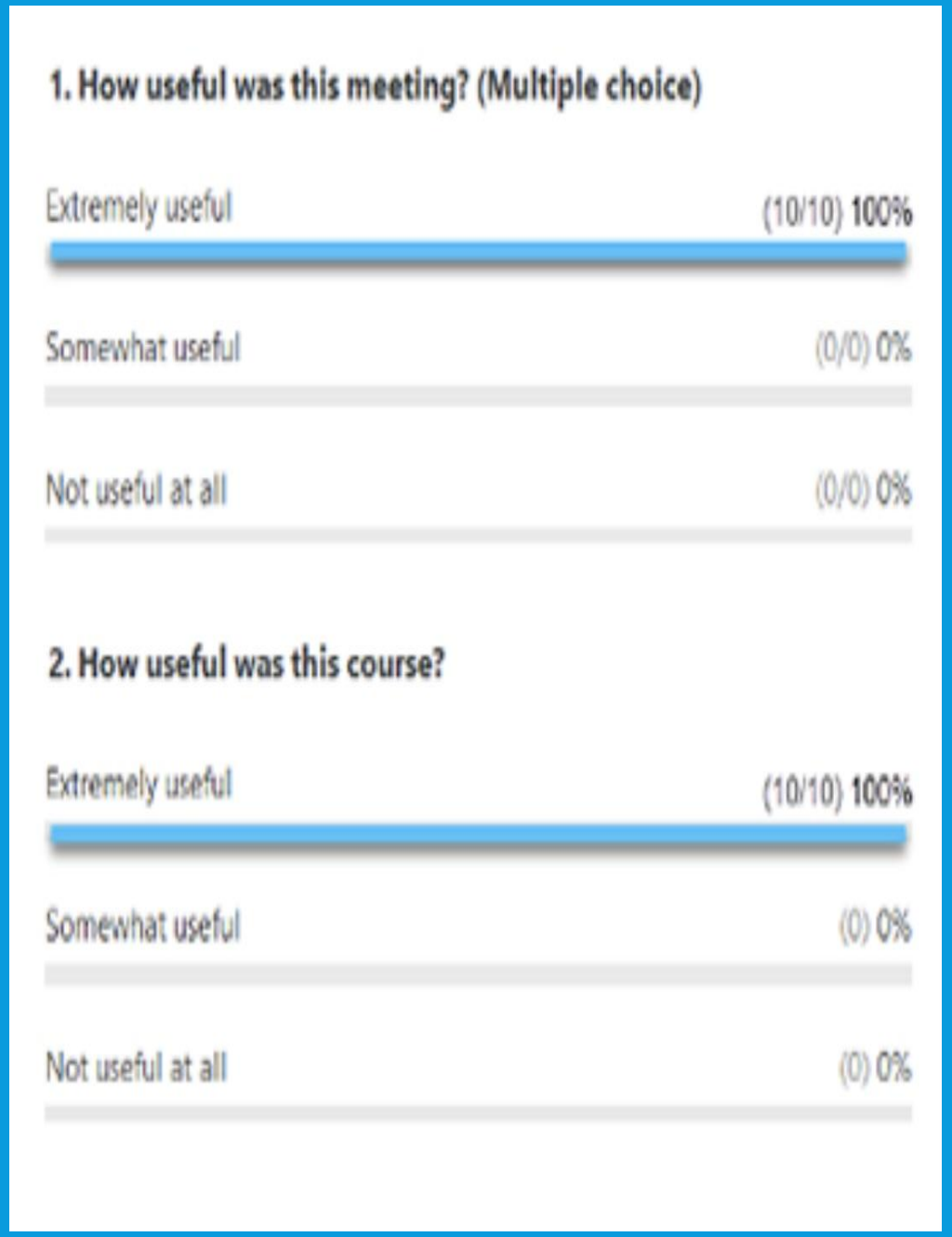
ORIENTATION TO SIMPLE: WHAT WE WILL DO TODAY



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ZOOM POLL

- This year we will do polls only on weeks that we're also reviewing new DBT skills.(every second week- when Joan and Nicole are with us.)
- We'll look at the answers of zoom participants immediately after we do the polls.
- We'll share the answers of in person participants at the beginning of the session the week after the poll.
- Answers are anonymous

ORIENTATION TO SIMPLE: WHAT WE WILL DO TODAY

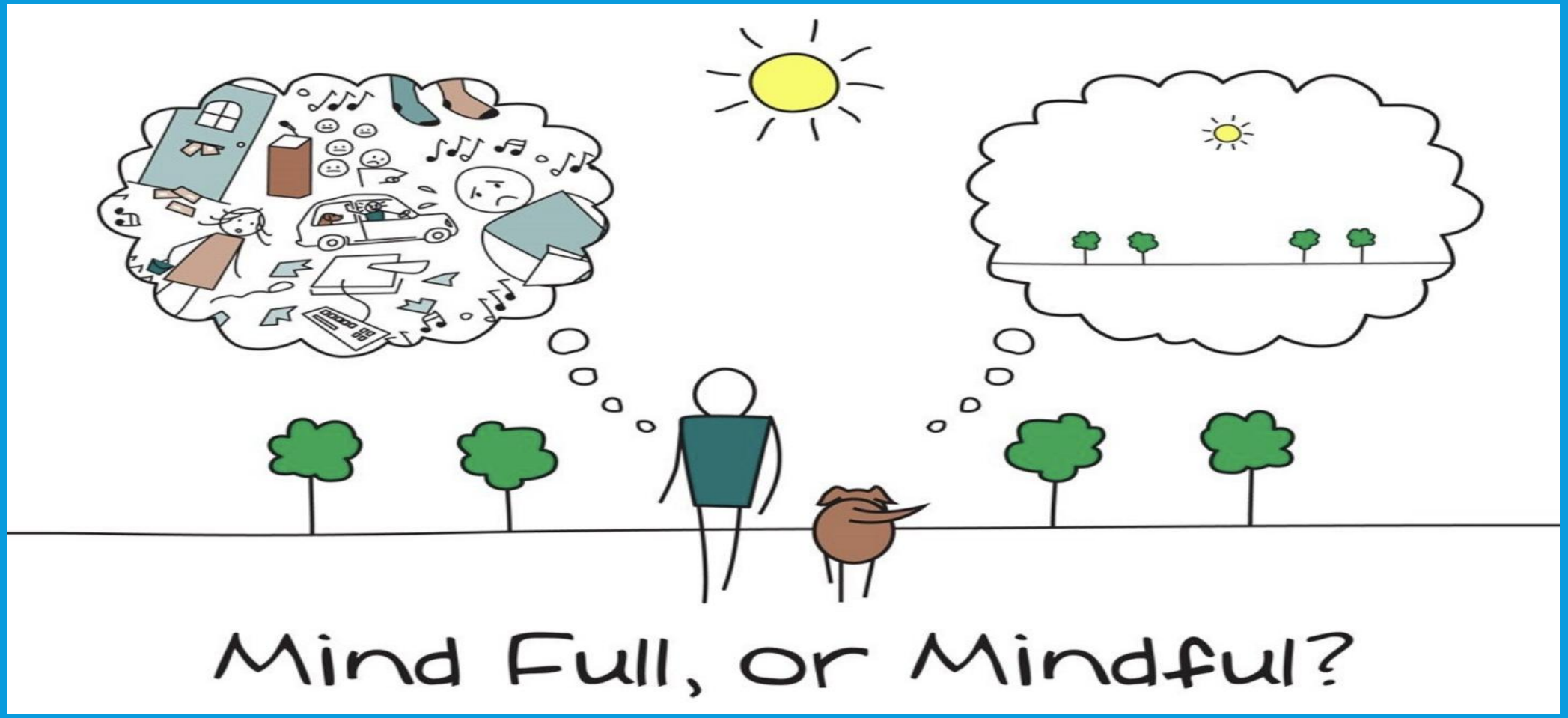


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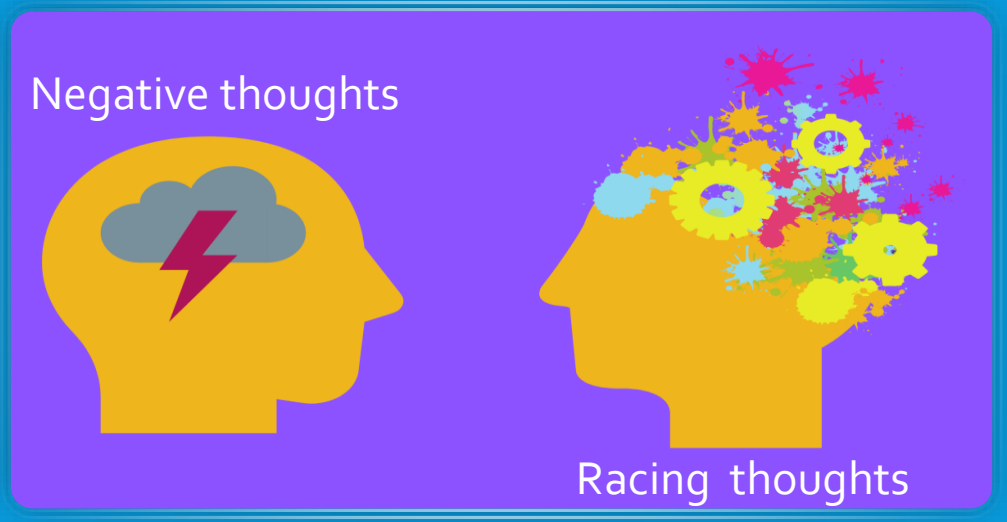
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OUR FIRST MINDFULNESS EXERCISE

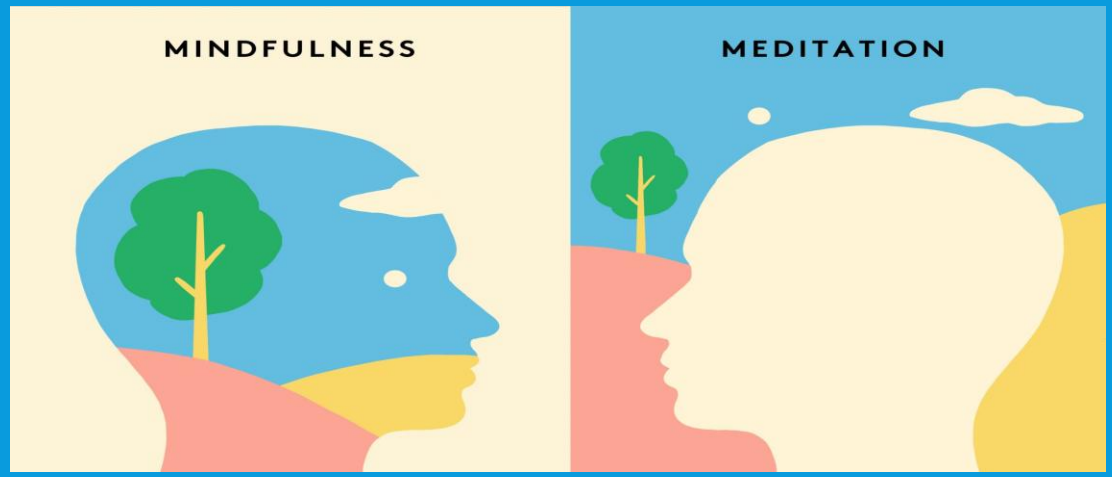


MINDFULNESS AND MEDITATION

Distressing thoughts and feelings



Mindfulness and meditation



In everyday life, when our minds are not focused on a concrete task, our thoughts roam free, flitting from one subject to another in a stream of associations. At these times a brain network called the default mode network is active. Our thoughts, which are linked to our feelings, may become obsessively stuck in negative ruts. This happens, for example, in anxiety and depression. Mindfulness is about having some measure of influence over the contents of our mind. Mindfulness deactivates the default mode network. Mindfulness is a translation of the Hindu word sati, which means awareness, attention, and remembering. In mindfulness, the mind is full of what we choose to fill it with, for example being present with a friend, the forest around us, or a sunset. In mindfulness the mind stays present and does not roam to other subjects. Through mindfulness, a person learns how to live in the present moment in an enjoyable way rather than worrying about the past or being concerned for the future. Whereas mindfulness involves focusing the mind on the present moment, meditation is the practice of learning to empty the mind as much as possible by keeping it focused on one single object of perception such as the breath, a mantra, or bodily sensations. Meditation commonly involves a quiet environment, a comfortable relaxed position, and a point of mental focus.

COMMON TYPES OF MEDITATION



1. Concentration on a word, thought, sensation, or image: ex. transcendental meditation, relaxation response, breath focused meditation, mantra repetition, meditation on a prayer, mandala, or other image.
2. Movement based meditation: ex. yoga, tai chi, Qi gong, Sufi dancing
3. Cultivating positive emotions such as compassion, forgiveness, gratitude, or loving kindness: ex. Buddhist Metta or tonglen practices, Institute of heart math training.
4. Emptying the self: centering prayer, waiting on the inner voice or inner light

BENEFITS OF MEDITATION



- Thousands of studies have concluded that meditation benefits mental, physical, emotional, and spiritual health.
- Mental health benefits – meditation increases awareness, clarity, compassion and a sense of calm. One study showed that meditating for four weeks increased focus by 14%. Another study reported that eight weeks of meditation led to participants reporting a 46% reduction in depression and 31% reduction in anxiety. Meditation can rewire the brain towards more positive thoughts and emotions.
- Physical health benefits – meditation reduces stress hormones such as cortisol. In one University of California study people who meditated for 10 days had a 12% decrease in stress hormones and those meditated for 30 days saw their stress hormone level decrease by more than 20%

POSSIBLE NEGATIVE EFFECTS OF MEDITATION

- While meditation has been found to have very significant physical and mental health benefits it is also known to potentially occasionally have some negative effects.
- The most common negative effects of meditation are increased anxiety, panic, confusion and disorientation, depression, and feeling spaced out. In other words, meditation can occasionally trigger emotional dysregulation causing the meditator to leave the window of emotional tolerance.
- People with significant past trauma and those who frequently have ruminative negative thoughts are the most likely to experience these negative effects. People with trauma and ruminative thoughts, are often distracted by the busyness of everyday life. When they try to slow their minds down in meditation, their default mode network trauma is activated, and their traumatic memories and negative thoughts tend to fill the empty mind space created.
- This reduction in distracting stimuli is why people with these issues also tend to have more difficulties at bedtime and with falling asleep when all is quiet.

GROUNDING



- Grounding techniques also known as grounding exercises or grounding skills, can distract, reframe, or otherwise soothe distressing feelings. They shift your focus from past or future thinking into the present moment. You may already engage in some of these techniques without formally realizing it.
- Grounding exercises are especially helpful if you are experiencing anxiety disorders, self-harm urges, substance use disorders, eating disorders, PTSD or complex PTSD symptoms, dissociation, childhood trauma, panic attacks or persistent feelings of being overwhelmed, and chronic pain.
- Grounding exercises are practices that can help you to manage your trauma symptoms when they occur. Grounding exercises help you to focus on the here and now. This can help you to distract from what is preoccupying your mind.
- Grounding exercises are mindfulness but not meditation exercises.
- Feel free to skip our guided meditation exercises if you become significantly dysregulated by them.
- The self soothing toolkit and the mindful eating exercise which we will do together in future sessions are both grounding exercises. They should both be safe for most people
- If mindfulness exercise cause you distress feel free to skip them, you may want to use that time to do a grounding practice

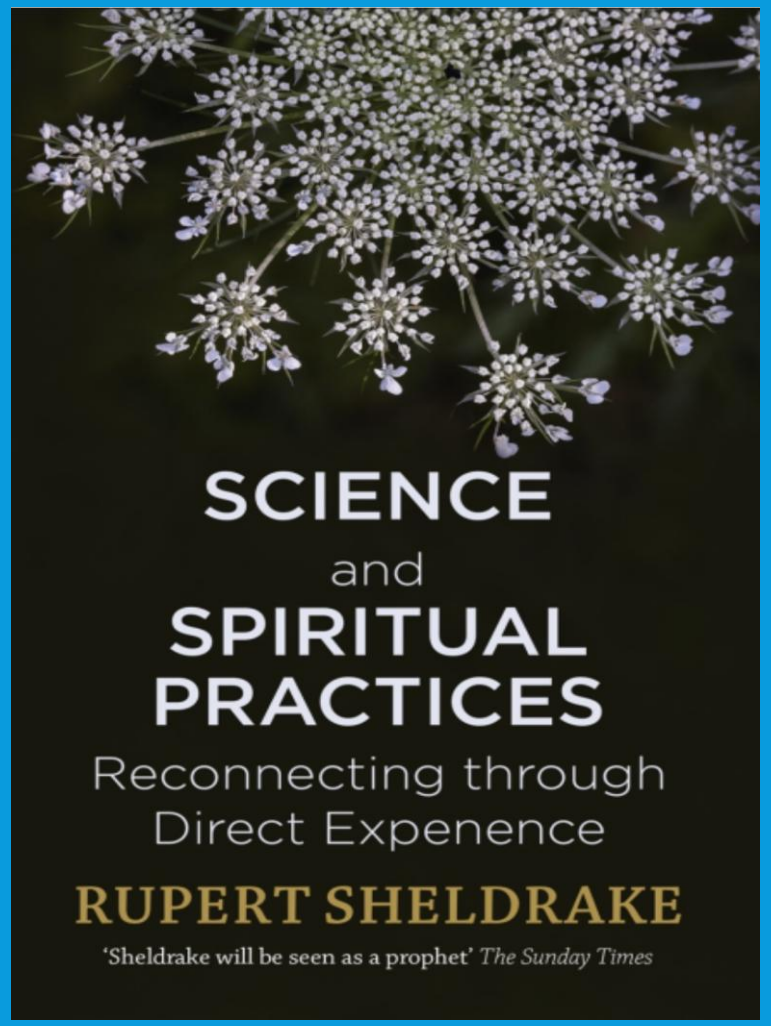


WARNING ABOUT MINDFULNESS PRACTICE

feel free to skip it. followed by a moment of silence


5 MINUTE MEDITATION

SPIRITUAL PRACTICES



- In "Science and Spiritual Practices," Rupert Sheldrake explores various spiritual practices and their potential benefits, drawing connections between these practices and scientific insights. Some of the spiritual practices he discusses include:
- Meditation: Sheldrake highlights meditation as a practice that can lead to increased mindfulness, reduced stress, and improved emotional well-being. He suggests that it can enhance one's connection to the present moment and foster a sense of inner peace.
- Mindfulness and Presence: He advocates for practices that encourage being present and aware, which can improve mental clarity and emotional regulation.
- Prayer: He examines the role of prayer in various religious traditions, arguing that it can promote a sense of connection to something greater than oneself and provide comfort and support during challenging times.
- Rituals: Sheldrake discusses the importance of rituals in creating a sense of community and shared purpose. He suggests that rituals can help individuals feel anchored in their cultural and spiritual identities.
- Nature Connection: He emphasizes the benefits of spending time in nature, which can lead to a greater sense of awe and connection to the natural world, fostering feelings of well-being and interconnectedness.
- Gratitude Practices: Sheldrake points out that cultivating gratitude can enhance overall happiness and life satisfaction, as it shifts focus from what is lacking to appreciating what one has.
- Sheldrake argues that these practices not only have psychological and emotional benefits but also resonate with scientific principles, such as the interconnectedness of all life and the influence of consciousness on the material world. He suggests that integrating these spiritual practices into daily life can enhance well-being and foster a deeper understanding of the nature of reality.

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YOUR INTENSIONS FOR THE COURSE

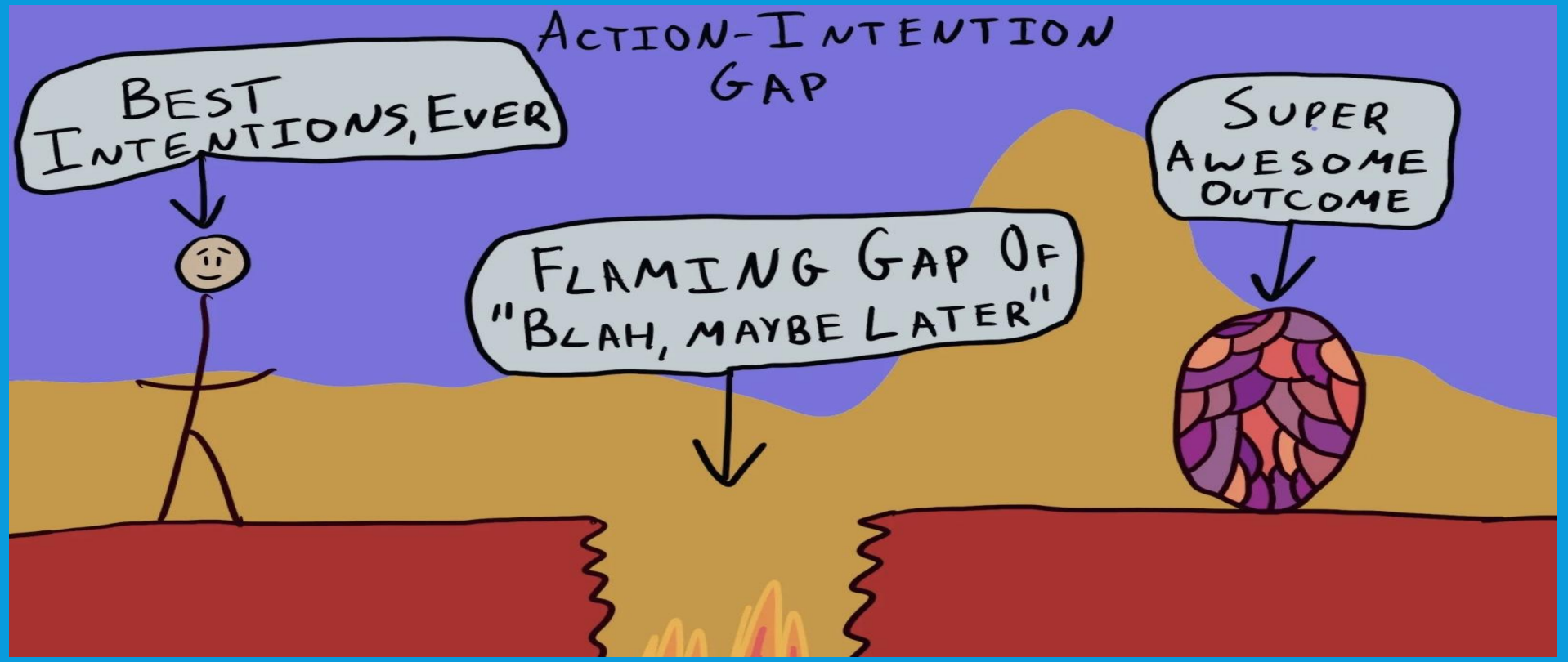


- Setting an intention involves consciously deciding what you want to focus on or achieve in a particular area of your life. It's about clarifying your goals, desires, or feelings and aligning your actions and mindset with those aspirations. This practice can be done in various ways, such as through meditation, journaling, or simply taking a moment to reflect.
- When you set an intention, you're not just wishing for something to happen; you're actively committing to a mindset or a course of action that can help you manifest your goals. It can be as specific as wanting to improve your health or as broad as seeking more joy in your daily life. The key is to be clear and positive about what you want to invite into your life!

THE BENEFITS OF SETTING INTENTIONS

- Setting an intention can have several benefits, particularly in the context of personal growth, learning, and achieving goals.
- Setting an intention helps clarify what you want to achieve, making it easier to focus your efforts and resources
- Intentions can serve as a source of motivation, providing a reason to take action and stay committed to your goals.
- The process of setting an intention encourages mindfulness, helping you to be present and aware of your thoughts and actions.
- Intentions often promote a positive outlook, encouraging you to view challenges as opportunities for growth rather than obstacles.
- Setting intentions allows you to align your actions with your core values and beliefs, leading to a more fulfilling and authentic life.
- Intentions can enhance your focus by directing your attention toward specific outcomes, reducing distractions and increasing productivity.
- When faced with setbacks, having a clear intention can help you stay resilient and committed to your goals, reminding you of your purpose.
- Intentions can guide your decision-making process, making it easier to choose actions that align with your desired outcomes.
- Sharing your intentions with others can create a sense of accountability, encouraging you to follow through on your commitments.
- Setting intentions fosters a growth mindset, encouraging you to embrace challenges, learn from experiences, and continuously improve.
- By incorporating intention-setting into your daily routine, you can create a more purposeful and fulfilling approach to learning and personal development.

YOUR INTENSIONS FOR THE COURSE



- If you'd like, please share your intentions for the course with us now…
- Or chat/email them to us.

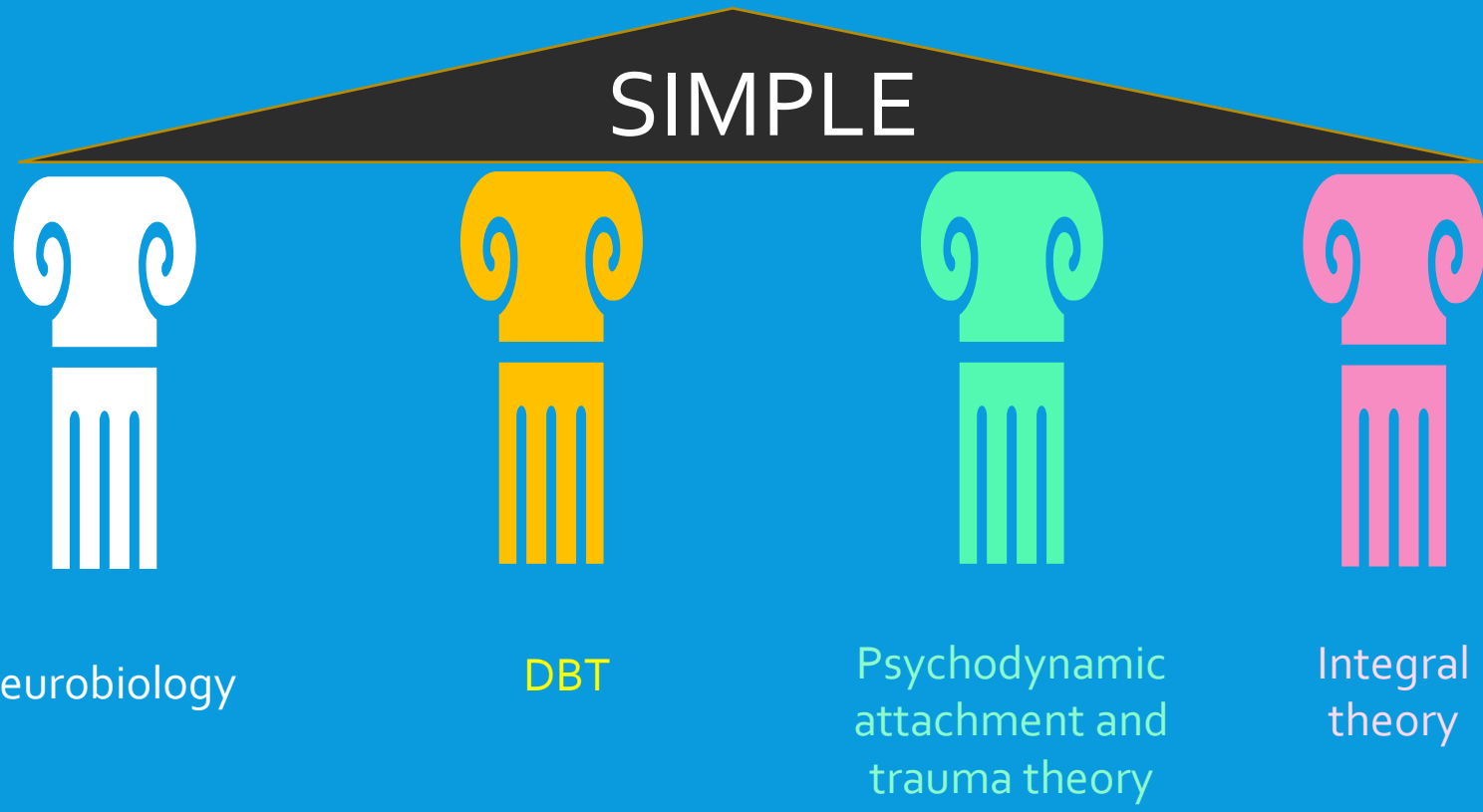
ORIENTATION TO SIMPLE: WHAT WE WILL DO TODAY



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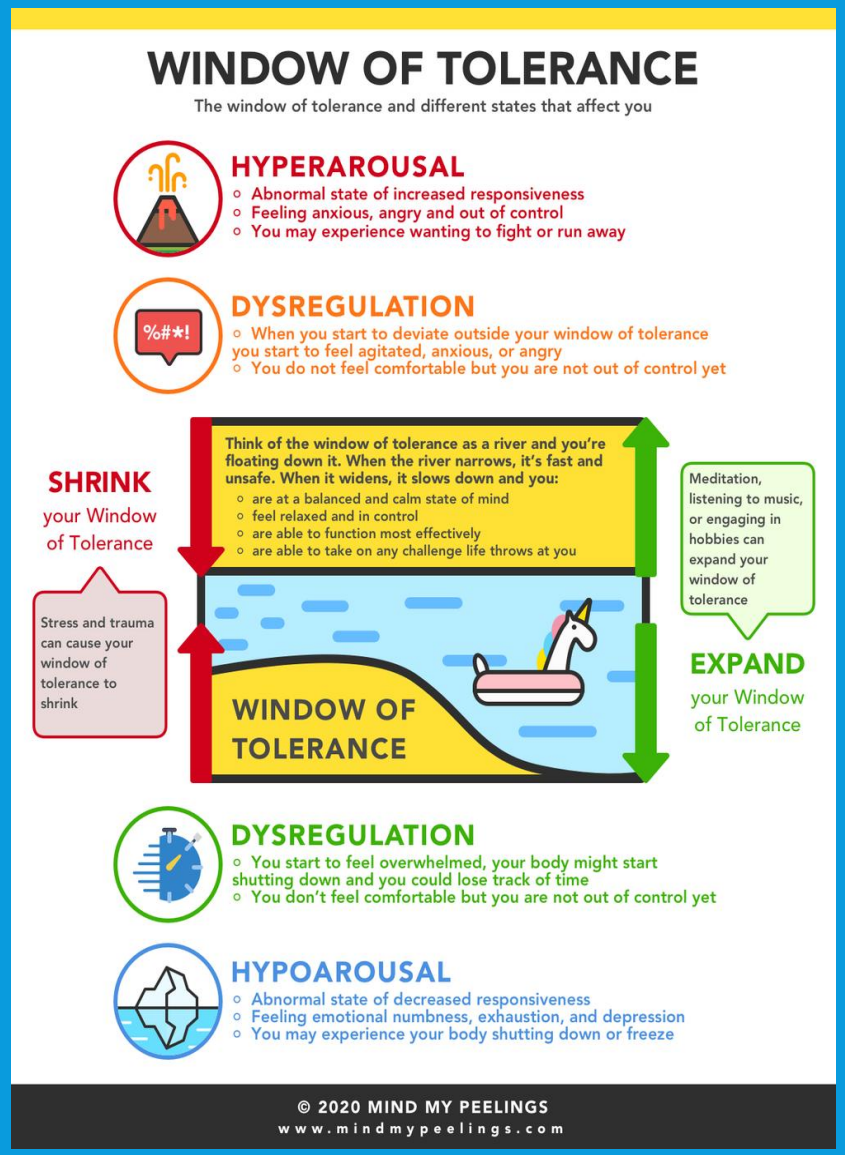
IT'S SIMPLE

Structured
Integrative, integral, idealist
Mindful
Psychotherapy that is
Learned
Easily



- Simple is a bio psycho socio spiritual course/group that is geared towards anyone who experiences emotional dysregulation.
- It strives to synthesize knowledge from a variety of disciplines into a single framework

WHO SIMPLE IS FOR



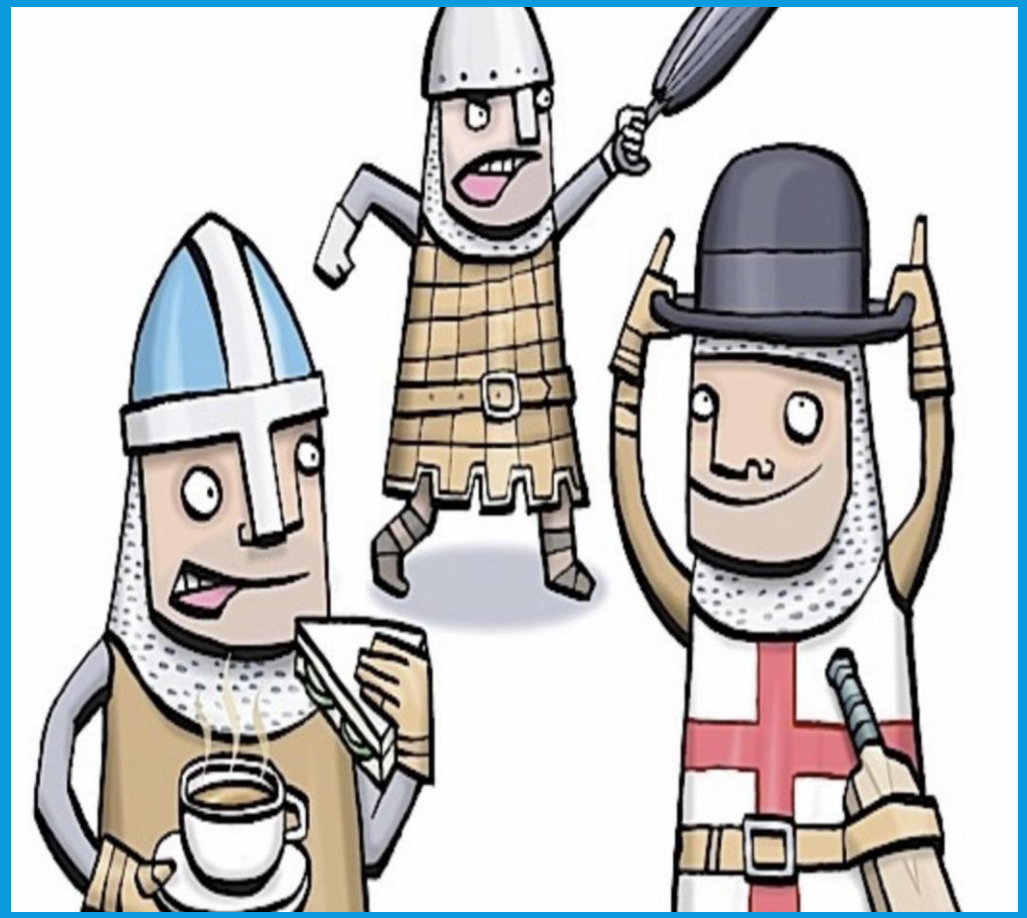
- Anyone who experiences emotional dysregulation or a narrow window of tolerable emotions.
- Being calm or alert is a state of physiological activation referred to as the 'window of emotional tolerance'. Outside that is fight/flight hyperarousal and hypoarousal freeze/dissociation.
- What is emotional dysregulation?
- A disproportionate emotional reaction to present day events or intense emotions arising apparently from nowhere.
- Dysregulated emotions can be seen as the core problem which can then give rise to dysregulated thoughts and behaviors.
- Signs of dysregulated emotions include depression, anxiety, high levels of shame and anger, self-harm, excessive substance use, high risk behaviors, perfectionism, conflictual interpersonal relationships, issues with eating, suicidal thoughts, etc..
- Dysregulated emotions are not just average responses to present day events, they often are triggered by present-day events but may owe to unconscious factors such as a person's temperamental predispositions, and their past experiences, including the type of parenting they had and/or previous traumatic circumstances they may have encountered in the course o their lives.
- The main goals of this course are 1. to help people who experience emotional dysregulation become aware of, understand, and better regulate their dysregulated emotions , thoughts, and behaviors and 2. to heal the traumas that underlie emotional dysregulation
- Being emotionally well-regulated means having the capacity to bring yourself to a calm or alert state from states of fight or flight, depression or dissociation.

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A BRIEF HISTORY OF THE SIMPLE COURSE



Some of the significant moments of the Simple course include:

1993 – Marsha Linehan publishes "cognitive behavioral treatment of borderline personality disorder" DBT is born.

1997- first DBT group offered at Stratford General Hospital

1997- present- Why DBT evolved into Simple.

2020- Simple 1st offered virtually

2023-Simple on YouTube

2024-25- 27 th anniversary of the course

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INDIVIDUAL OR GROUP THERAPY



- Research shows that both individual and group therapy are equally as effective at addressing many psychological issues. Each modality, however, has something to offer:
- 1) group therapy – Assures individuals that they are not alone. Connects them to others in similar situations.
- Provides them with a different perspective on their issues.
- Allows them to receive and give support.
- Helps them develop communication and socialization skills.
- 2)individual therapy – Occurs in a more intimate setting, which provides an increased level of confidentiality.
- Allows the therapist to fully focus on the individual.
- Encourages sharing without fear of judgement.
- Allows people to dig down deeper into their own issues.
- Allows for more flexible schedule.
- 3) why I prefer group

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What you need to do the Simple course?

WHAT YOU NEED TO DO THE SIMPLE COURSE

1. The Simple manual $13 and the skills training workbook $29
2. A 3-ring binder
3. Access to the Simple website- Itssimple2021.com
4. Access to the It's Simple on YouTube (Luis Cleto it's simple on YouTube sessions) or the "live" course.
5. Your active participation

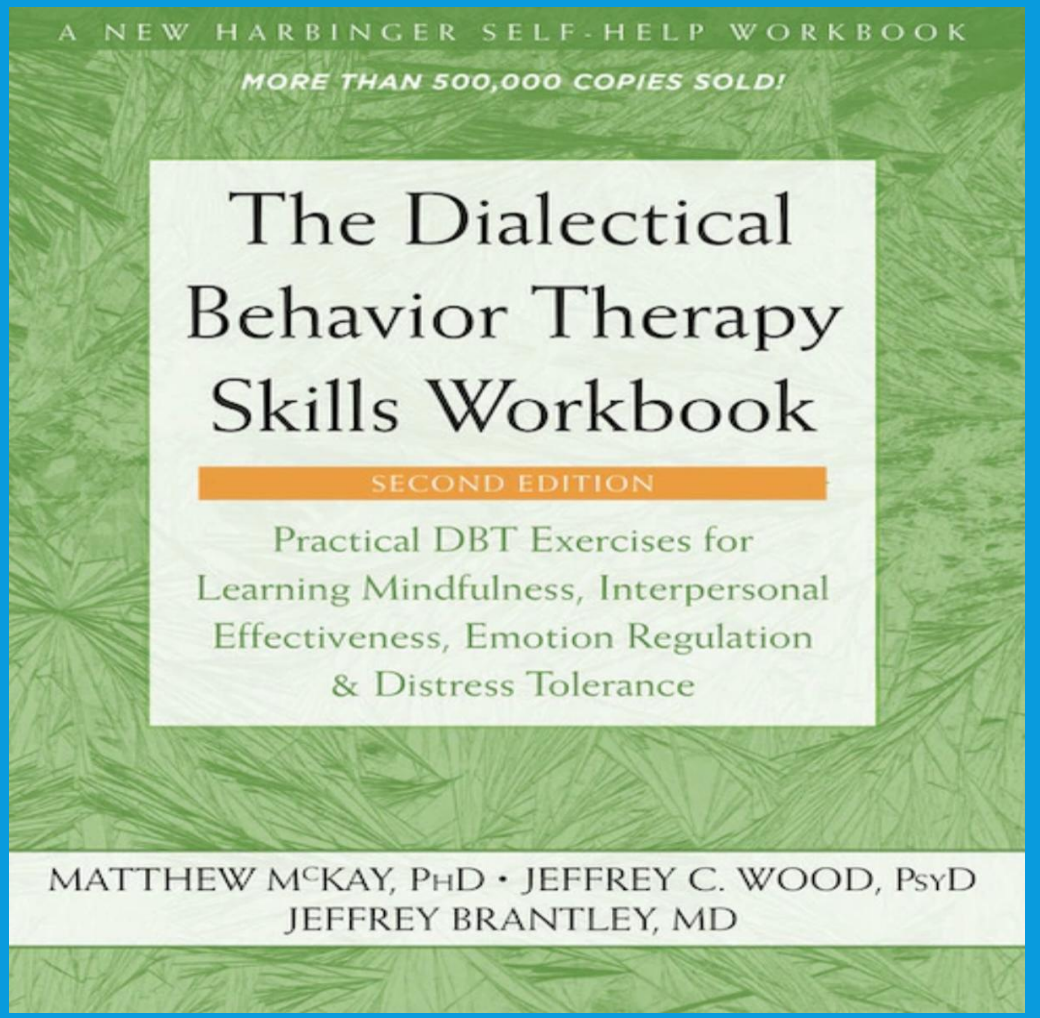
THREE RING BINDER



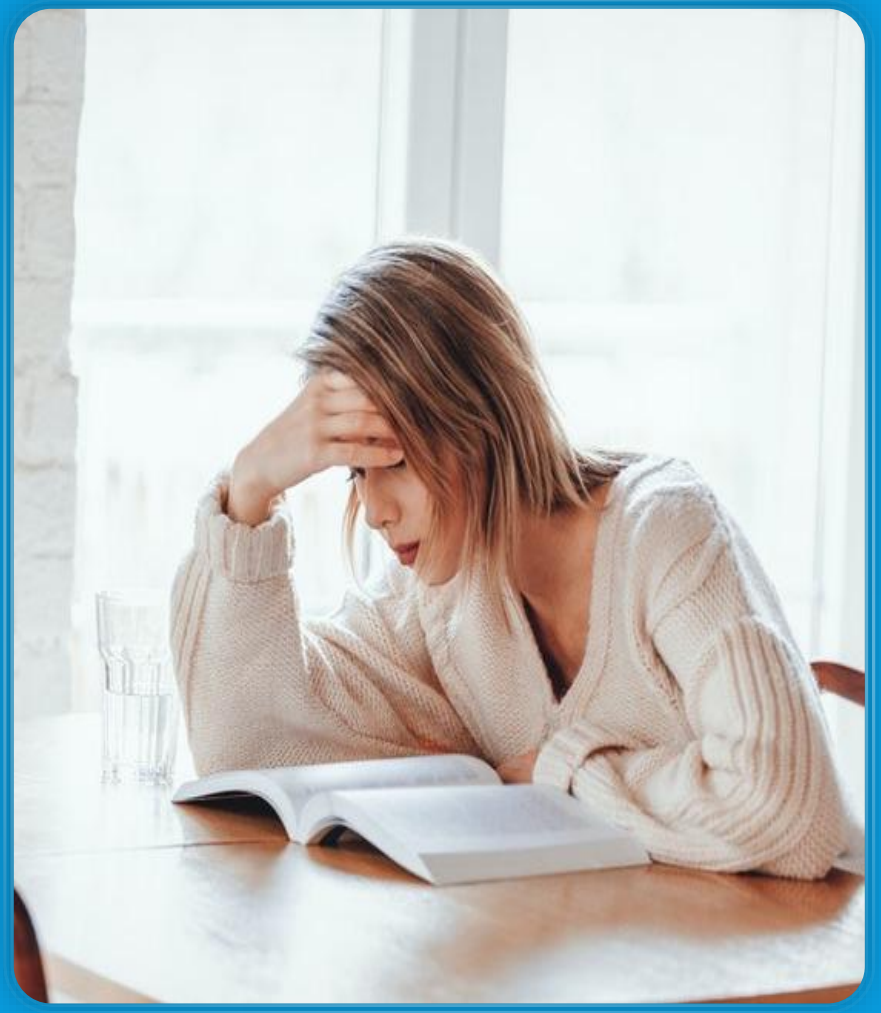
- Preferably with 30 separation tabs- one for each session
- Have it with you at each session
- You can use it to keep your weekly homework: crisis plans, diary cards, chain analysis, jot down notes, etc.

THE BOOKS WE USE IN THE SIMPLE COURSE





MOST IMPORTANTLY



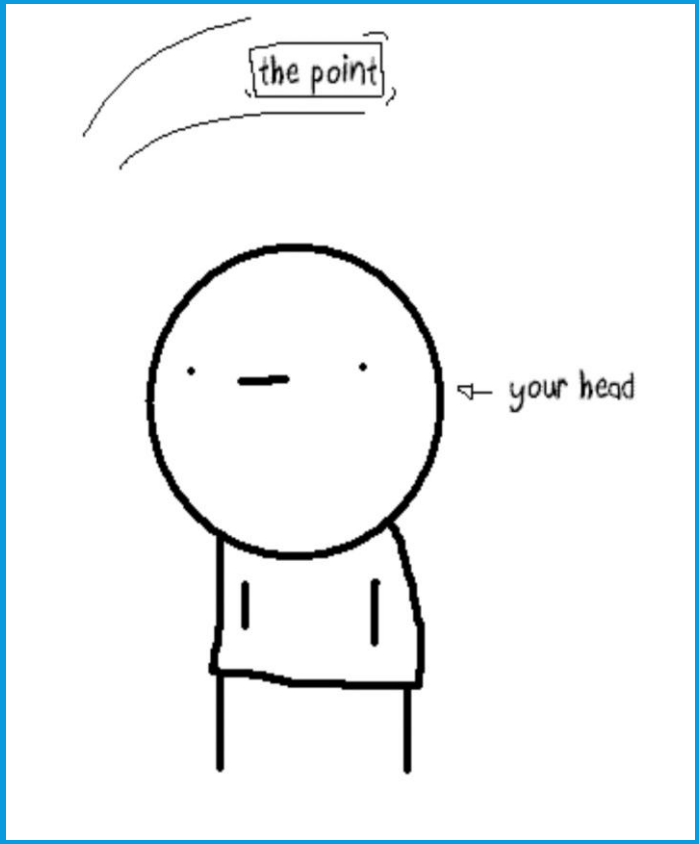
- Across all different therapy models, the most important predictor of positive change is the client's emotional engagement with the work
- Meaning you'll get the most out the course if you actively emotionally engage in it. This includes:
- Doing the homework: reading about the skills, tools, strategies, theory, and optionally reviewing the PowerPoint presentations and YouTube videos ahead of the sessions
- Intentionally and mindfully applying what you are learning in the course in your day-to-day life.
- The benefits you'll get from the course are proportional to the effort you put in.
- Do the homework, stay organized and…
- Practice, practice, practice.

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LEARNING



- In this course we strive to create an effective learning environment.
- This involves paying attention to factors such as safety and comfort, engagement, inclusivity, clear expectations, supportive relationships, feedback and assessment, flexibility, encouragement of critical thinking, and positive reinforcement.
- Your contributions to creating such an environment are essential. We encourage you to:
- 1) view challenges as opportunities for growth. Perseverance will lead to improvement, and mistakes are a natural part of the learning process.
- 2) Understand the real-world applications of what you are learning.
- 3) Help us create a safe and inclusive atmosphere where everyone feels comfortable and safe. Collaborate and respect your peers.
- 4) Recognize and celebrate yours and other people's achievements, both big and small. Positive feedback can boost confidence and motivation.
- 5) Approach the course with a sense of wonder and curiosity.
- 6) Set achievable goals for yourself. You don't have to understand everything to benefit from the course.
- (1)

TYPES OF LEARNING: INTELLECTUAL, EXPERIENTIAL, AND EFFECTIVE



- Intellectual learning- is learning about ideas, concepts, and practices in your mind. It involves reflecting and thinking.(music theory)
- Experiential or practical learning – is learning to apply the ideas, concepts, and practices learned in everyday life. It involves acting and experiencing. It is where the rubber hits the road.(practicing your instrument)
- Effective learning- is learning that produces the desired or intended results. Effective learning requires both intellectual and experiential learning.(applying theory while you are playing the music)
- Each week, in the 3 hours of the Simple course, we will do intellectual learning, along with some experiential learning.
- At home, practicing and applying the tools, strategies and skills assigned in the homework, you will hopefully do a lot of experiential or practical learning
- Both of these types of learning are necessary for you to learn effectively and get the most out of the course.
- (2)

TO MAKE LEARNING EASIER



- To make the material easier to learn and keep you interested:
- In each session we follow a format that incorporates a variety of activities including:
- 1. videos related to the course material,
- 2. weekly reminders for the participants,
- 3. a mindfulness exercises,
- 4. descriptions of what we will do in the session,
- 5. a review of previous weeks and assignment of next week's homework,
- 6. on alternating weeks, we present psychological theory, tools, skills, strategies, and do group practice
- 7. 10-minute break at midway point
- 8. On alternating weeks, we do participant polls
- 9. Questions, comments and feedback from participants at any point in the session but limited to 3 minutes. (we have the option on continuing our discussion on the Monday boing group)
- Be patient and remember that we go over important material many times
- Everyone has different learning styles and something that works for one person may not for another.

COURSE RENOVATIONS



- In an effort to improve the course, we are constantly updating it making both big and small renovations.
- Many of these renovations are aesthetic, others are major involving knocking down some walls. If you did the course last year you will notice a number of changes:
- 1) To replace the breakout rooms, we created the boing group
- 2) The leaders will strive to "read the slides" less and "tell a story" more.
- 3) The foundations of the simple course sessions: 4, 6, and 8, have undergone major renovations
- 4) Participants will now be able to ask questions, make comments or give us feedback at any point during the session. We will however limit these to a maximum of three minutes with the option of coming back to these discussions at greater length in the following boing group.
- 5) This year for the first time we used AI when researching certain subjects.

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What learning resources does the course offer ? What does our schedule for the year look like? And what do we do in case of unexpected events such as the internet being down?

SIMPLE COURSE RESOURCES



- E-mail: Our email is itssimple2023@gmail.com .
- On Wednesday mornings before the group, we will review and answer questions, comments, and feedback e-mailed to us during the week.
- When appropriate we may address these questions, comments and feedback "live" at the beginning of a session.
- Unfortunately, at other times In-between sessions, we cannot guarantee that we will always answer your e-mails
- You can also email us if you want to volunteer for a in-class practice. We will work with you individually to prepare for the session in which we will use the tools and skills in front of the group.

SIMPLE COURSE RESOURCES



- 3) Simple YouTube channel
- Search YouTube for: "Luis Cleto it's simple on youtube sessions". Then click the red "I" icon.
- We go into each topic in more depth than in class
- May help you understand the material
- May be useful to you if you miss one or more sessions.
- Allows people to do the course on their own.

DATE	SIMPLE SESSION
OCTOBER 2	1
9	2
16	3
23	4
30	5
NOVEMBER 6	6
13	7
20	8
27	9
DECEMBER 4	10
11	11
18	12
25	Christmas break
JANUARY 1	Christmas break
8	13
15	14
22	15

DATE	SIMPLE SESSION
JANUARY 29	16
FEBRUARY 5	17
12	18
19	19
26	20
MARCH 5	21
12	22
19	March break
26	"
APRIL 2	"
9	23
16	24
23	25
30	26
MAY 7	27
14	28
21, 28, June 4	29, 30, final review

UNEXPECTED EVENTS

- There may be unexpected events that interfere with the normal running of the simple course.
- These may include internet issues, power outages, or bad weather.
- Some suggestions:
- If the internet cuts out, check if the problem is at your end. If it's at our end, we will keep trying to reconnect.
- If for some reason we can't do the course virtually, (power outage, long internet disruption.) we will still do it in person.





- If it's bad weather:
- If the church is open we will be here.
- If the church is closed, we will still do the course virtually. If you're doing the course in person and need a zoom link, please email us
- How will we know if the church is closed?
- We will post updates on unexpected events on the website

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SESSION 1 OF SIMPLE 10-MINUTE BREAK


10:00

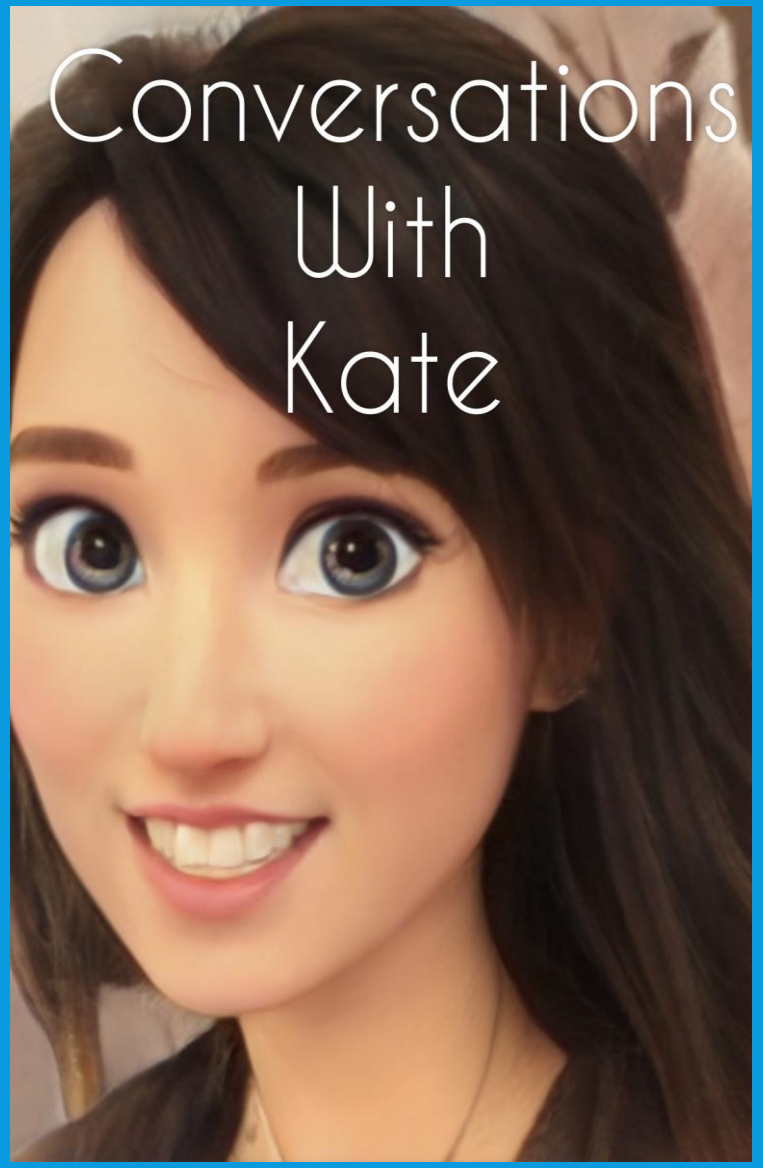


SESSION 1 OF SIMPLE
WELCOME BACK FROM THE BREAK

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- We thought it would be useful, especially for people doing the course for the first time, to be able to have access to the perspective of a participant who has previously done the course.
- All the people who are repeating the course have very valuable insights.
- Over the last couple of years, we've asked that one participant join the coleader group during our summer planning time to give us their perspective on how to continue to improve the course
- Kate kindly agreed to take on this role, and her contribution at our meetings this summer was greatly appreciated.
- Today we'll start our "conversations with Kate" segment of the session in which Kate and Jody who is doing the course for the first time (more or less) will have a conversation.
- In the future if anyone, especially people doing the course for the first time has questions they think would be better answered by Kate than by other co leaders please let us know.
- You can also email or chat us your questions for Kate now or any time in the future.

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IF YOU'RE TRIGGERED

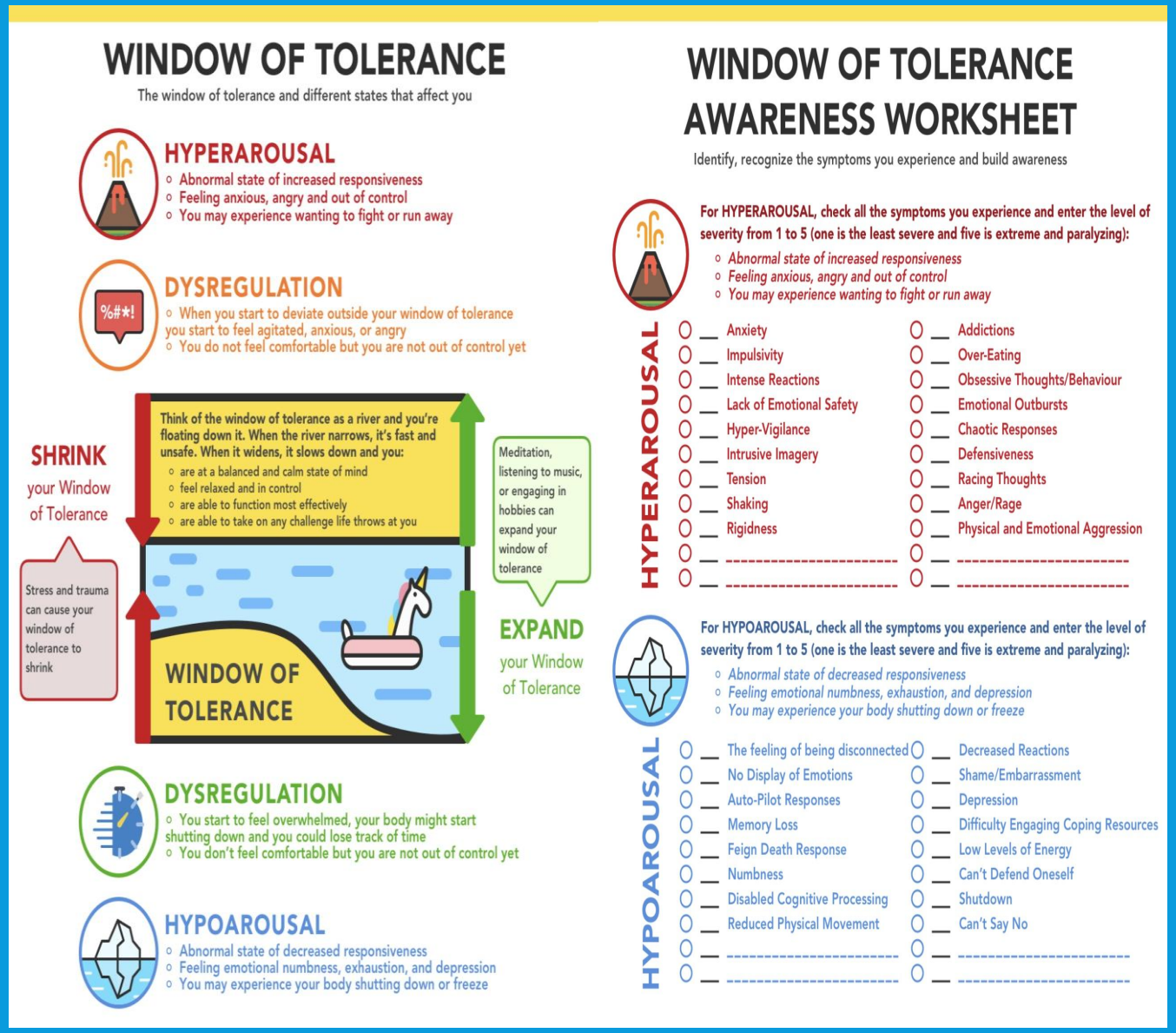


- My name is…
- My role as a co leader is…
- My intention for the time we spend together is…
- My goal for the course is…

SOME THINGS TO KEEP IN MIND WHEN SHARING IN THE GROUP

- Course participants are encouraged to share their feelings and thoughts in the sessions. Participant contributions are generally considered by most participants to be the most valuable aspect of the course.
- You will notice that the co-leaders strive to time manage during the course so that all the different components of each session are adequately covered.
- At any time during a session, you may make comments, give us feedback or ask us questions. In order to cover all the course material and stay on track during sessions, we will not go very deeply into any issue and will try to limit any interaction to about 3 minutes. We have the option of coming back to these conversations during the boing group.
- We schedule 6 or 7 practice session throughout the year in which we set aside a much longer period of time for one of the co-leaders and a volunteer to work together using personal examples to put into practice the material we're learning.
- Any sharing of emotional material can have a significant effect on course participants. Many course participants have had traumatic experiences in their lives and emotions associated with these experiences may be triggered when hearing other people who have had similar experiences talking about their traumas.
- Take this into account and use the tools, skills, and strategies that you will learn, to recognize and try to regulate your feelings when you are sharing or listening to someone who is. We will help you stay emotionally regulated.
- When you feel triggered by something in the course and go into fight, flight, or freeze, rather than acting on these emotions and thoughts take this as an opportunity to try to understand what happen and practice regulating yourself. The co-leaders will be happy to help you do this.

WHAT TO DO WHEN YOU FIND YOURSELF TRIGGERED DURING THE GROUP



WINDOW OF TOLERANCE

The window of tolerance and different states that affect you

HYPERAROUSAL

- Abnormal state of increased responsiveness
- Feeling anxious, angry and out of control
- You may experience wanting to fight or run away

DYSREGULATION

- When you start to deviate outside your window of tolerance you start to feel agitated, anxious, or angry
- You do not feel comfortable but you are not out of control yet

SHRINK your Window of Tolerance

Stress and trauma can cause your window of tolerance to shrink

Think of the window of tolerance as a river and you're floating down it. When the river narrows, it's fast and unsafe. When it widens, it slows down and you:

- are at a balanced and calm state of mind
- feel relaxed and in control
- are able to function most effectively
- are able to take on any challenge life throws at you

Meditation, listening to music, or engaging in hobbies can expand your window of tolerance

EXPAND your Window of Tolerance

WINDOW OF TOLERANCE

DYSREGULATION

- You start to feel overwhelmed, your body might start shutting down and you could lose track of time
- You don't feel comfortable but you are not out of control yet

HYPOAROUSAL

- Abnormal state of decreased responsiveness
- Feeling emotional numbness, exhaustion, and depression
- You may experience your body shutting down or freeze

WINDOW OF TOLERANCE AWARENESS WORKSHEET

Identify, recognize the symptoms you experience and build awareness

For HYPERAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- *Abnormal state of increased responsiveness*
- *Feeling anxious, angry and out of control*
- *You may experience wanting to fight or run away*

HYPERAROUSAL

○ __	Anxiety	○ __	Addictions
○ __	Impulsivity	○ __	Over-Eating
○ __	Intense Reactions	○ __	Obsessive Thoughts/Behaviour
○ __	Lack of Emotional Safety	○ __	Emotional Outbursts
○ __	Hyper-Vigilance	○ __	Chaotic Responses
○ __	Intrusive Imagery	○ __	Defensiveness
○ __	Tension	○ __	Racing Thoughts
○ __	Shaking	○ __	Anger/Rage
○ __	Rigidness	○ __	Physical and Emotional Aggression
○ __	----------	○ __	----------
○ __	----------	○ __	----------

For HYPOAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- *Abnormal state of decreased responsiveness*
- *Feeling emotional numbness, exhaustion, and depression*
- *You may experience your body shutting down or freeze*

HYPOAROUSAL

○ __	The feeling of being disconnected	○ __	Decreased Reactions
○ __	No Display of Emotions	○ __	Shame/Embarrassment
○ __	Auto-Pilot Responses	○ __	Depression
○ __	Memory Loss	○ __	Difficulty Engaging Coping Resources
○ __	Feign Death Response	○ __	Low Levels of Energy
○ __	Numbness	○ __	Can't Defend Oneself
○ __	Disabled Cognitive Processing	○ __	Shutdown
○ __	Reduced Physical Movement	○ __	Can't Say No
○ __	----------	○ __	----------
○ __	----------	○ __	----------

- At some point during the course, you will be triggered. This may even happen frequently. Being triggered is an unpleasant experience that we all want to avoid.
- Emotional triggers are experiences such as memories, situations, certain objects or words, people etc. that spark intense negative emotions.
- These emotions can arise abruptly.
- People with emotional dysregulation frequently have narrow windows of tolerance and frequently experience intense emotions.
- Our minds tend to blame the triggering events for causing these intense emotions. This ignores the fact that being triggered has less to do with the triggering event and more to do with our psychological struggles that the triggering event reveals.
- The automatic reactions to being triggered include withdrawing (anxiety), attacking (anger), or numbing out (dissociation).
- Rather than withdrawing, attacking, or numbing out which is often the repeat of the previous experiences you've encountered, we encourage you to observe and reflect on your emotional reactions. This is more likely to help you widen your window of tolerance and heal.

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PARTICIPANT AGREEMENTS

SIMPLE COURSE CODE OF CONDUCT AGREEMENT (all participants)

- Everyone in the course will strive to interact with others in a kind and respectful manner. We will strive to validate, avoid judgments and assume the best about each other.
- Personal information, including names, should not be discussed with anyone outside of the course. What happens in simple stays in simple.
- Participants are encouraged to arrive on time and stay until the end of the session.
- Participants are encouraged to do the assigned homework between sessions.
- If you are doing the course in person and become ill with a potentially transmissible condition, please do the course virtually until you are well. (If you need the zoom link, please email us)
- Actively participating by talking is encouraged but not necessary.
- During discussions participants may provide examples from their own experiences. Please keep in mind, however, that discussing some subjects such as traumatic relationships, self-harm, suicide, substance abuse etc. may trigger others.
- If in person course participants need to leave the room to take a reregulation break, please let the facilitators know .
- In person course participants will strive to avoid side conversations when another individual is speaking. Virtual live participants will be mindful about overusing the "chat box"
- Course participants are encouraged to not engage in dysregulated behaviors with other participants outside of the course.
- Course participants are encouraged to avoid forming new romantic relationships with other participants for the duration of the course.
- Course participants will not attend sessions under the influence of drugs or alcohol.
- Please avoid sharing in-depth personal stories outside of specific session times provided for this.
- If you are doing the course in-person, please legibly write your first and last name on the attendance sheet as you come into the room. If you are doing it virtually, please enter your first name and the initial of your last name on the screen.



ZOOM PARTICIPANT AGREEMENT

- Please mute your microphone when not using it
- Please keep your camera on . You may turn it off during PowerPoint slide presentations or if you need to step out of the group. It's important that we see each other so that we can establish trust and ensure confidentiality.
- Please make sure no one at your end who is not taking part in the course can see or overhear other group participants .
- When you have questions, comments, feedback please raise your hand icon and wait until one of the co leaders gets to you.
- Please avoid overusing the chat box. Please do not use it to make critical comments.

ALTERNATIVE PARTICIPANT AGREEMENT

I recognize that how I treat others is as important as what I learn in coursework.

I examine my assumptions before speaking.

I use 'I' statements.

I refrain from blaming, shaming, attacking, or discounting self or others.

I come from a place of empathy rather than judgment.

I agree to disagree and move on.

I work to not get trapped in trying to persuade others to my way of thinking.

I seek to understand those who differ with me by holding space for multiple points of view.

I commit to learn about myself, my history, and personal legacy and I tell my own story.

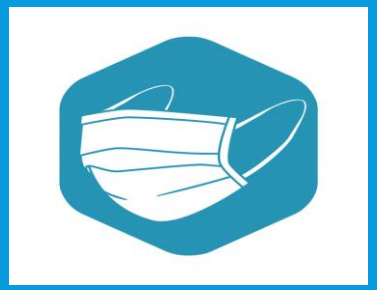
AVONDALE UNITED CHURCH











- Our hosts: Yvonne - front desk
- Roger - custodian
- Rev. Keith Reynolds – minister
- feel free to bring a drink and/or a snack but please clean up after yourself.
- we encourage the use of masks and hand sanitizer especially if you've been in contact with someone who is ill.
- if you think you are contagious, even if it's just a cold, please do the course virtually until you're well.
- please write down the zoom meeting number and password in case you lose the link.

ZOOM meeting
Meeting id: 851 0112 2900
Passcode: 322517





REMINDER SLIDE POSTED AT EACH SESSION

- If you have questions, comments, or feedback, raise your real/virtual hand. We'll take note and get to you at an appropriate time.
- Keep comments, questions, and feedback relatively brief so everyone has a chance to participate.
- Please avoid side conversations
- Please do not overuse zoom's chat function.
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ORIENTATION TO SIMPLE: WHAT WE WILL DO TODAY



- Poll: some information about you
- Mindfulness
- Your intentions for the course
- Why is this course called Simple and who might benefit from it
- A brief history of Simple .
- Individual vs. group psychotherapy
- What do you need to have to do the Simple course ?
- Types of learning and how we try to make learning easier
- Simple course resources and schedule
- 10-minute Break
- Conversation with Kate
- Stuff to keep in mind when sharing in the group or if you're triggered
- Participant agreements for the in person and zoom attendees.
- Homework for the coming week

HOMEWORK FOR THE COMING WEEK

Please read Simple manual Sessions 1 and 2

Optional: Please watch YouTube simple sessions 1 and 2 which you can find by searching on YouTube for It's simple on YouTube sessions 1-30.

Virtual participants please have a handful of raisins or similar dried fruit ready for next week's mindfulness exercise.

Please write the above down so you remember. Or…

You can view this and all the PowerPoint slides, on our website: itssimple2021.com


OPEN
DISCUSSION



FOOTNOTES

- (1) Creating an effective learning environment involves several important factors:
- Safety and Comfort: A physically and emotionally safe space encourages students to take risks and express themselves without fear of judgment.
- Engagement: Incorporating interactive and hands-on activities helps maintain student interest and motivation. Varied teaching methods can cater to different learning styles.
- Inclusivity: Recognizing and respecting diverse backgrounds, abilities, and perspectives fosters a sense of belonging and encourages participation from all students.
- Clear Expectations: Establishing clear rules, goals, and outcomes helps students understand what is expected of them and how they can succeed.
- Supportive Relationships: Building strong relationships between teachers and students, as well as among peers, promotes collaboration and a sense of community.
- Access to Resources: Providing access to a variety of learning materials and technologies can enhance the educational experience and support different learning needs.
- Feedback and Assessment: Regular, constructive feedback helps students understand their progress and areas for improvement, while formative assessments can guide instruction.
- Flexibility: Adapting the learning environment to meet the changing needs of students can enhance engagement and effectiveness.
- Encouragement of Critical Thinking: Creating opportunities for students to analyze, evaluate, and create fosters deeper understanding and skills that are essential for lifelong learning.
- Positive Reinforcement: Recognizing and celebrating achievements, both big and small, can boost motivation and self-esteem.
- By considering these factors, educators can create a dynamic and effective learning environment that supports student growth and success.

- (2) Intellectual learning involves acquiring knowledge and understanding concepts through cognitive processes such as reading, studying, and analyzing information. It focuses on developing critical thinking skills and expanding one's intellectual capacity.
- Experiential learning, on the other hand, is a hands-on approach to learning that involves learning through experience, reflection, and experimentation. It emphasizes learning by doing, and often involves real-world applications of knowledge and skills.
- Effective learning refers to the ability to retain and apply what has been learned in a meaningful way. It involves understanding how to learn efficiently, setting goals, managing time effectively, and utilizing various learning strategies to maximize learning outcomes.
- In summary, intellectual learning focuses on acquiring knowledge and understanding concepts, experiential learning emphasizes learning through hands-on experience, and effective learning involves retaining and applying knowledge in a meaningful way. Each approach has its unique benefits and can be combined to create a comprehensive learning experience



SEE YOU NEXT SESSION


VIDEO
Session 2 of simple

THERE'S A HOLE IN MY SIDEWALK





WELCOME TO SESSION 2
INTRODUCTION TO THE SIMPLE COURSE

Last week Session 1 ORIENTATION: THE WHO, HOW, WHY, WHERE, AND WHEN OF THE SIMPLE COURSE

An introduction to the "bus"

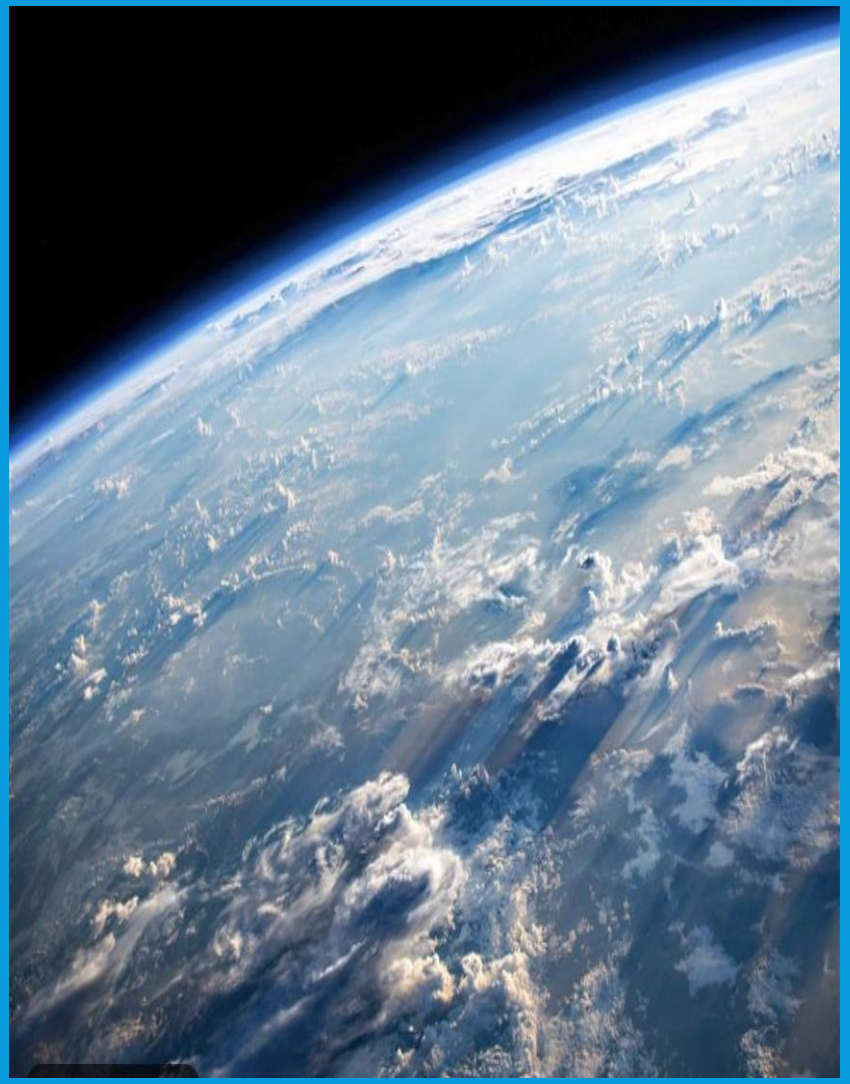


Today Session 2 OVERVIEW: THE WHAT

An overview of the "trip" or material we will discuss



OVERVIEW OF TODAY'S SESSION



- Reminders
- Mindfulness: Sensory soothing toolkit
- health, illness, disease, sickness, disorder, pain and suffering
- Why are the myth of Sisyphus and the poem "there is a hole in my sidewalk" by Portia Nelson important metaphors in the course?
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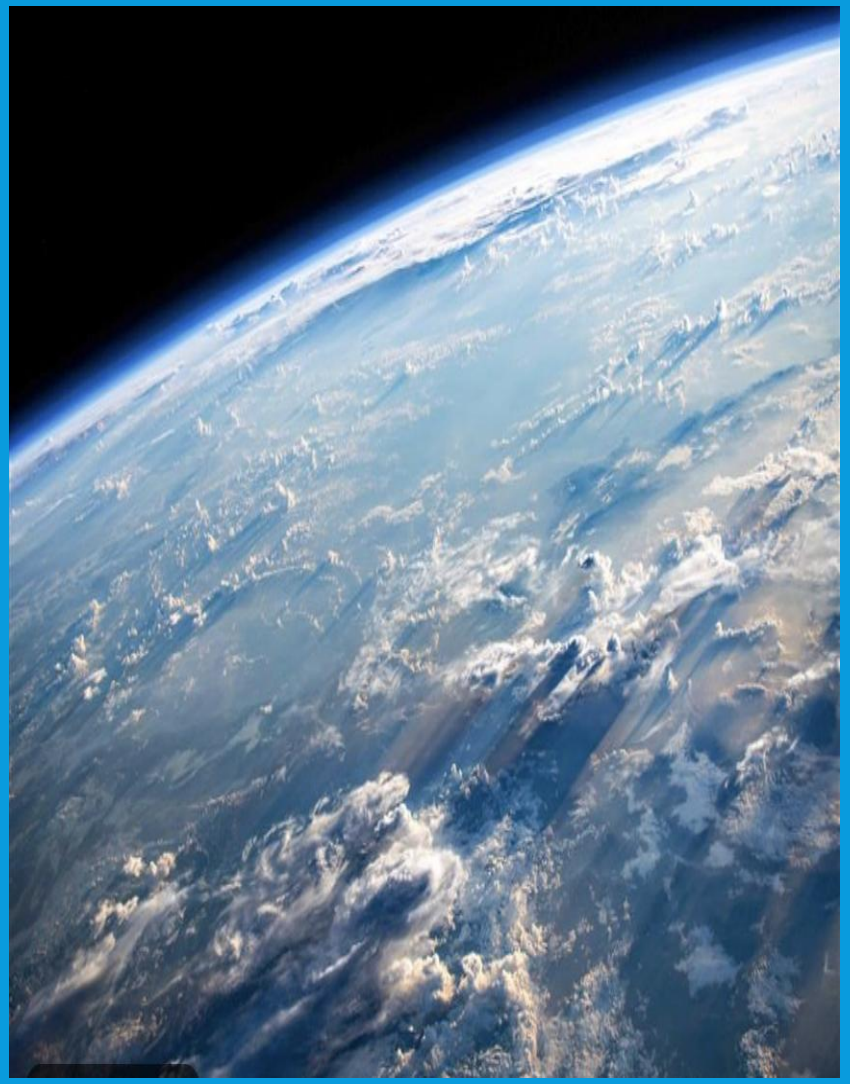

WHY WE
BEHAVE
AS WE DO

PSYCHOTHERAPY




OVERCOMER

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DON'T
FORGET

HOMEWORK FOR THE PAST WEEK

Please read Simple manual Sessions 1 and 2

HOMEWORK FOR THE COMING WEEK



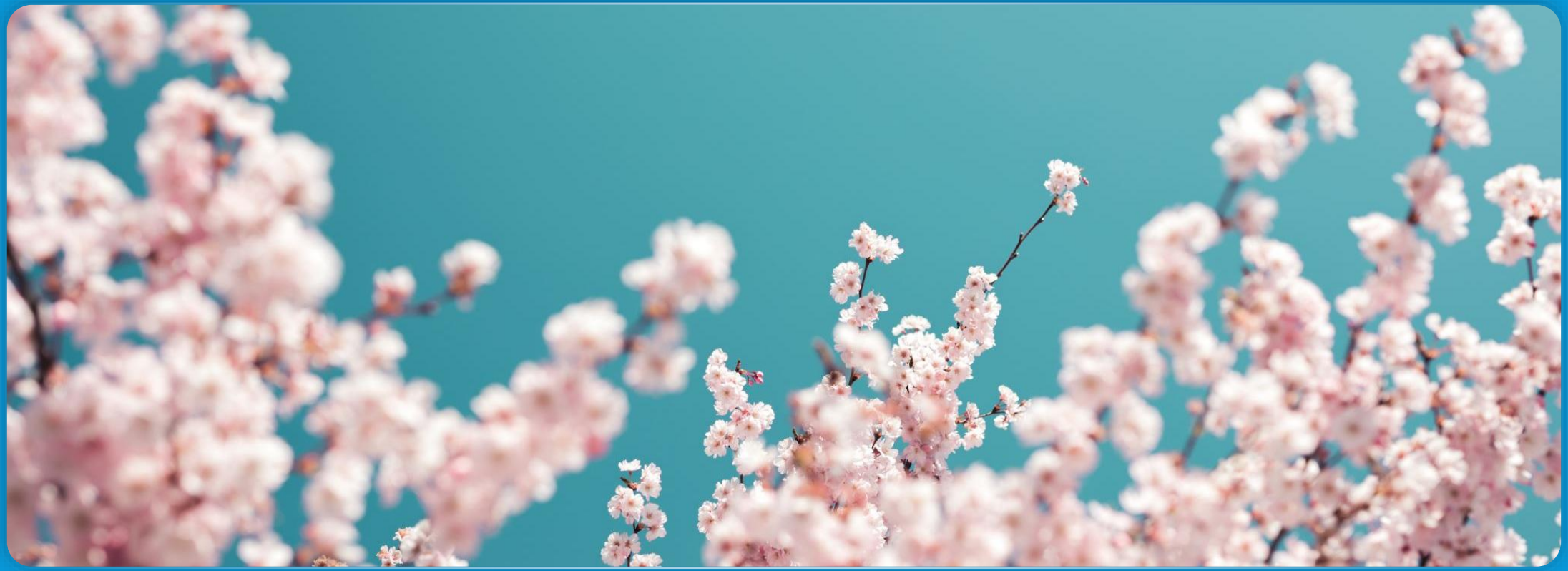
- Please read p. 1-13 of the DBT skills training workbook 2nd edition. Joan and Nicole will cover these pages next week.
- Read Simple manual Session 3
- Try making and using your own "sensory soothing kit". To guide you, view the mindfulness video on the PowerPoint slides for session 2 or search "trauma coping toolkit-sooth intense emotions with the 5 senses." on YouTube.
- Submit questions, comments and feedback to itssimple2023@gmail.com





REMINDER PARTICIPANT AGREEMENTS

- If you have questions, comments, or feedback, raise your real/virtual hand. We'll take note and get to you at an appropriate time.
- Keep comments, questions, and feedback relatively brief so everyone has a chance to participate.
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E-MAILED QUESTIONS, COMMENTS, FEEDBACK AND "HOUSEKEEPING"

WEEKLY ANNOUNCEMENTS



- For medico-legal reasons we are required to take attendance.
- Attendance numbers also allow us to justify, with the organizations that support us, continuing to offer this course. So…
- If you're on zoom, please sign in with your first name and the initial of your last name.
- If you're in person, please write your name legibly
- THANK YOU

IN PERSON POLL RESULTS FROM LAST WEEK

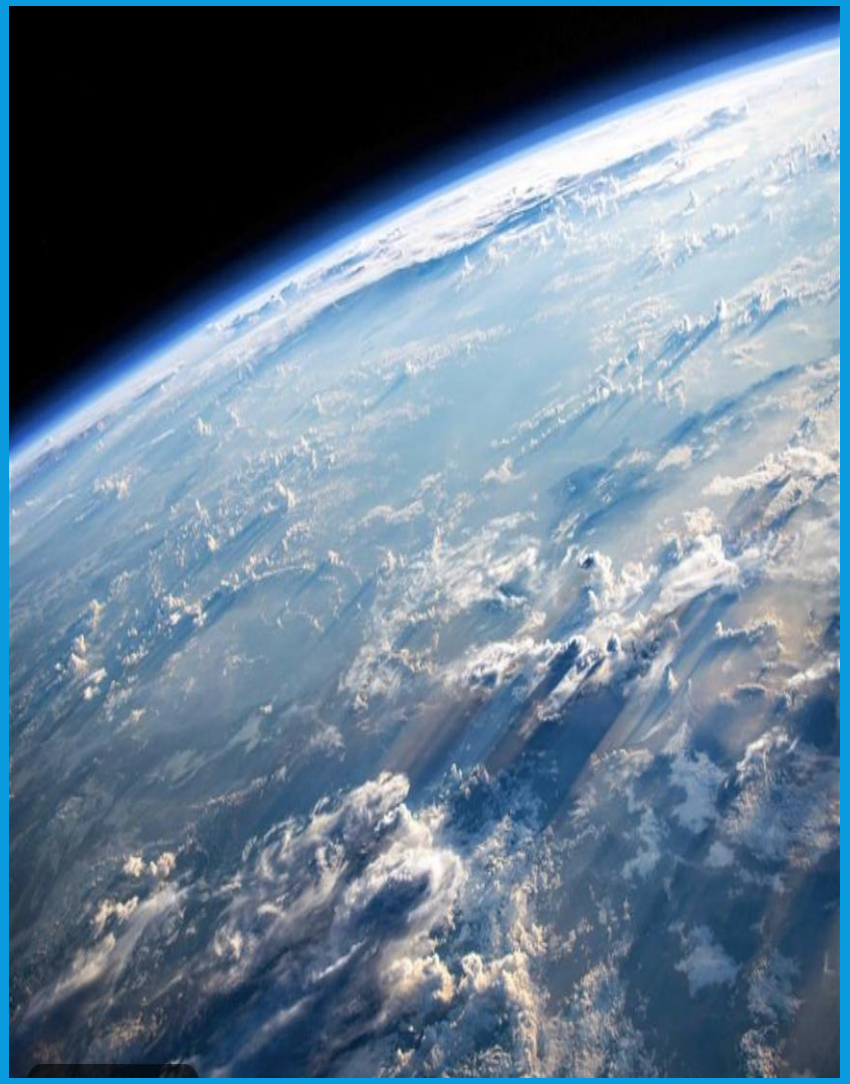
1. I am doing the simple course…
A) for the first time – 62%
B) I've done it before – 38%

2. The time I have to devote to the course…
A) is limited because of other things going on in my life – 15%
B) is adequate – 85%

3. I tend towards…
A) Introversion – 62%
B) extraversion – 8%
C) worrying a lot – 100%
D) not worrying much – 0%
E) being easy-going – 23%
F) being uptight – 38%
G) getting along with others – 77%
H) having difficulty in relationships – 62%
I) being open to new experiences – 23%
J) preferring the familiar – 77%

4. I think that
A)The simple course will likely help me- 92%
B)The course may or may not help me- 0%
C)I'm not sure anything can help me- 8%

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MINDFULNESS

- Next week we'll be mindfully eating a raisin.
- Zoom participants please have some raisins available at the beginning of the class
- We will bring the raisins for those who come in-person.



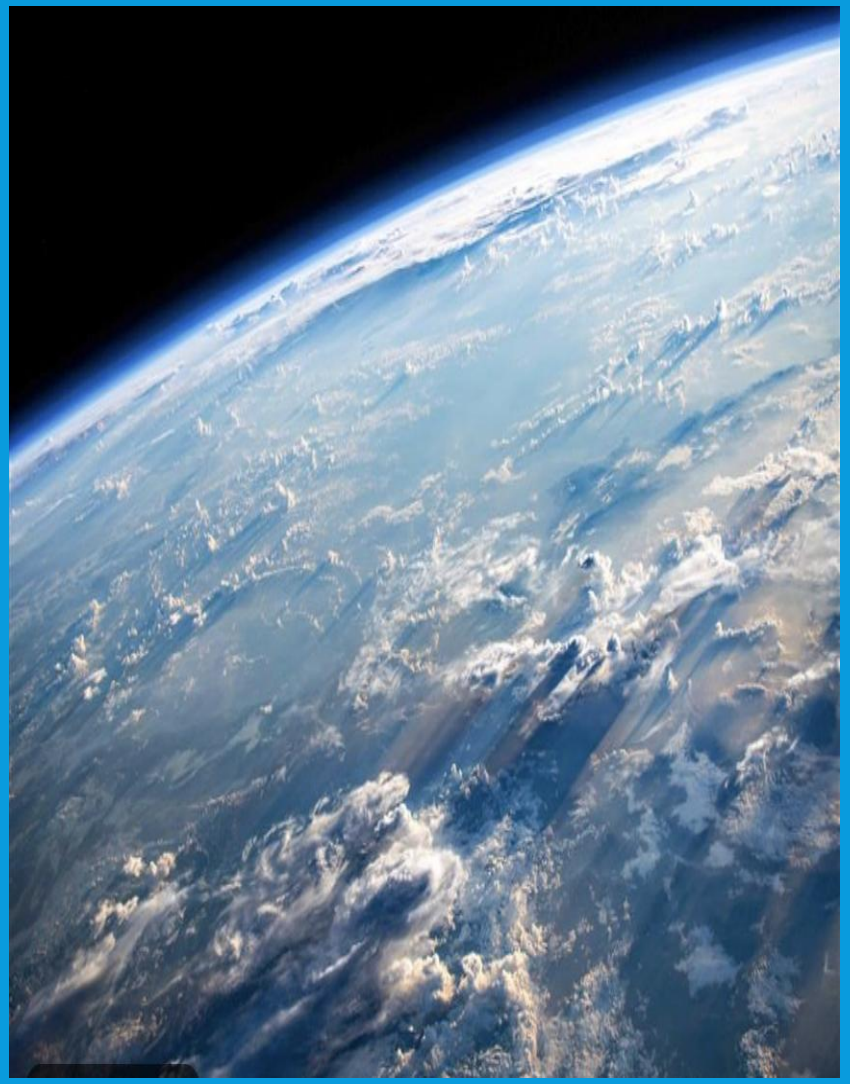
WARNING ABOUT MINDFULNESS PRACTICE

feel free to skip it. followed by a moment of silence

Sensory Soothing Toolkit

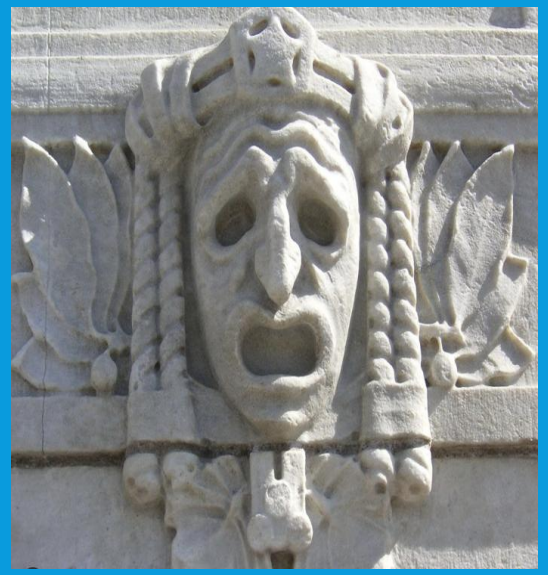


OVERVIEW OF TODAY'S SESSION



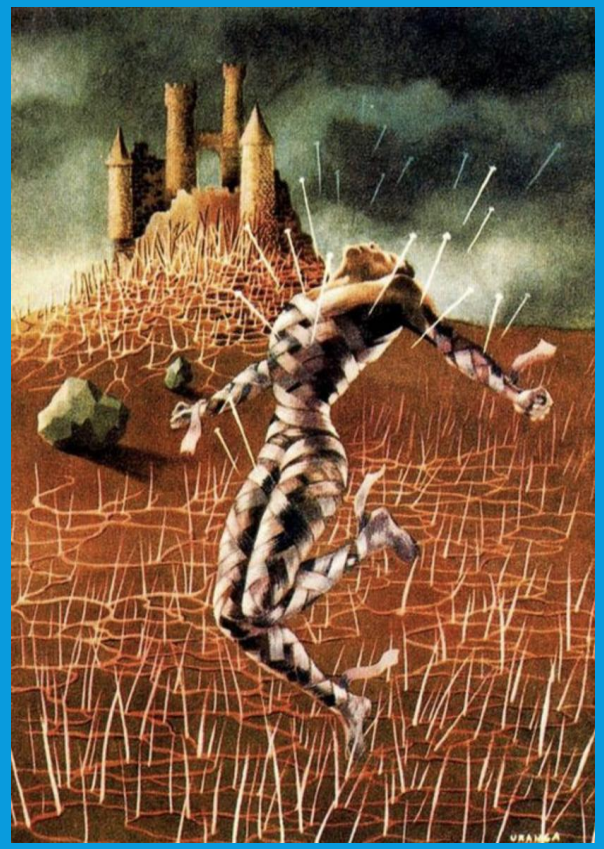
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DEFINITIONS



- As we begin our journey of healing and growing, it may be helpful to explore the meaning of the terms health, pain, suffering, Illness, disease, sickness and disorders or conditions.
- According to the world health organization, health is "a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease and infirmity."
- Pain is a physical sensation or emotional experience that signals harm or distress. It can be acute (short-term) or chronic (long-lasting) and is typically a direct response to injury, illness, or other physical conditions. Pain is a biological signal that something is wrong, prompting individuals to take action to protect themselves.
- Suffering, on the other hand, is a broader emotional and psychological experience that encompasses the feelings of distress, anguish, or hardship that can arise from pain, but also from other sources such as loss, disappointment, or existential concerns. Suffering can occur even in the absence of physical pain, and it often involves a deeper, more complex response to life's challenges. Pain and suffering are often intertwined but represent different experiences.
- Illness, To quote Marshall Marinker, is "a feeling or experience of unhealth which is entirely personal, and interior to the person of the patient. Often it accompanies disease, but the disease may be as yet undiagnosed, as in the early stages of cancer, tuberculosis, or diabetes. Sometimes illness exists where no disease can be found. Traditional medical education has made the deafening silence of illness in the absence of disease unbearable to the clinician."
- Disease is a "pathological process, most often physical as in throat infection, or cancer… The quality which identifies disease is some deviation from a biological norm. There is an objectivity about disease which doctors are able to see, touch, measure, or smell. Diseases are valued as essential facts in the medical model."

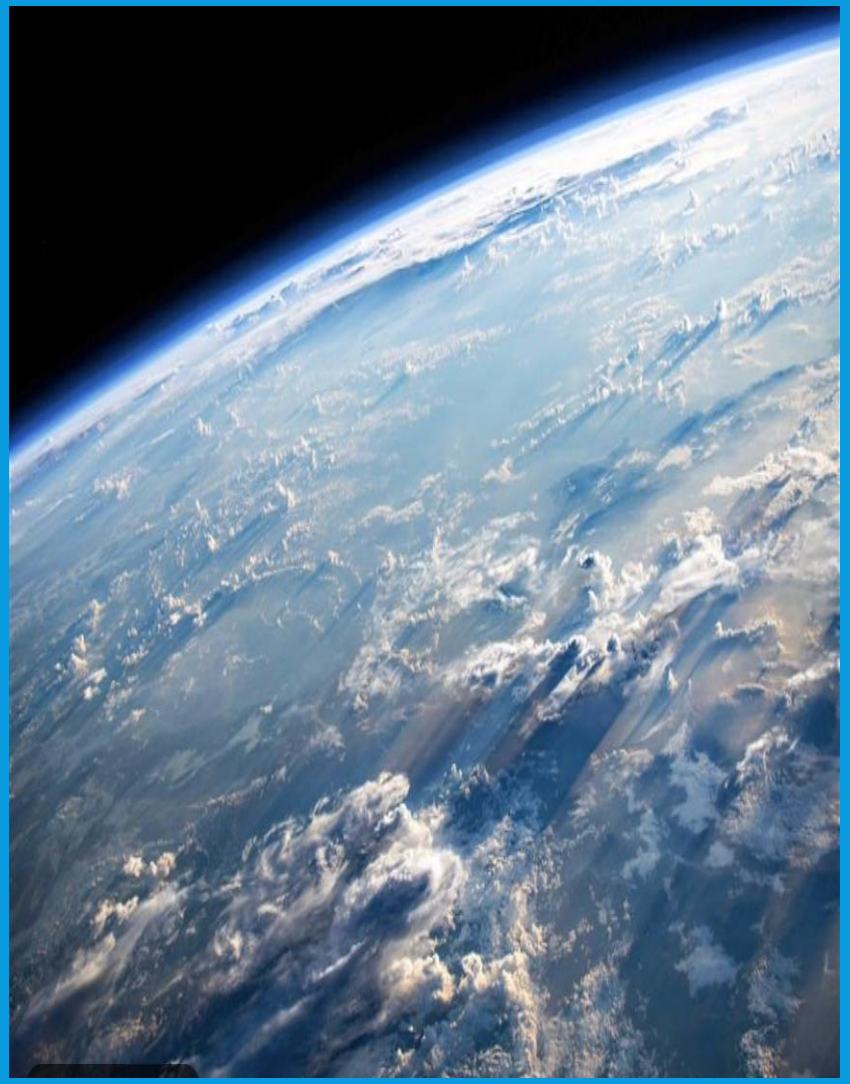
DEFINITIONS



Rheumatic pain II by Remedios Varo

- Sickness is "the external and public mode of unhealth. Sickness is a social role, a status, a negotiated position in the world, a bargain struck between the person henceforward called "sick", and a society which is prepared to recognize and sustain him. The security of this role depends on a number of factors, not least of which is the possession of that much treasured gift, the disease. Sickness based on illness alone is of the most uncertain status. But even the possession of disease does not guarantee equity in sickness. Those with chronic disease are much less secure than those with an acute one; those with a psychiatric disease than those with a surgical one… Best is an acute physical disease in a young man quickly determined by recovery or death, either will do, both are equally regarded."
- Psychiatric, psychological or mental disorders/conditions are characterized by a clinically significant disturbance in an individual's thinking, emotional regulation, or behavior. They are usually associated with distress or impairment in important areas of functioning.
- Biological psychiatry follows a disease model, in which mental disorders are seen as being "chemical", physiological, or biological diseases.
- We will argue in this course that by embracing the disease model, psychiatry neglects the social, psychological, and spiritual aspects of illness without which we cannot fully understand most people's experiences.

OVERVIEW OF TODAY'S SESSION

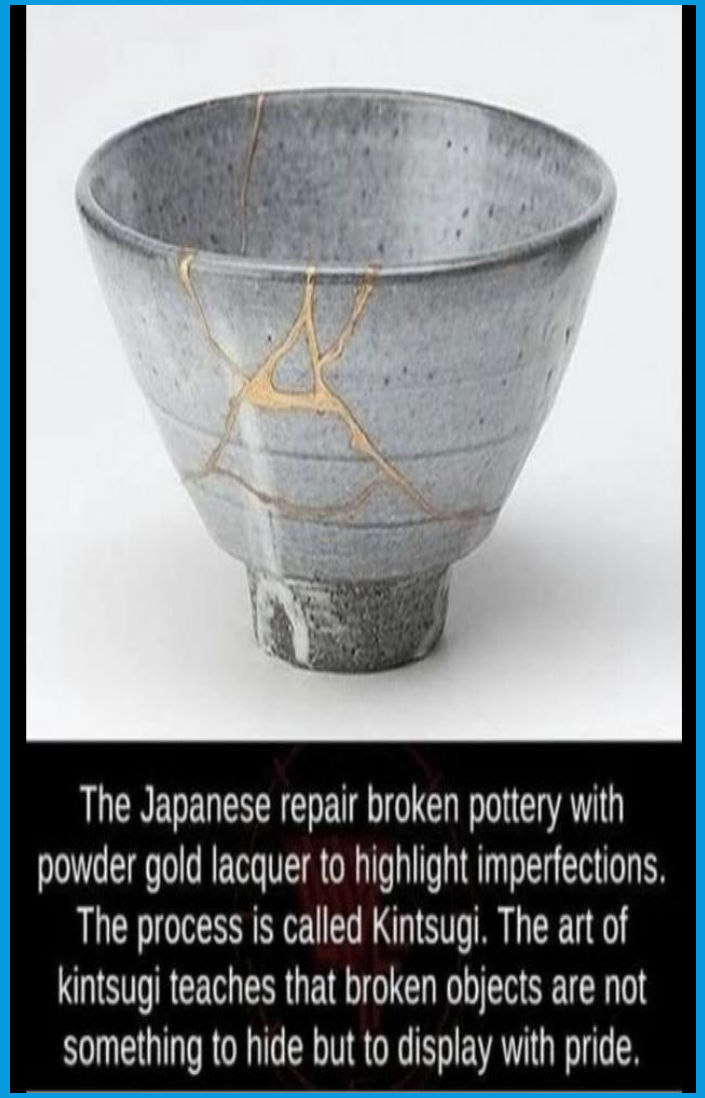


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THE MYTH OF
SISYPHUS

PAIN AND SUFFERING

- The myth of Sisyphus is an ancient Greek myth on which the Algerian/French Nobel prize winning existentialist philosopher and writer Albert Camus based a famous essay. (1)
- The myth of Sisyphus is a metaphor for the human condition, especially for people experiencing chronic physical, psychological, social or spiritual distress
- Sisyphus eternal punishment of rolling a boulder up a hill only for it to roll back down depicts meaningless pain and represents the absurdity of life and the struggle inherent in human experience.
- The key aspect of the myth is Sisyphus's acceptance of his pain. This acceptance is a powerful commentary on the human experience, suggesting that while pain is inevitable, how we respond to it can define our existence.
- Camus saw Sisyphus as a hero because instead of being crushed and defeated by the pain of his punishment, Sisyphus's passion, yearning for freedom, defiance, and hope made him stronger. He refused to be a victim and defined himself a survivor instead. (1)
- These same themes are articulated in Victor Frankel's book "man's search for meaning": "The one thing you can't take away from me is the way I choose to respond to what you do to me. The last of one's freedoms is to choose one's attitudes in any given circumstance. Happiness cannot be pursued it must ensue. Life is never made unbearable by circumstances but only by a lack of meaning and purpose. Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom."
- Even amidst great pain there can be meaning, repair, and growth.
- Portia Nelson's poem There's a hole in my sidewalk is a powerful reflection on self-awareness, personal growth, and the journey of life. The poem, like the myth of Sisyphus, describes a process of encountering the same challenges repeatedly, illustrating how we often fall into familiar patterns of behavior.




I PRETEND I
DON'T SEE IT

THERE'S A HOLE IN MY SIDEWALK

I walk down the street.
There is a deep hole in the sidewalk.
I fall in.
I am lost… I am helpless.
It isn't my fault.
It takes forever to find a way out.

I walk down the same Street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I am in the same place.
But it isn't my fault.
It still takes me a long time to get out.

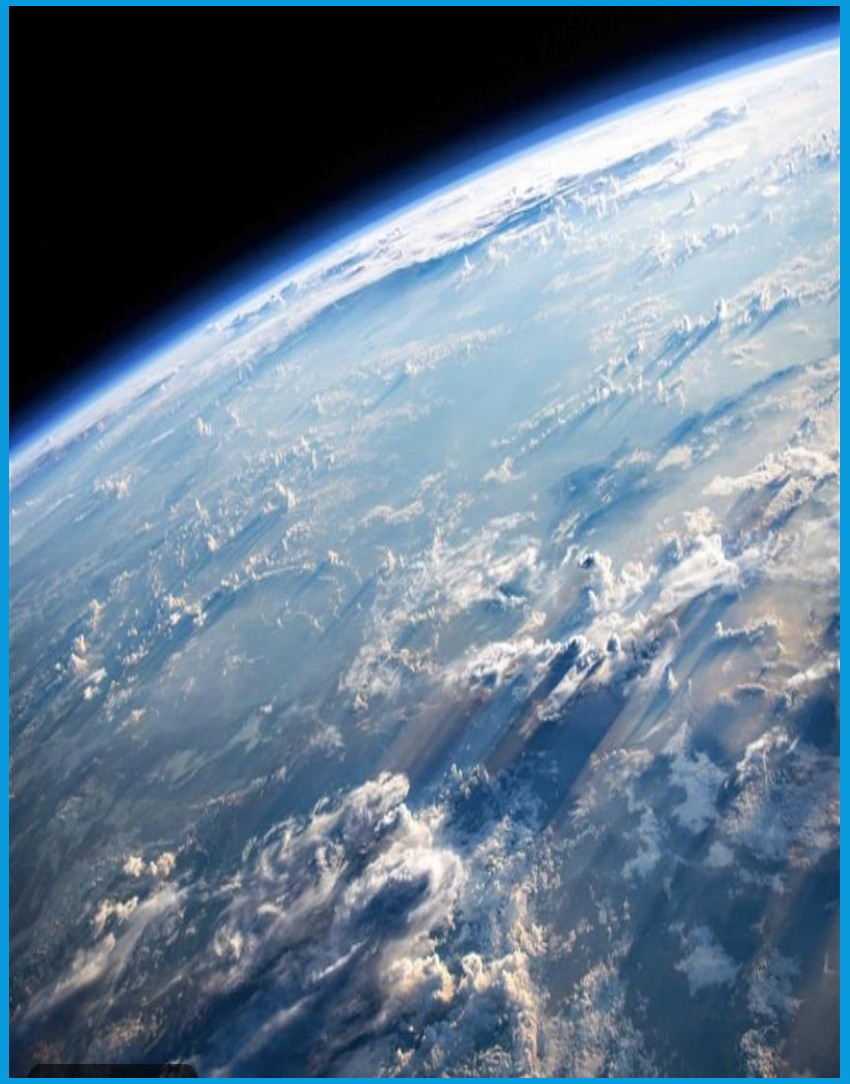
I walk down the same Street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in. It's a habit.
My eyes are open.
I know where I am.
It is my fault. I get out immediately.

I walk down the same Street.
There is a deep hole in the sidewalk.
I walk around it.

I walk down another Street."

Portia Nelson (2)

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Before starting our overview of the course can you explain what the difference is between DBT and simple ?

HOW DBT AND SIMPLE DIFFER

DBT

- Theory- cognitive behavioral, Buddhist philosophy
- Skills- DBT skills
- Tools- not named as such but uses 2 or 3 CBT tools.
- Accessibility-Pure model consists of group, individual, crisis coaching, and therapist consultation which makes pure DBT expensive and difficult to access. Adaptations are more widely available and are typically called DBT.

SIMPLE

- Theory-Psychodynamic trauma and attachment theory, CBT, DBT, structural dissociation, internal family systems, etc.
- Skills-DBT skills
- Tools-uses 6 tools borrowed from a variety of therapeutic modalities
- Also uses 4 Strategies and techniques to help with using the skills and tools.
- Accessibility-Can be done as a live course, on your own, or with the assistance of an individual mental health professional. This makes Simple more accessible.

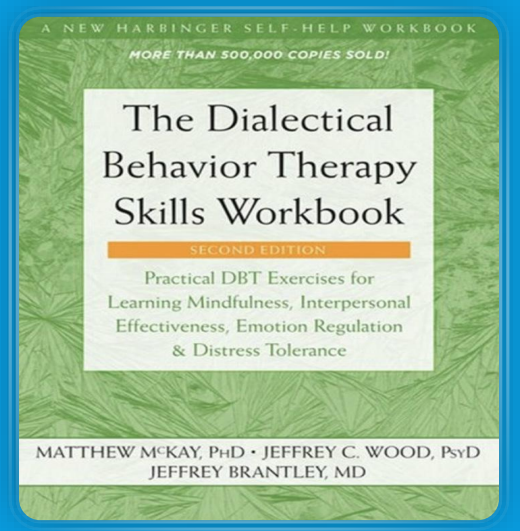
THE WORKBOOK AND THE MANUAL

DBT workbook

- Covers the traditional DBT skills
- How to use skills is covered in the workbook's exercises, worksheets, and logs.
- The workbook focuses on phase I of trauma therapy, stabilization or self-regulation

Simple manual

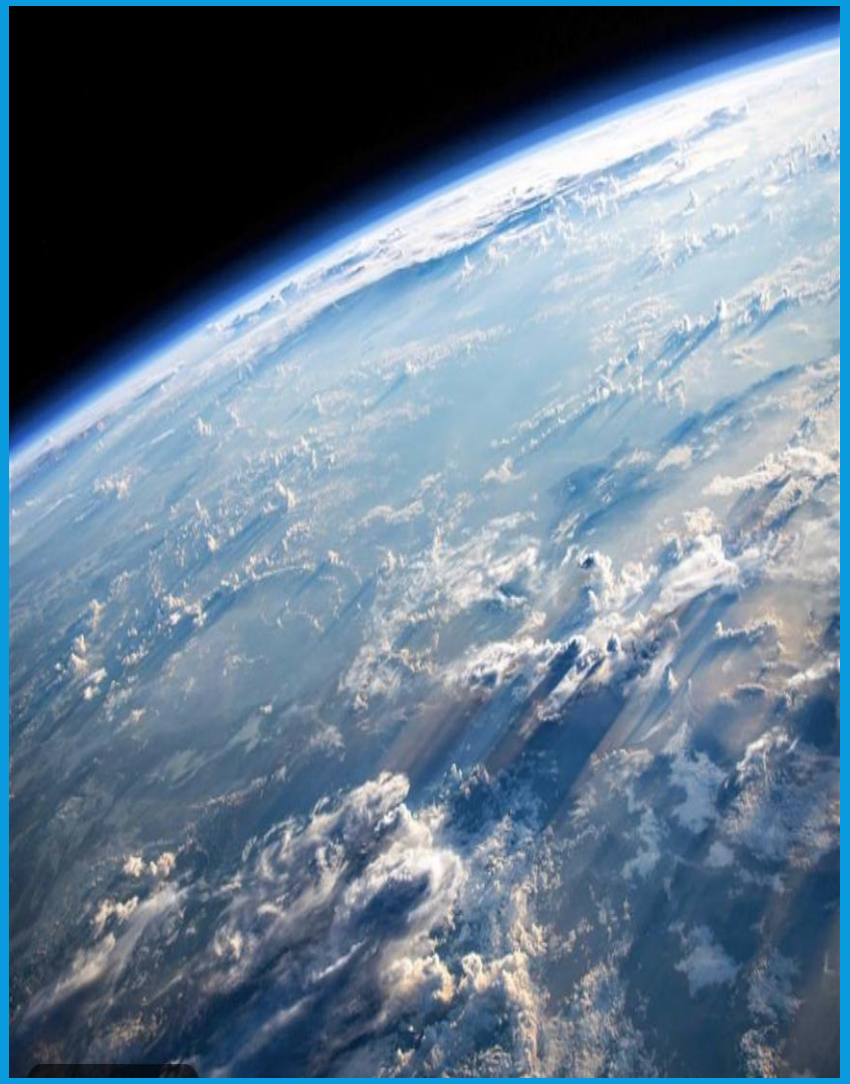
- Does not cover DBT skills
- How to use skills is covered by the 6 tools, and 5 strategies.
- The manual covers phases I, II, and III of trauma therapy.



It's easy to get confused because how to use the DBT skills is presented in a different way in the workbook and in the manual. We encourage you to try both but if you're confused or have limited time 1) learn the skills from the skills training workbook and skip the exercises, worksheets and logs. Focus instead on the tools and strategies presented in the manual.



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Can you give us an overview of the material we will be covering in the simple course?

A BRIEF OVERVIEW OF THE SIMPLE COURSE



- The Simple course aims to help you identify, become more aware of, get out of, avoid, and repair some of the "holes in the sidewalk" you keep falling into.
- Today, we will start by giving you a brief overview of the material we will cover in the course.
- We will then spend the rest of the Simple course exploring this material in much greater detail.
- Please try not to be overwhelmed by the quantity of material discussed today. We will spend a lot of time together exploring it in detail.

SIMPLE COURSE OVERVIEW



- The Simple course can be divided into 5 parts:
- Part 1: Psychological theory- understanding your mind
- Part 2: learning DBT skills
- Part 3: learning the 6 tools
- Part 4: learning the techniques and strategies needed for using the tools and skills
- Part 5: Practicing applying skills, tools, and strategies in everyday life

SIMPLE COURSE OVERVIEW



- Part 1: Psychological theory- understanding your mind
- Part 2: learning DBT skills
- Part 3: learning the 6 tools
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1. PSYCHOLOGICAL THEORY



a biopsychosociospiritual model for understanding the mind

- Foundations I : The evolution of instincts/emotional mind
- Managing suicidal thoughts
- Foundations II: The evolution of cognition/ rational mind
- Foundations III : The evolution of modern day thinking/wise mind
- Personality
- Temperament and character
- Attachment
- The dynamic maturational model of attachment
- Stress, distress, and the post-traumatic stress spectrum
- Traumatic stress in children and adults
- Structural dissociation theory
- Internal family systems
- Dominant states of activation of part selves
- Interpersonal conflicts and their repair
- Spirituality and health
- Tying it all together :"My", "Ours", and "The" stories – My personal religious myth

SIMPLE COURSE OVERVIEW



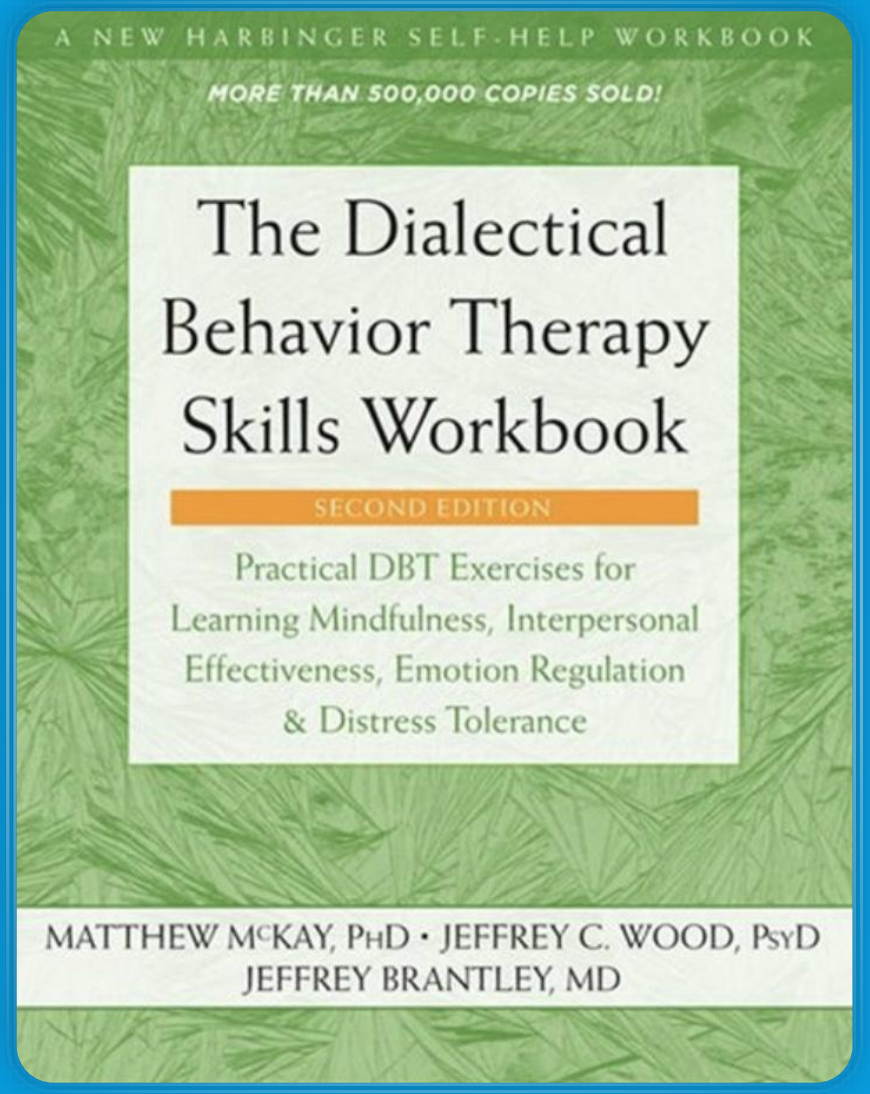
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2. THE 4 COMPONENTS OF THE PURE DBT MODEL



- 1. Group sessions- taught skills
- 2. Individual work- taught how to apply skills to the individual persons circumstances
- 3. Crisis line – help with using skills in a crisis
- 4. Therapist consultation- help for the therapists.
- The "Pure DBT model" was shown to be effective in reducing self-harm but was resource intensive
- Because it was so resource intensive, the "pure model" led to many adaptations which could be more easily provided but whose efficacy not studied
- Simple is one of those adaptations, but it is also more than DBT.

SKILLS- THE DIALECTICAL BEHAVIORAL THERAPY SKILLS WORKBOOK



- The DBT workbook covers the four traditional modules:
- 1 Distress tolerance – how to deal with crisis.
- 2 Mindfulness – how to become more aware of your thoughts, feelings, sensations, and behaviors.
- 3 Emotional regulation – how to widen and increasingly be able to stay in the window of emotional tolerance
- 4 Interpersonal effectiveness – how to have healthier relationships by being assertive rather than passive or aggressive.
- Every second week will, as part of the course suggested homework, assign readings from the DBT skills training workbook. We strongly encourage you to do these readings because when in the session we cover them you will already be familiar with what we are talking about. We'll also be happy to discuss anything you might not quite understand.



- The four DBT modules promote both acceptance of life as it is, and the need to change so as to make life better.
- Linehan says DBT recognizes and accepts that each person is doing their best while at the same time encouraging them to change for the better.
- The mindfulness and distress tolerance modules emphasize acceptance while the emotional regulation and interpersonal effectiveness modules emphasize change.

4 SKILL MODULES

- Mindfulness
- Emotion Regulation
- Interpersonal Effectiveness
- Distress Tolerance



TRACKING THE SKILLS AS WE LEARN THEM



- The DBT diary card (found on p. 262-265 of the 2nd edition of the workbook) helps you keep track of all the skills you are learning.
- Review the diary card regularly. Quiz yourself to see if you can remember and describe each of the skills.
- While its ideal to be familiar with all the skills, everyone has their favourite ones which they use more often.

The DBT Diary

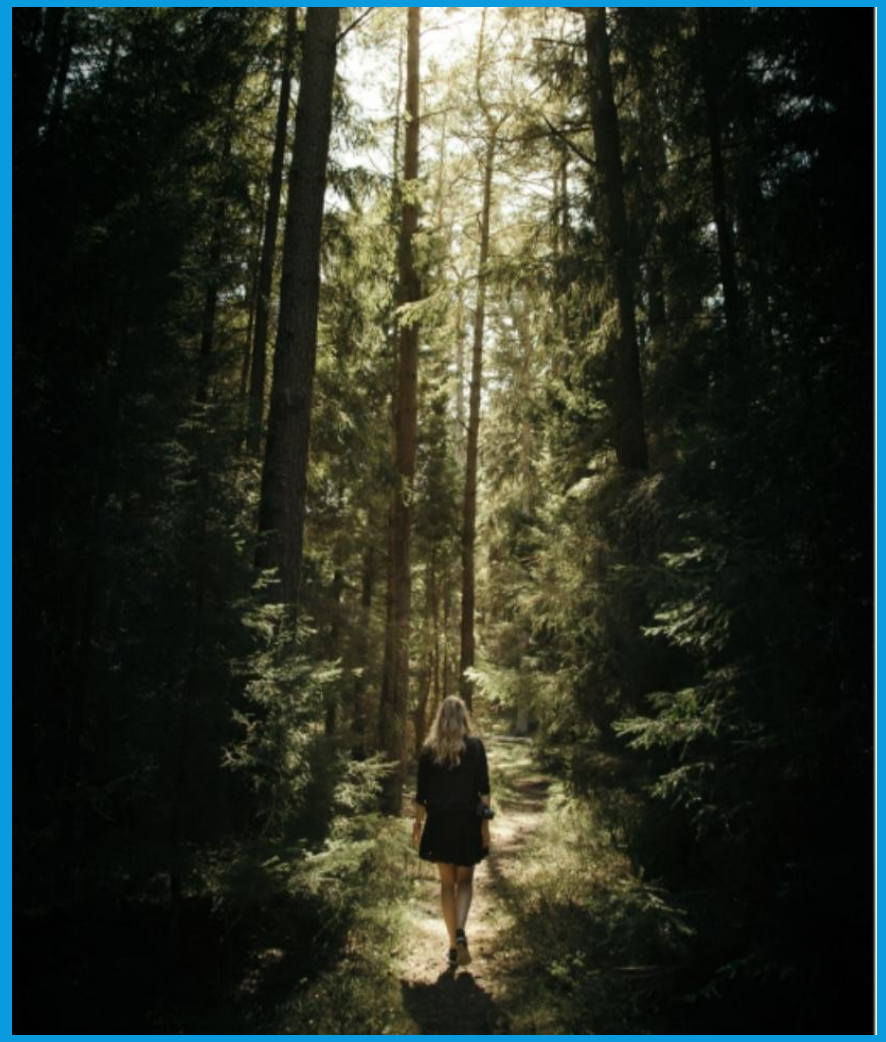
Note how many times each day you use these key skills. For items marked with *, briefly describe what you did in the "Specifics" column. Make copies of the blank diary before using it and do your best to complete one every week.

Core Skills	Coping Strategies	Mon.	Tues.	Wed.
Distress Tolerance	Stopped Self-Destructive Action			
	Used REST Strategy			
	Used Radical Acceptance			
	Distracted from Pain			
	Engaged in Pleasurable Activities*			
	Soothed Myself*			
	Practiced Relaxation			
	Committed to Valued Action*			
	Connected with My Higher Power			
	Used Coping Thoughts & Strategies*			
	Analyzed Feelings-Threat Balance			
	Used Physiological Coping Skills*			
Mindfulness	Practiced Thought Defusion			
	Practiced Mindful Breathing			
	Used Wise Mind			
	Practiced Beginner's Mind			
	Practiced Self-Compassion			
	Practiced Doing What's Effective			
	Completed a Task Mindfully			
	Practiced Loving-kindness Meditation			

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Core Skills	Coping Strategies	Mon.	Tues.	Wed.
Emotion Regulation	Was Able to Recognize My Emotions			
	Dealt with Physical Pain Appropriately*			
	Ate in a Balanced Way			
	Didn't Use Drugs or Alcohol			
	Got Sufficient Sleep			
	Exercised			
	Experienced Positive Events/Emotions*			
	Let Go of Thoughts or Judgments			
	Watched and Named Emotions			
	Didn't Act on Emotions			
	Used Opposite Action			
	Used Problem Solving			
Interpersonal Effectiveness	Practiced Compassion for Others			
	Practiced Fear Mgmt.—Risk Assessment			
	Made an Assertive Request			
	Said No Assertively			
	Negotiated Agreements			
	Listened to and Understood Others			
	Validated Others			
Rate Your Overall Mood for the Day (1 to 10) 1=Very Poor, 5=Mediocre, 10=Excellent				

DBT ADAPTATIONS



- Since its inception, DBT has evolved, and some practitioners have expanded on the 4 original modules by incorporating additional skills or techniques. These have been grouped into 3 additional modules:
- Walking the Middle Path: A module focused on balancing acceptance and change, particularly useful for families and adolescents.
- Self-Compassion and Self-Care Skills: Emphasizing the importance of self-kindness and self-care practices.
- Cultural Competence: Incorporating an understanding of cultural factors and their impact on therapy and skills application.
- We will not be covering these in our course.

SIMPLE COURSE OVERVIEW



- Part 1: Psychological theory- understanding your mind
- Part 2: learning DBT skills
- Part 3: learning the 6 tools
- Part 4: learning the techniques and strategies needed for using the tools and skills
- Part 5: Practicing applying skills, tools, and strategies in everyday life

3. THE SIX TOOLS- SIMPLE MANUAL



- 1 Crisis plans
- 2 Holes diary cards
- 3 Chain analysis
- 4 Rational mind remediation
- 5 Goals diary cards
- 6 Wise mind remediation
- The tools build on one another. To use the second tool, you need to know how to use the first one and so on.
- To benefit the most from the course you must use the tools.

TWO TYPES OF SIMPLE TOOLS

ASSESSMENT TOOLS

- Help you identify and understand your issues or the holes you fall into:
- Holes diary cards
- Chain analysis
- Goals diary cards

REMEDIATION TOOLS

- Help you develop and implement approaches to changing your problems or get out of and avoid holes :
- Crisis plans
- Rational mind remediation
- Goals diary cards
- Wise mind remediation

SIMPLE COURSE OVERVIEW



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4. THE TECHNIQUES AND STRATEGIES NEEDED TO USE THE SIMPLE TOOLS



- 1. Use good problem-solving strategies when using the tools by following the steps in the algorithms and templates.
- 2. Be mindful of your "dashboard":

  a) Monitor your energy balance.

  b) Be mindful of your crisis risk level.

  c) Stay in the window of emotional tolerance

  d) Be aware of your emotional footprint and that of those around you.

  e) track your expansion
- 3. Stay in the window of tolerance by pendulating.
- 4. Use editing, splicing and pasting with problematic thoughts, feelings or behaviors to practice new ones.

SIMPLE COURSE OVERVIEW



- Part 1: Psychological theory- understanding your mind
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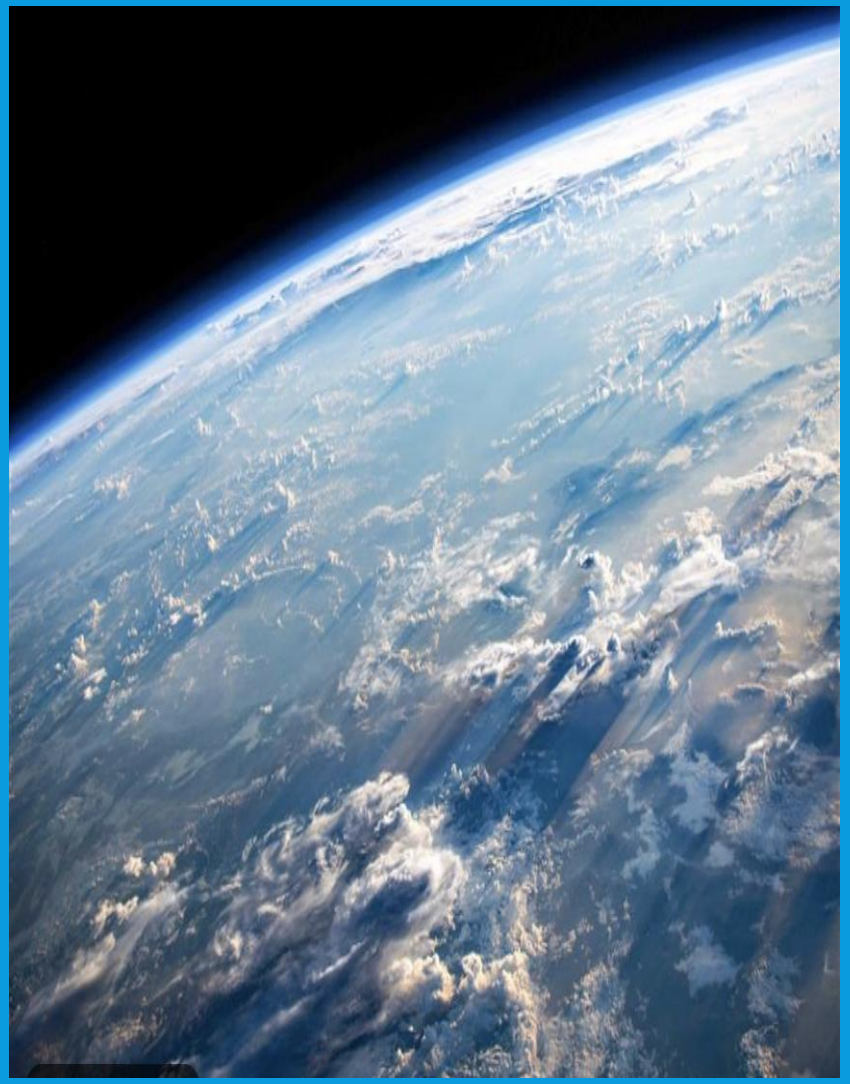
5. PRACTICE APPLYING SKILLS TOOLS AND STRATEGIES IN EVERYDAY LIFE.



Wednesday practices

- 6 or 7 times during the year, after introducing a new tool we schedule time to practice it, in a session, with a volunteer . The goal is to help the volunteer, and the other participants, understand how to use the skills, tools and strategies in their own lives and in real life situations.
- If you would like to volunteer for a practice, please let us know using email.
- If you decide to volunteer you will meet with Dr. Cleto individually on zoom or in person to practice applying the tools, skills and strategies to your situation before doing it "live" in the Wednesday session.(you will have to have time for this, it usually takes 1.5-2 hours)
- We will be asking for volunteers throughout the year. If you would like to volunteer for a practice, please let us know using the itssimple2023@gmail.com email.
- We may not be able to do a practice with everyone who volunteers. We will go by first email first practice volunteer basis.
- We may also some of this in the Boing group.

OVERVIEW OF TODAY'S SESSION



- Reminders
- Mindfulness: Sensory soothing toolkit
- health, illness, disease, sickness, disorder, pain and suffering
- Why are the myth of Sisyphus and the poem "there is a hole in my sidewalk" by Portia Nelson important metaphors in the course?
- Simple vs. DBT
- What we will be covering in the course
- 10-minute Break 10:30-10:40 (give or take 10 minutes)
- Challenges often encountered by people doing Simple



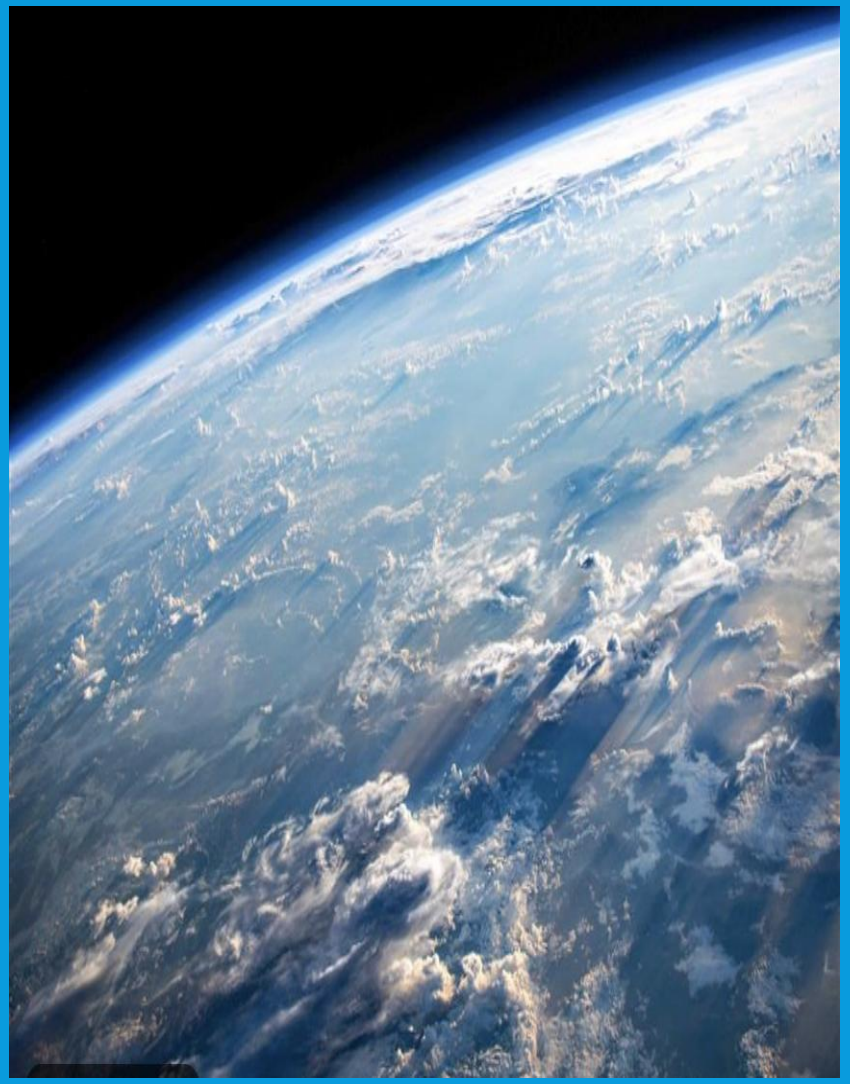
SESSION 2 OF SIMPLE 10-MINUTE BREAK


10:00



SESSION 2 OF SIMPLE
WELCOME BACK FROM THE BREAK

OVERVIEW OF TODAY'S SESSION



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- Mindfulness: Sensory soothing toolkit
- health, illness, disease, sickness, disorder, pain and suffering
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- Challenges often encountered by people doing the Simple course



The course covers a lot of material. Are there common problems that people run into doing the course? If so, how can we deal with these problems?

ACCESSING AND BENEFITTING FROM MENTAL HEALTH CARE



- Getting out of, learning to avoid, and repairing holes or developing and implementing solutions to our problems can be challenging.
- Challenges can arise around:
- 1. Realizing there is a problem.
- 2. Having a good understanding of the problem.
- 3. Deciding on which approach is best suited to working on your problems and
- 4. accessing mental health professionals to help implement the approach.
- Obstacles to developing and implementing solutions to problems may have to do:
- 1. mostly with the person seeking to change
- 2. mostly with accessing the right resources.
- Understanding and dealing with these obstacles is essential in benefiting from mental health care resources.
- Let's consider some of these challenges.

PERSONAL AND SYSTEMIC OBSTACLES TO CHANGE



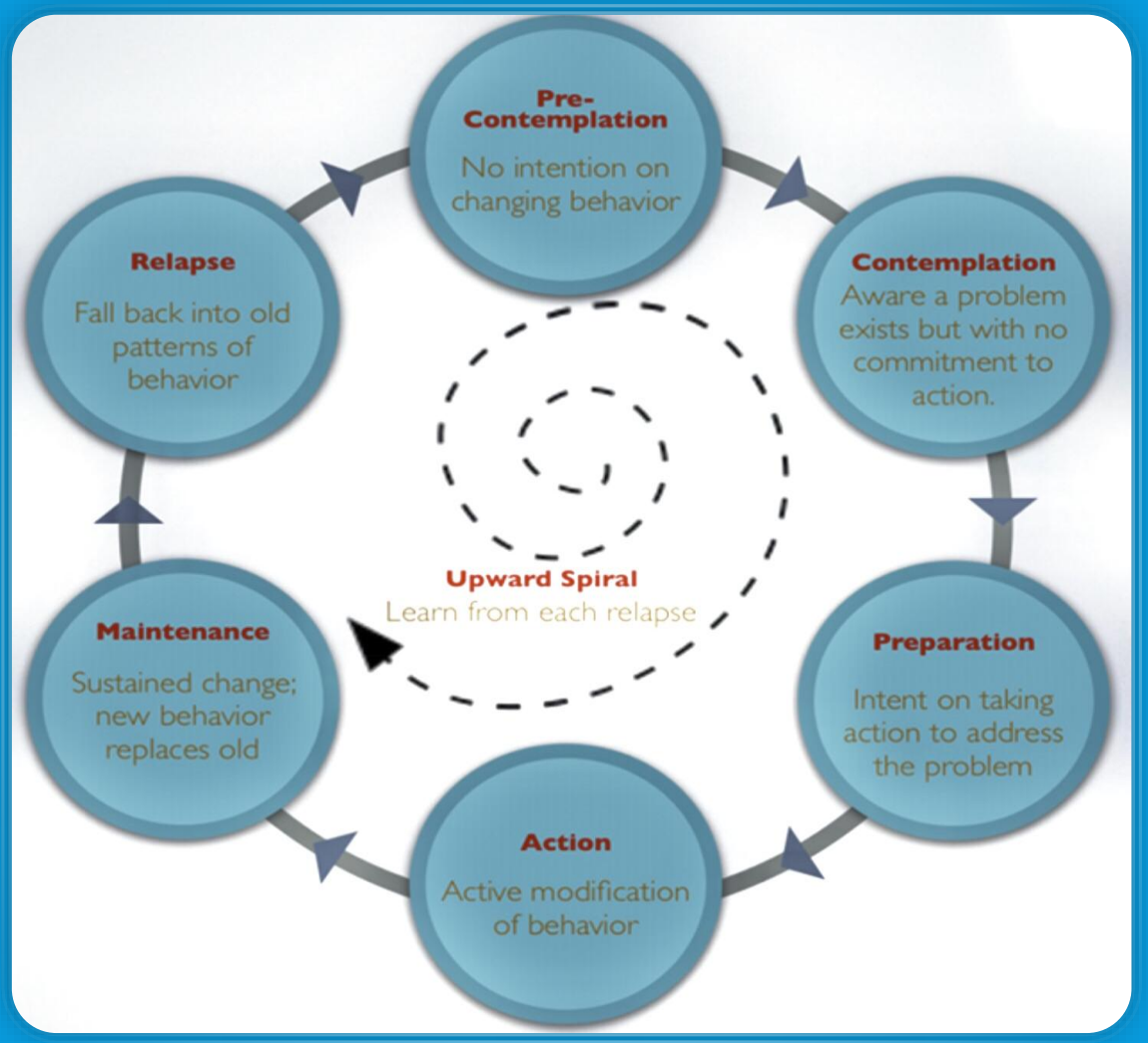
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- 4. Coping with limited resources
- 5. Dealing with competing priorities
- 6. Believing one can change: Self-efficacy, learned helplessness, and locus of control
- 7. Obstacles frequently encountered by Simple course participants

PERSONAL AND SYSTEMIC OBSTACLES TO CHANGE



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1. THE STAGES MODEL OF CHANGE



- The stages model of change deals with the question of where an individual is at in the process of realizing that they have a problem, that it is their responsibility to deal with this problem and that to do so they have to learn and apply new ways of thinking and behaving.
- Take for example Bill, whose family and friends think drinks too much. He has missed work because of hangovers, and has a fatty liver…
- Bill may not think he has a drinking problem. He may think that the problem is that his wife worries too much and is always nagging him… Eventually, he may realize he does have a problem, take responsibility for it and learn and implement ways of managing it.
- Owning and realizing your responsibility for dysregulated feelings, thoughts, or behaviors, or "holes" you want to work on is an essential first step in dealing with these issues. While it is not your fault your emotions are dysregulated, growing and healing is your responsibility.
- Motivational interviewing is a therapeutic approach laying out the most effective techniques to help people progress through the process of change: precontemplation, contemplation, preparation, action, maintenance and relapse.
- The principles of motivational interviewing are captured in the distinction between "calling out" and "calling in". Calling out is remarkably ineffective in helping people change, calling in is much more effective.(4)

MOTIVATIONAL INTERVIEWING STAGES AND INTERVENTIONS

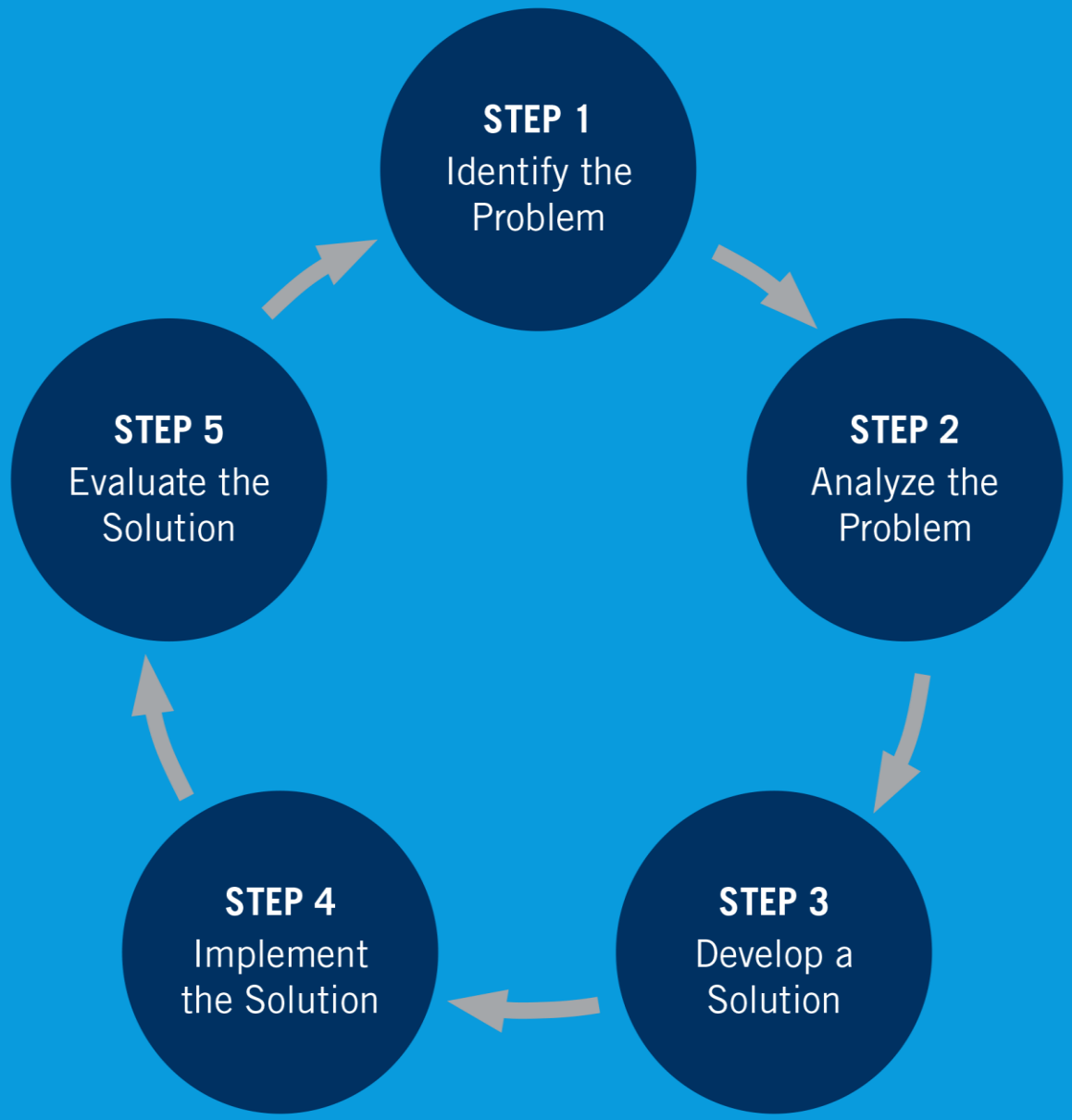
- Stage I – precontemplation. The person doesn't think they have a problem, the problem is with others or the world. The therapist uses empathy and understanding to establish a working relationship. The therapist makes it clear that their role is not to tell the client what to do.
- Stage II – contemplation. The person is starting to realize that the problem is with them, but they don't yet know how to change it. The therapist explores the problem and amplifies the person's ambivalence. The therapist elicits the patient's reasons for change. When done successfully, the patient will be voicing the arguments for change
- Stage III – preparation. The person starts to learn what they need to make the changes they desire. The therapist helps the person to clarify the focus to work on and sets goals. The focus is on the patient's most pressing concerns.
- Stage IV – action. The person starts using the tools and skills they have learned to work on their problem. The therapist supports the person in this endeavor. This phase is marked by the shift from the "why" of change to the when and how. The therapist guides the patient to come up with the best options for change.
- Stage VI – maintenance. The person becomes more and more familiar with the tools and skills and continues to use them to make changes. The therapist helps the person to monitor for relapse triggers
- Stage VII – relapse. The person falls into the hole again but now can get out much faster. The therapist helps the person to go with it, reassess and revise.(5)

PERSONAL AND SYSTEMIC OBSTACLES TO CHANGE



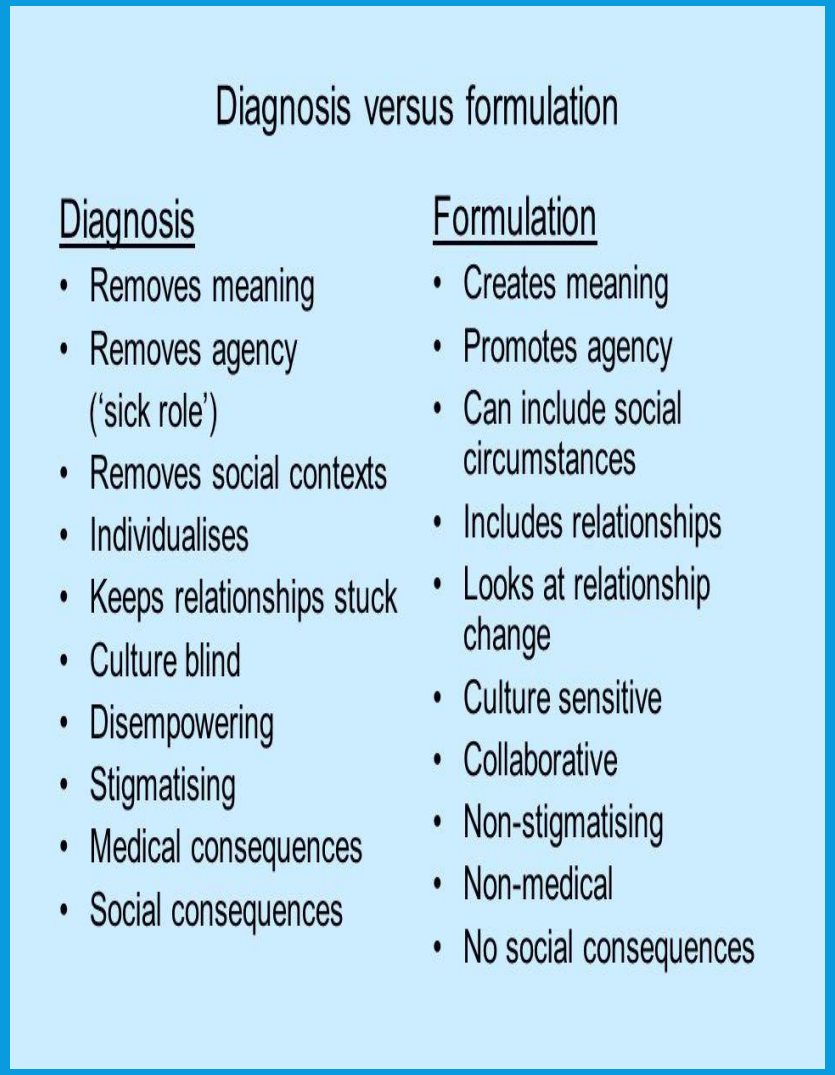
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PRINCIPLES OF GOOD MENTAL HEALTH CARE



- If a person is at the contemplative stage of change owning that it's up to them to get out of/avoid their hole in the sidewalk , they are ready to problem-solve which relies on certain principles.
- Often, when people seek help, they sense something is wrong, but they don't know quite what it is
- Steps 1 and 2 of good health care involves transforming the patient's sense that something is wrong into defined workable problems.
- A feeling that something is wrong doesn't lead to an approach to addressing it whereas identifying specific problems does.
- Diagnoses and formulations help transform feelings of being unwell (Illness) into workable problems.

DIAGNOSIS AND FORMULATIONS



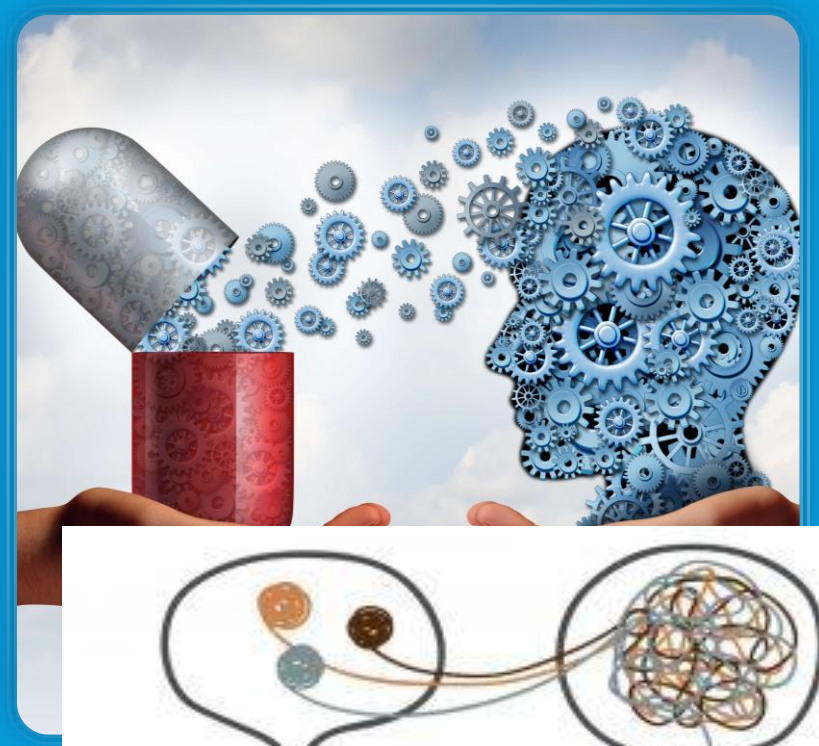
- Steps 1 and 2 of good problem solving involve identifying and understanding the holes we fall into. This typically involves diagnosis and formulations
- A diagnosis such as major depression, generalized anxiety disorder, or borderline personality disorder is a label that captures an agreed-upon constellation of symptoms. In psychiatry the symptoms needed to meet the criteria for these diagnostic categories are found in the diagnostic and statistical manual of mental disorders or DSM. A diagnosis is a descriptive label, it is theory neutral, predicts the course of illness, and identifies treatment.
- A formulation, on the other hand, is an explanation, based on theory, of the symptoms the person is presenting with. We may for example formulate that someone has an attachment disorder or developmental trauma which underlies their diagnosis of depression, generalized anxiety disorder, or borderline personality disorder. Some diagnoses such as posttraumatic stress disorder are at the same time formulations. A formulation is an explanatory summary. It is unique to an individual, is informed by theory and informs treatment.

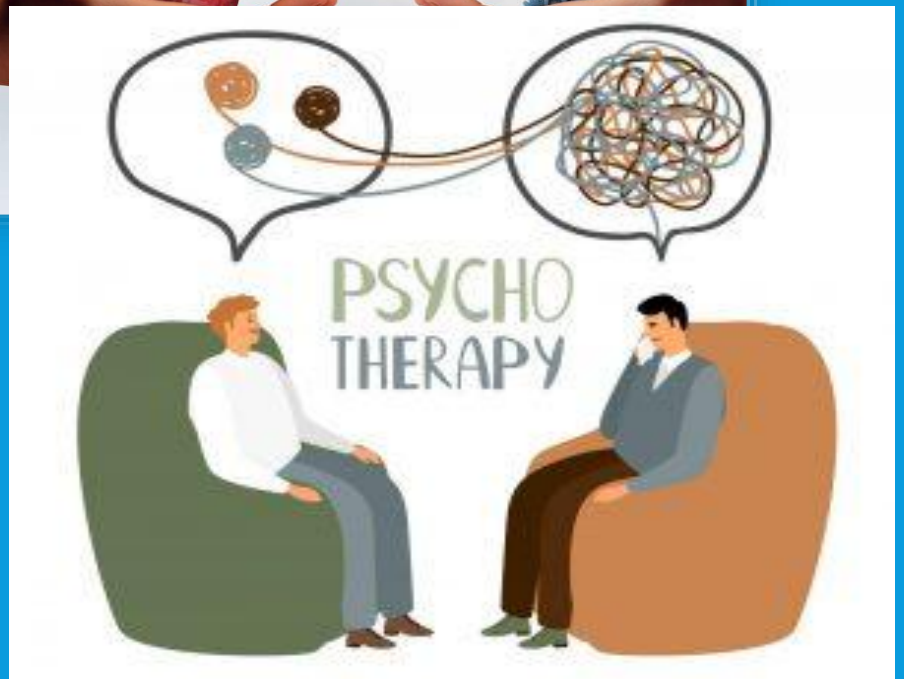
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WE ARE BIO PSYCHO SOCIO SPIRITUAL BEINGS





- Humans are simultaneously biological, psychological, social and spiritual beings.
- Finding, becoming aware of, getting out of, and repairing our "holes" involves understanding all these aspects of our nature.
- Much of modern psychiatry looks at people as biological beings. This perspective underlies the biological and medical model it mostly uses.
- Modern psychology takes a psychological approach to understanding people .
- Sociology and social psychology consider how people are affected by their social environment to be of great importance.
- Religious and spiritual approaches consider the spiritual dimension of being human as primary.
- In this course we strive to consider all these perspectives as equally important.

SIMPLE TAKES A BIO-PSYCHO-SOCIO-SPIRITUAL PERSPECTIVE

Our bodies are biological

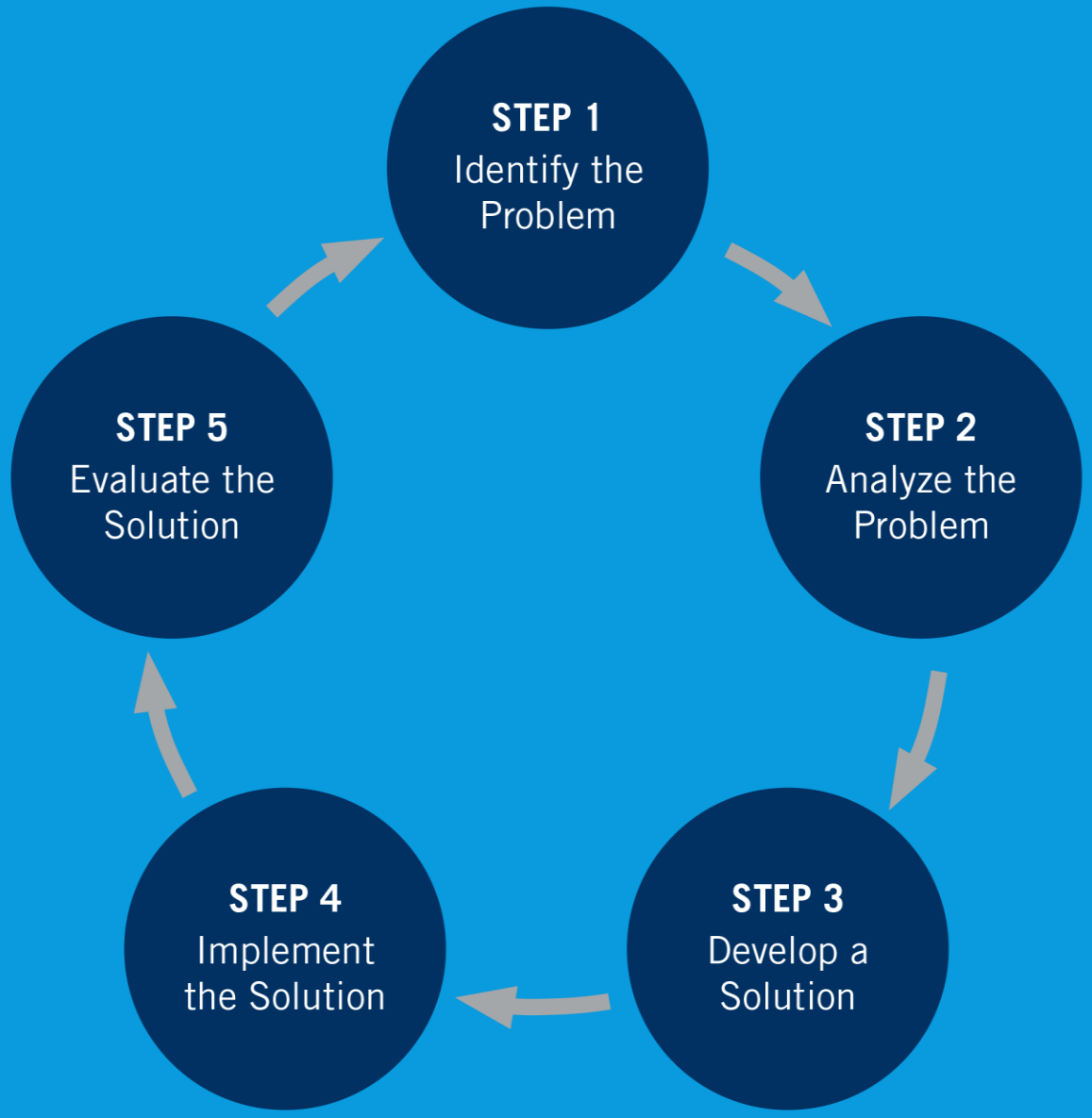
Our minds are psychological

Our bodies and minds are influenced by Social, economic, and political factors.

Ultimately, some of the wisest people believe that we are spiritual beings having a human experience

To begin to understand ourselves we need to consider all these mutually interacting facets of what it is to be human

PRINCIPLES OF GOOD MENTAL HEALTH CARE



- Steps 3 and 4 of good health care involve developing and implementing solutions to address the problem. That often involves working with health professionals. This leads to the question of who to go to for help, and how do you know if you can you trust them
- If you have a problem with your car and you go to several different mechanics, you may get a number of different opinions as to what the problem is and how to fix it. Some opinions, such as "your engine isn't working" may not be very helpful. This may be the equivalent of a mental health care professional telling you "you're depressed or anxious".
- Who do you trust to help you figure out what the problem is?
- Is there a good fit between you and the person helping you?
- And what is the right therapeutic approach for your problem?...

WHO TO GO TO FOR MENTAL HEALTH ISSUES?



- What is the difference between psychiatrists, psychologists, psychotherapists, and counsellors ?
- Psychiatrists have medical degrees. After graduating from medical school, they do five years of specialty training in psychiatry. Most psychiatrists consider their patients from a biological perspective and prescribe medication.
- Psychologists have a degree in psychology and do talk therapy.
- Psychotherapists may have different backgrounds such as psychology, psychiatry or social work. The commonality is that they use talk therapy to help people. Psychotherapists often try to understand the role the patient's past plays in their current problems.
- Counsellors are more action and behavior focused that psychotherapists and deal with the person's current problems without necessarily exploring the past.

THE MEDICAL vs. PATIENT CENTERED MODELS(10)

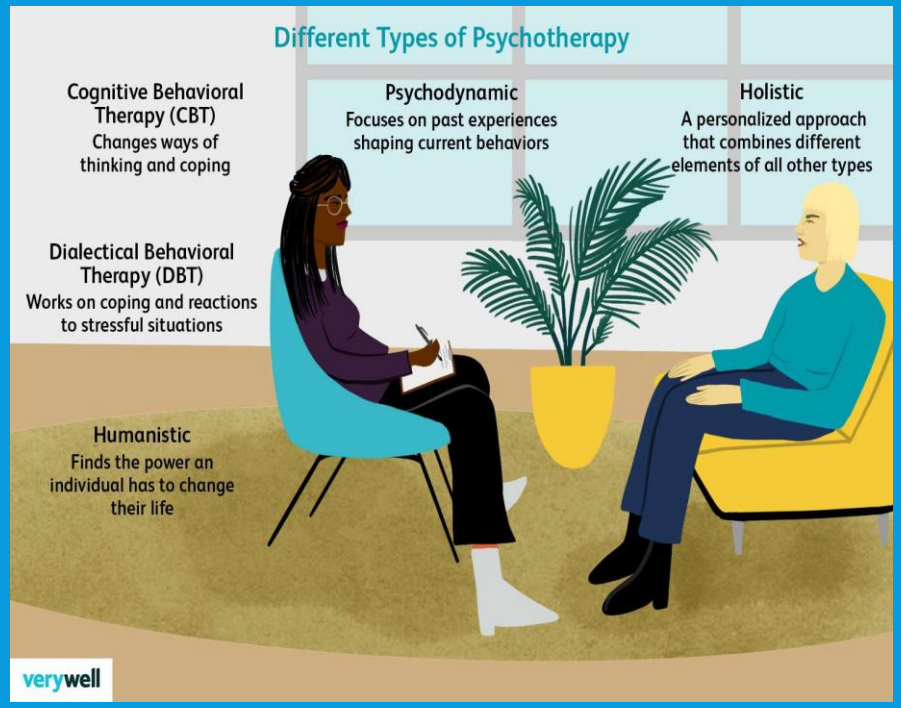
Medical model

- the patient's role is passive
- the patient is the recipient of treatment
- the physician dominates the conversation
- care is disease centred
- the physician does most of the talking
- the patient may or may not adhere to the treatment plan

Patient centred model

- the patient's role is active
- the patient is a partner in the treatment plan
- the physician collaborates with the patient
- care is quality of life centred
- the physician listens more and talks less
- the patient is more likely to adhere to the treatment plan
- Simple is patient centred

WHAT IS PSYCHOTHERAPY?



- Psychotherapy is the use of psychological methods to help a person change their thoughts, behaviors, and feelings and work on their problems.
- There are a multitude of psychotherapeutic approaches purporting to help with our mental health issues. These include cognitive behavioural therapy, dialectical behavioural therapy, humanistic approaches, psychodynamic psychotherapy, and perhaps the most common, generic non- specific psychotherapy
- What's most likely to help us? And how do we choose an approach?
- To make matters more complicated the type of approach used is only one of many factors that contribute to the efficacy of therapy.

FACTORS THAT CONTRIBUTE TO THE EFFICACY OF THERAPY

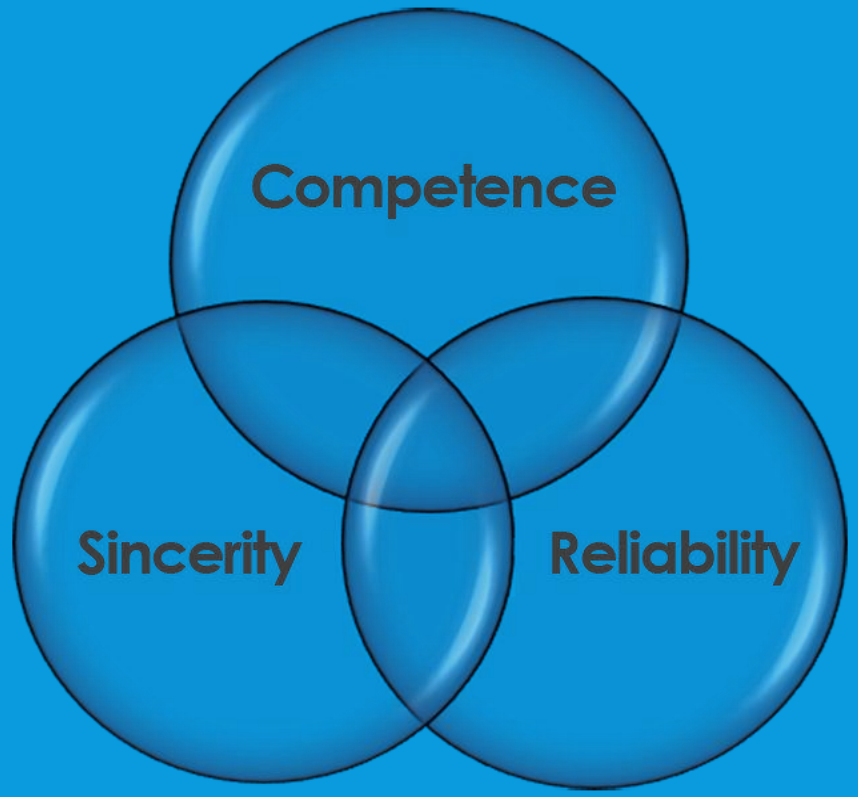
- In addition to the type of approach used in psychotherapy other factors play a role in whether people benefit from psychotherapy:
- Therapeutic Alliance: A strong, trusting relationship between the therapist and the client is crucial. This includes empathy, warmth, and mutual respect.
- Client Factors: The client's own characteristics, such as motivation, openness to change, and resilience, play a significant role in the effectiveness of therapy.
- Therapist Factors: The therapist's skills, experience, and personal qualities can greatly impact the therapeutic process. Their ability to adapt to the client's needs is also important.
- Client Engagement: Active participation by the client in the therapeutic process, including homework assignments and practicing skills outside of sessions, contributes to better outcomes.
  Cultural Competence: Understanding and respecting the client's cultural background can improve the therapeutic relationship and effectiveness.
- Setting Goals: Collaboratively setting clear, achievable goals can help clients stay focused and measure progress.
- Feedback and Adaptation: Regularly seeking feedback from clients and being willing to adapt the approach based on their responses can lead to better outcomes.
- Support Systems: Involvement of family or social support systems can enhance the therapeutic process and provide additional resources for the client.
- Duration and Frequency of Sessions: The length of therapy and how often sessions occur can also influence effectiveness, with more frequent sessions often leading to better outcomes.

WHAT IS THE ROLE OF A PSYCHOTHERAPIST ?



- John Bowlby, the father of attachment theory, which we will explore in detail later in the course, stated that the psychotherapist has five main tasks:
- 1) to provide the client with a secure base or "holding environment" in which to explore his or her pain.
- 2) to help clients consider how their manner of engaging in relationships actually shapes the situations that cause them pain.
- 3) to help clients examine the relationship with the therapist as a microcosm of their engagement style with others.
- 4) to explore the origins of this style in a clients past and the "frightening, alien and/or unacceptable" emotions that are primed in this process and…
- 5) to help clients to reflect on how past experience constrains their perception of the world and so governs how they think, feel, and act in the present and to then help them find better alternatives.
- These goals closely align with those of the simple course.

WHAT HELPS US TRUST?



- What fosters a patients trust in a health professional?
- We tend to trust people who are of 1)good character and 2)competent.

Good character

caring – concerned with the well-being of the patient
transparent – is clear about the motivations behind the treatment suggestions
open – is receptive of the patient's ideas
honest – is truthful
fair – acts without biases, discrimination, or injustice
authentic – is consistent and sincere in thinking, words and actions

Competence

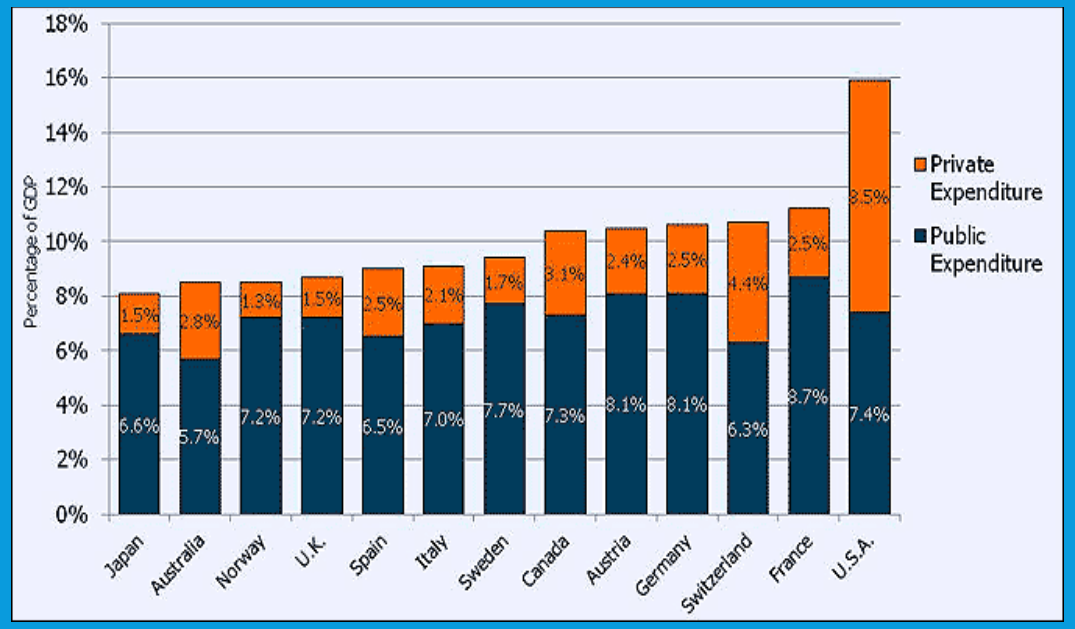
skillful – can accomplish professional tasks with ease, speed and proficiency
knowledgeable – is very familiar with the current knowledge in the field
experience has accumulated practical knowledge
reputable – is held in high esteem by others
credible – consistently articulates ideas in a convincing and believable way
performs – discharges personal responsibilities competently

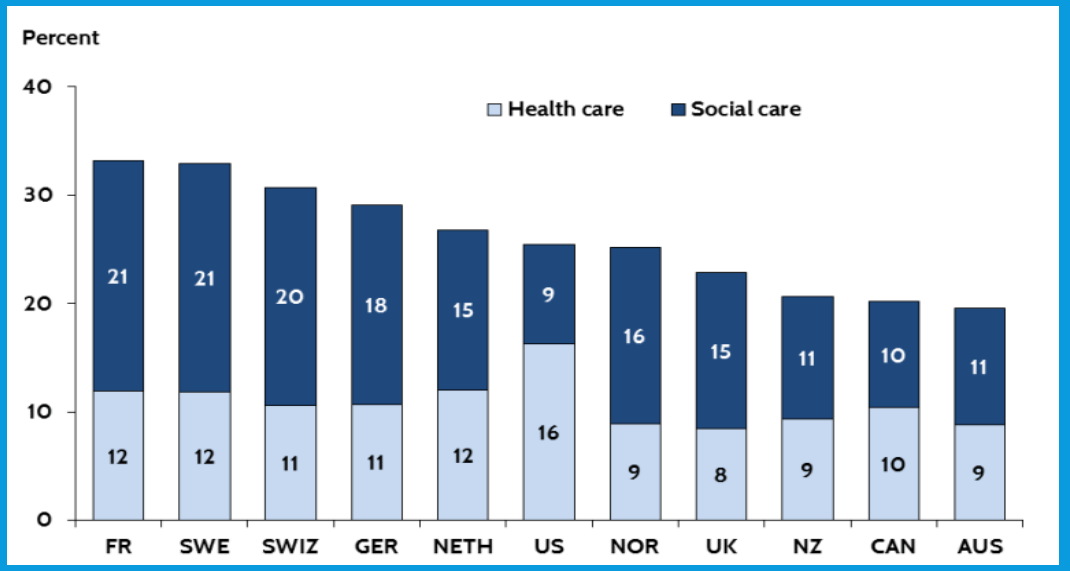
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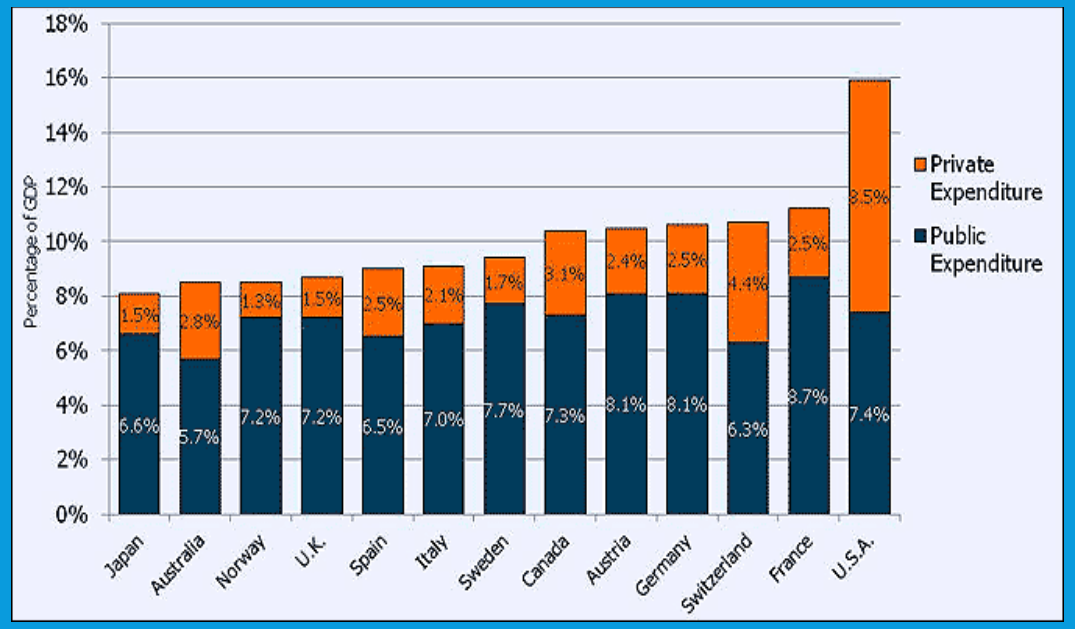
CONTRIBUTORS TO OUR HEALTH CARE CRISIS (10)

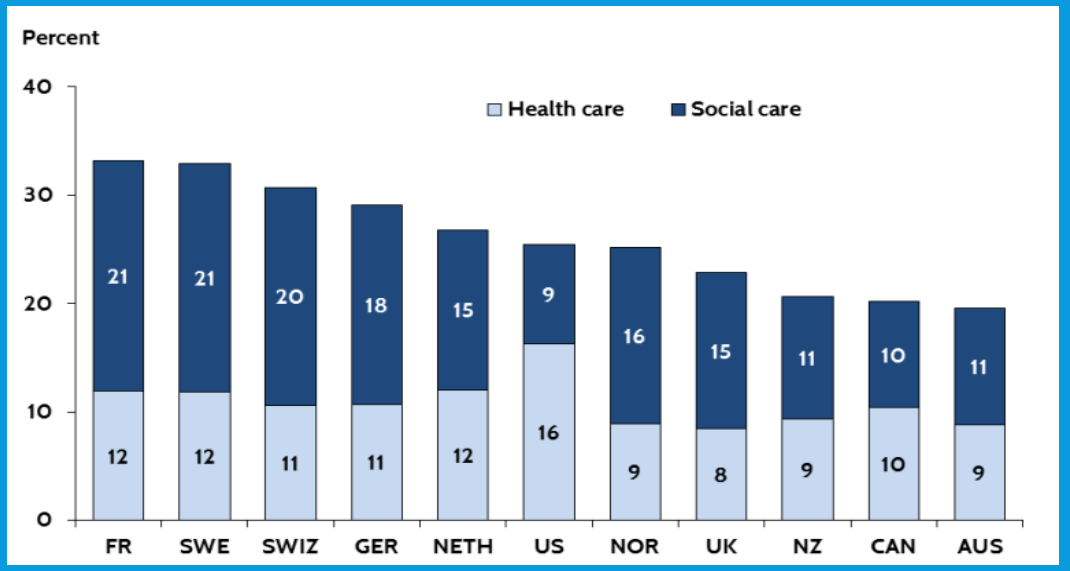




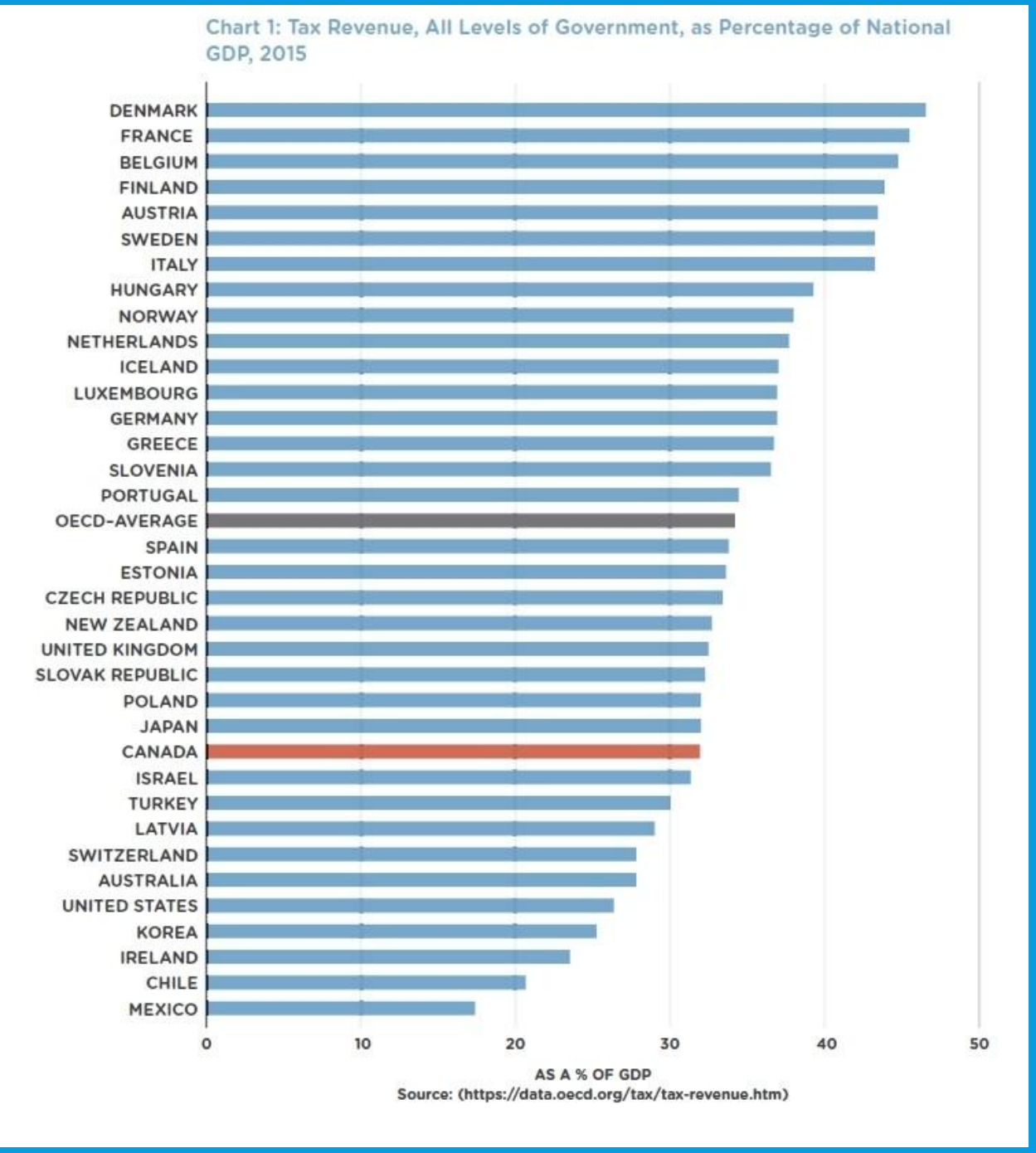
- Many factors contribute to our current health care crisis including:
- Capped budgets for health care
- Among industrialized countries ,Canada has among the lowest budgets for social spending. Social spending include social assistance payments, housing subsidies, and child welfare. All of these drive social determinants of health.
- Worsening social conditions for a significant number of people giving rise to toxic social stress and "deaths of despair" (suicide, drug overdoses, alcoholism).
- Aging demographics consume a disproportionate amount of healthcare money
- Number of hospital beds calculated for normal times not crisis, no excess capacity.
- Uneven distribution of resources

CONTRIBUTORS TO OUR HEALTH CARE CRISIS



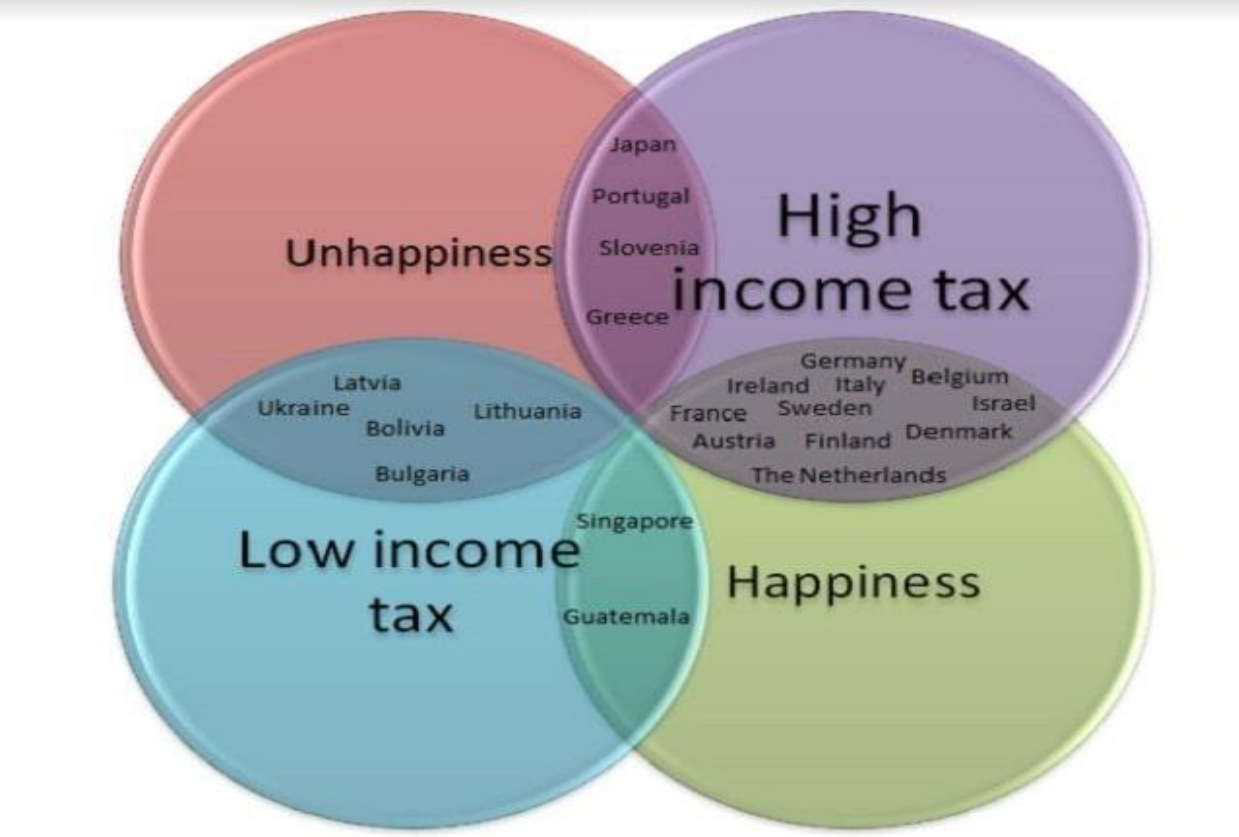


- Poor integration of health records
- Elderly needing long term care that is not available or affordable for families and spending more time in acute care hospitals.
- Many more expensive interventions available. (cardiac surgery, joint replacements…)
- Lack of emphasis on prevention and public health
- Increased proportion of healthcare administrators compared to front line staff
- COVID
- Demoralization of health care providers



TAXES AND SOCIAL WELLBEING

- Our priorities affect our well-being. Almost everyone is concerned about high taxes, only a small percentage of people at any one time are concerned about the state of health care and even less about the lack of social spending

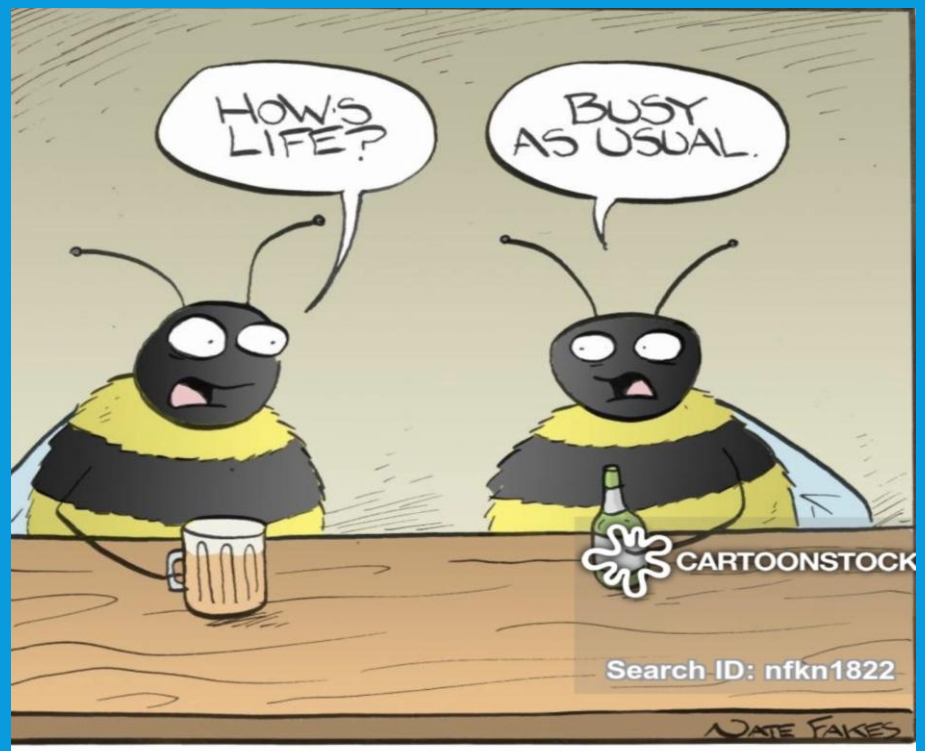


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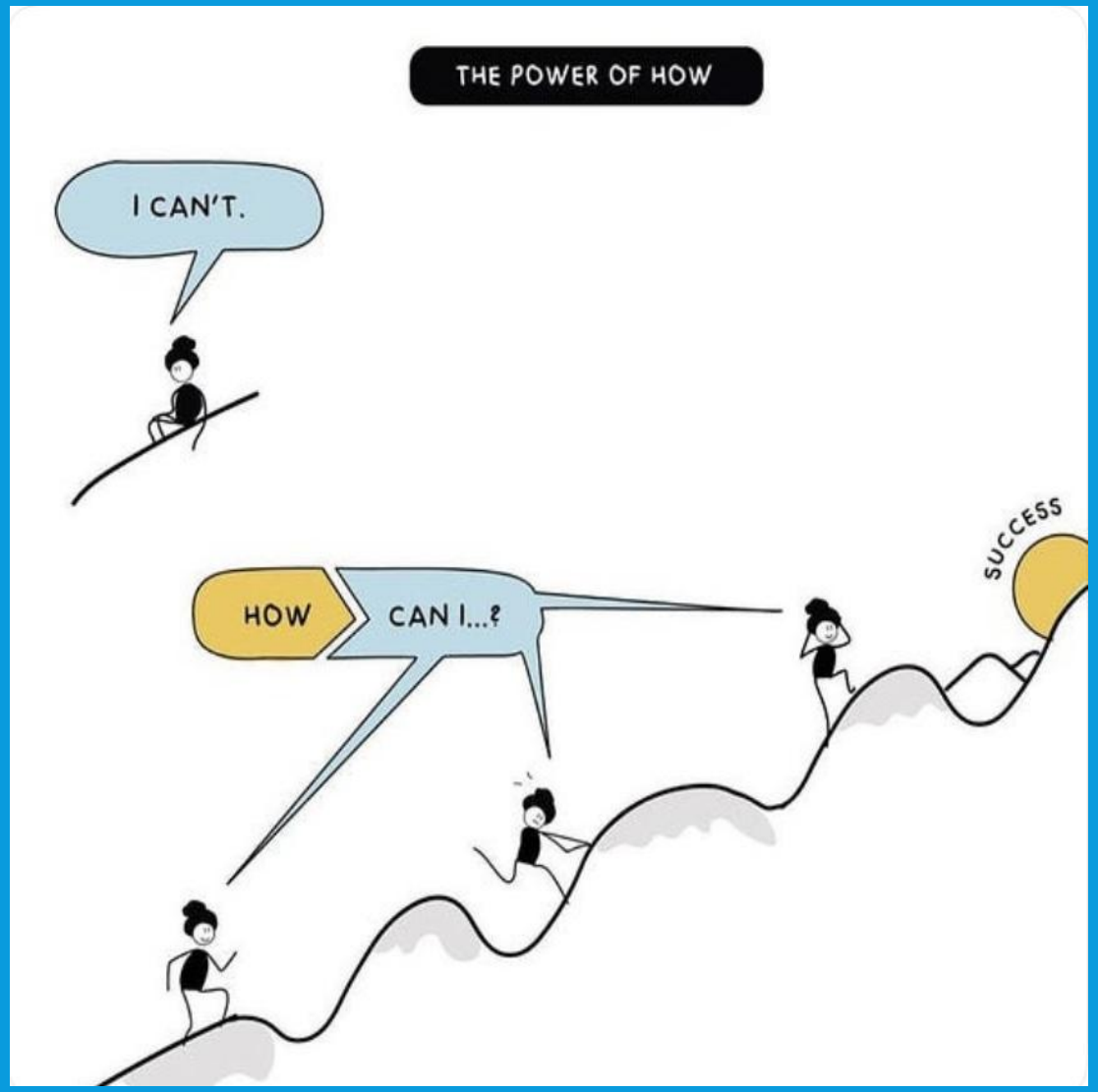
DEALING WITH COMPETING PRIORITIES



Bee Bar

- Learning to get out of "holes" and eventually to avoid them takes time and effort
- Most people have little spare time and energy and are already overburdened by the stresses and demands of everyday life.
- But continuing to regularly fall into holes consumes a lot of time, energy, and produces enormous suffering. It ca be an enormous handicap.
- Those people who would most benefit from psychotherapy have the least access, energy, and time, for it.
- Investing the time now can, however, save much time, energy and suffering in the future.

PERSONAL AND SYSTEMIC OBSTACLES TO CHANGE



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LIMITING FACTORS AND BELIEFS

- Limiting factors and beliefs are concepts that have been much studied in psychology.
- Limiting factors are external conditions or constraints that hinder progress or performance. These can be tangible or intangible and can affect individuals or groups. Examples include: 1) Resource availability such as lack of time, money, or materials.2) Environmental Conditions: Physical or social environments that restrict opportunities. 3)Skills and Knowledge: Gaps in education or experience that prevent effective action. 4) Regulatory Constraints: Laws or policies that limit certain actions or behaviors.
- Limiting beliefs are internal convictions or assumptions that negatively affect an individual's mindset and behavior. These beliefs often stem from past experiences, societal norms, or negative self-talk. Examples include: 1)Self-Doubt: Believing one is not capable of achieving certain goals.2)Fear of Failure: Assuming that failure is inevitable, which can prevent taking risks. 3)Negative Self-Image: Thinking one is unworthy or incapable of success. 4)Fixed Mindset: Believing that abilities and intelligence are static and cannot be developed.
- Both limiting factors and limiting beliefs can significantly impact a person's ability to reach their goals, but while limiting factors are often external, limiting beliefs are internal and can often be challenged and changed through personal development practices.
- There are hard and soft limiting factors and beliefs. Hard limits can't reasonably be overcome. I will never run a 4-minute mile or become prime minister of Canada. Soft limits can be overcome but the person holding them is convinced they can't: in high school I was convinced I could never get into University. Soft limits are frequently based on distorted core beliefs about the self and the world. (as above)
- Distinguishing between hard and soft limiting factors and beliefs requires wisdom as described in the serenity prayer: "God grant me the courage to change the things I can change, the serenity to accept those I can't and the wisdom to know the difference.
- A number of concepts explore the psychology of soft and hard limiting factors and beliefs.

SELF-EFFICACY AND LEARNING THEORY(8)

Albert Bandura introduced the concept of self-efficacy: our belief of whether we'll succeed or fail at something affects how hard we try, or even if we try at all.

Self-efficacy is determined by

1. observing what others do.
2. listening to what others say about us.
3. personal successes and failures.
4. our baseline state of activation.

INTERNAL VS. EXTERNAL LOCUS OF CONTROL(7)



- Who and what, do I believe, controls my life and future?
- Do I believe that for the most part I control my life or that it is mostly controlled by external forces.
- What we each believe about where control over our life lies is somewhere a spectrum from one extreme to the other.
- We learn this from our models, parenting, and life experiences.
- Locus of control is a self-fulfilling prophesy, if we believe we have control over our lives we're more likely to have control over our lives. The opposite also applies.
- Simple aspires to increase people's internal locus of control by presenting effective ways of changing aspects of your life.
- The ideal balance between accepting what cannot realistically be changed and trying to change what with hard work might be was articulated by theologian Reinhold Niebuhr and popularized by AA as the serenity prayer: "God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference".

LEARNED HELPLESSNESS (6)



- Learned helplessness is a lack of belief in self-efficacy, a sense that we have no control over our lives.
- People who learn helplessness have an external locus of control. They stop trying.
- The concept of learned helplessness was developed by psychologist Martin Seligman.
- Learned helplessness is associated with inappropriate early childhood expectations, modelling, and feedback.
- It can be pervasive or a part of personality or short term such as when it's experimentally induced by an unsolvable puzzle situation. Short term is more easily reversed.
- We have learned from animal models of depression/learned helplessness.
- Learned helplessness is linked to Erickson's industry vs inferiority developmental stage and hence to psychosocial development.

THE IMPORTANCE OF HOPE AND A SENSE OF CONTROL IN CHANGE



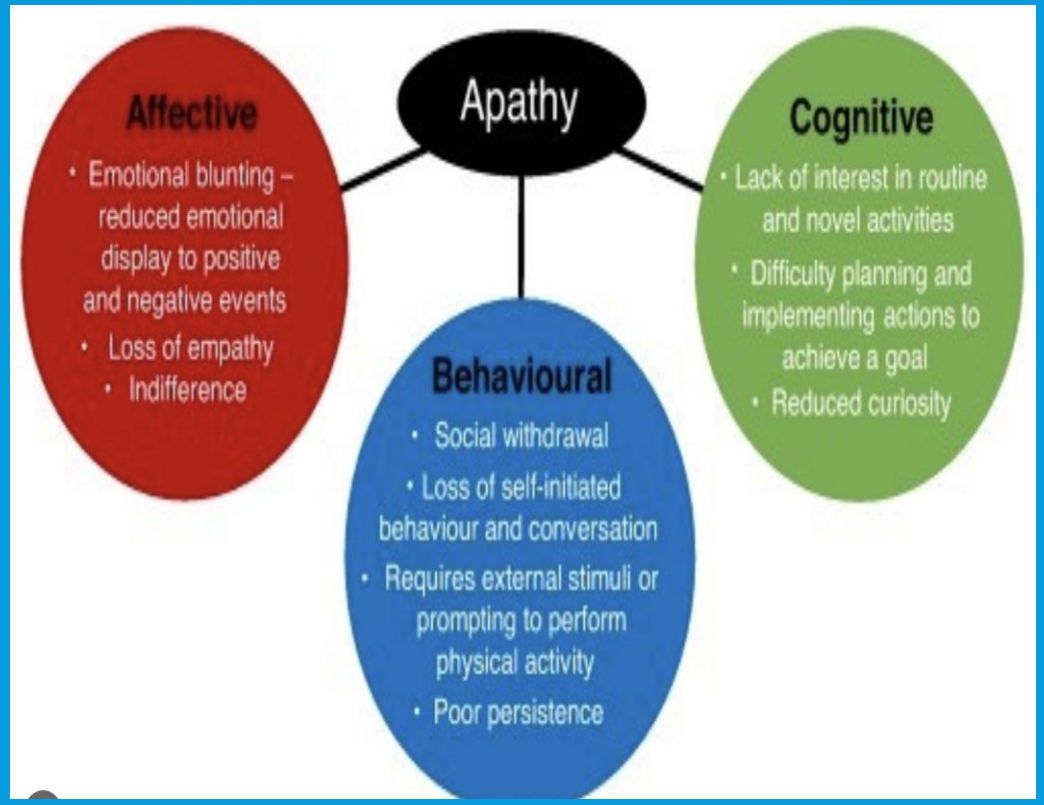
- Locus of control is related to self-efficacy.
- High self-efficacy is associated with an internal locus of control
- Low self-efficacy and learned helplessness are associated with with an external locus of control
- A belief one has some control over their lives, or a sense of self-efficacy, is necessary for change.
- If you don't have hope you can change, you won't work at it and you won't change.
- We move towards an internal locus of control, self-efficacy and hope through small incremental experiences of success and change. This reverses learned helplessness

APATHY



- The word "apathy" originates from the Greek word "apatheia," which means "lack of feeling" or "indifference." It is composed of the prefix "a-" meaning "without" and "pathos," which means "feeling" or "emotion." The term has evolved over time to describe a state of indifference or a lack of interest, enthusiasm, or concern regarding various aspects of life such as personal relationships, work, or hobbies. It can manifest as emotional numbness, a lack of motivation, or a disconnection from one's surroundings and experiences.
- Several factors can contribute to apathy, including:
- Mental Health Conditions: Disorders such as depression, and anxiety can lead to feelings of apathy. Depression, in particular, often involves a loss of interest in activities that once brought joy.
- Chronic Stress: Prolonged exposure to stress can lead to burnout, which may result in apathy as individuals become overwhelmed and disengaged.
- Substance Abuse: Alcohol and drug use can alter brain chemistry, leading to apathy.
- Lack of Stimulation: A monotonous routine or an environment lacking in challenges can lead to feelings of boredom and disengagement.
- Physical Health Issues: Chronic illnesses or fatigue can sap energy and interest, contributing to apathy.
- Life Changes or Transitions: Major life events, such as the loss of a loved one, job loss, or significant changes in personal circumstances, can trigger feelings of apathy.

DEALING WITH APATHY



- Dealing with apathy often involves addressing its underlying causes.
- Breaking tasks into smaller, manageable steps can help create a sense of accomplishment and motivation.
- Even if you don't feel like it, participating in hobbies or social activities can help rekindle interest and connection.
- Creating a daily schedule can provide structure and help combat feelings of aimlessness.
- Techniques such as meditation, yoga, or deep breathing can help increase awareness and engagement with the present moment.
- Reaching out to friends or family can provide support and reduce feelings of isolation.
- Regular exercise can boost mood and energy levels, helping to combat apathy.
- Eating well, getting enough sleep, and avoiding excessive alcohol or drugs can positively impact overall well-being.

PERSONAL AND SYSTEMIC OBSTACLES TO CHANGE



- 1. Am I the problem, or is the world the problem? Internal vs. external locus of control, the stages model of change and motivational interviewing
- 2. Understanding the problem: diagnosis vs. formulations
- 3. What will help and who can I trust.
- 4. Coping with limited resources
- 5. Dealing with competing priorities
- 6. Believing one can change: Self-efficacy, learned helplessness, and locus of control
- 7. Obstacles past Simple course participants have encountered



- Obstacles participants often encounter in the simple course

OBSTACLES PARTICIPANTS OFTEN ENCOUNTER IN THE SIMPLE COURSE

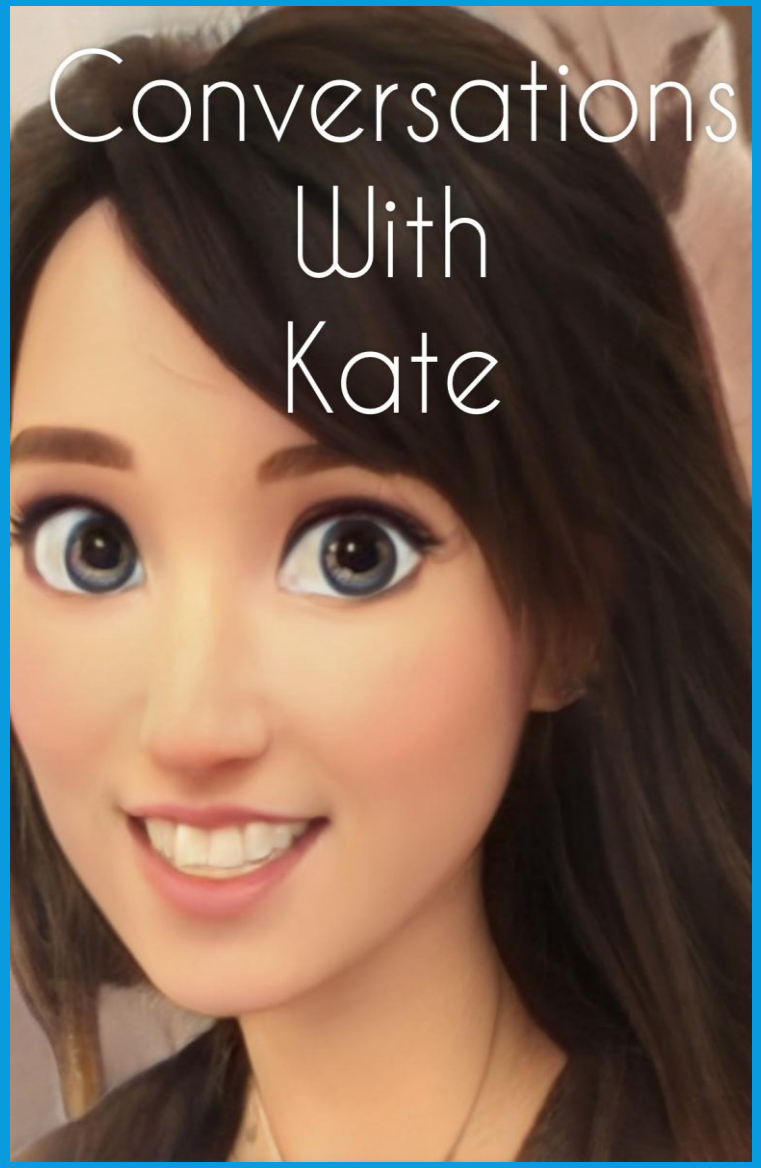


- One out of every three people who attends at least one session of the Simple course stops coming. Some of the reasons people have shared:
- They feel better and don't need the course anymore, or feel worse and can't find the motivation, hope, or interest needed for participating.
- They may feel their problems are too big for a course like this or that what they really need is individual therapy.
- Simple is not a good fit for their issues, their attention span, or learning style.
- There are changes in their schedules, new commitments, or changes in circumstances.
- They experience general discouragement: "if I have to do all of this to change, change is impossible" or "What we've talked about so far is not working and nothing will ever work"

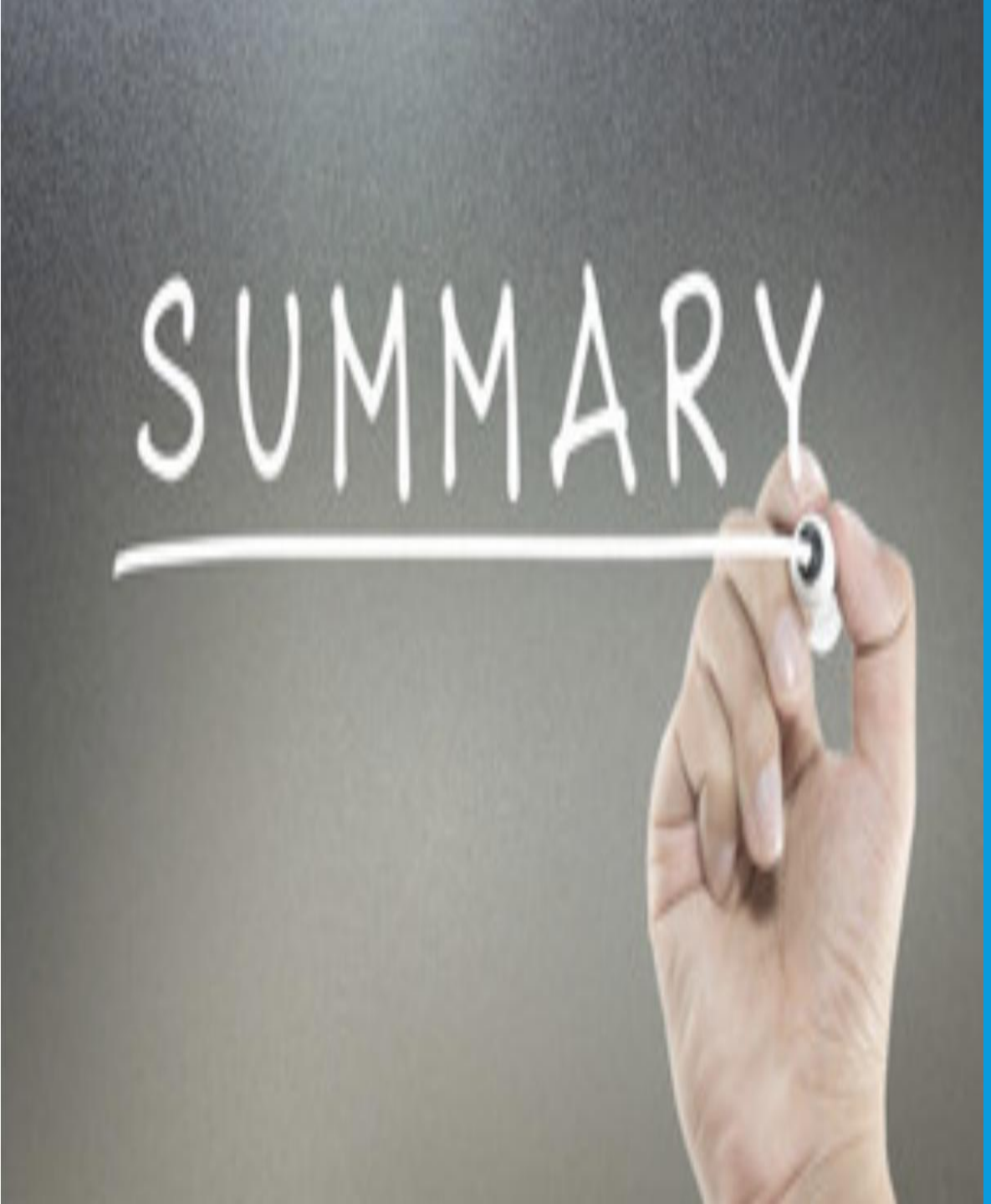
OBSTACLES PARTICIPANTS OFTEN ENCOUNTER IN THE SIMPLE COURSE



- Three hours a week is a big commitment other things get in the way. People miss one or two session and feel they are too far behind. People can't be in a room or in front of a screen for 3 hours.
- The material covered is too difficult to understand.
- The format the material is presented in, is challenging when people have trouble with attention, concentration, or have atypical learning styles. The co-leaders are boring.
- Participating in the course, the material, what the co-leaders say or how they say it, and other participants trigger strong emotions that people want to avoid such as hurt, anxiety, anger, grief, sadness, hopelessness.
- Combinations of several of the above.

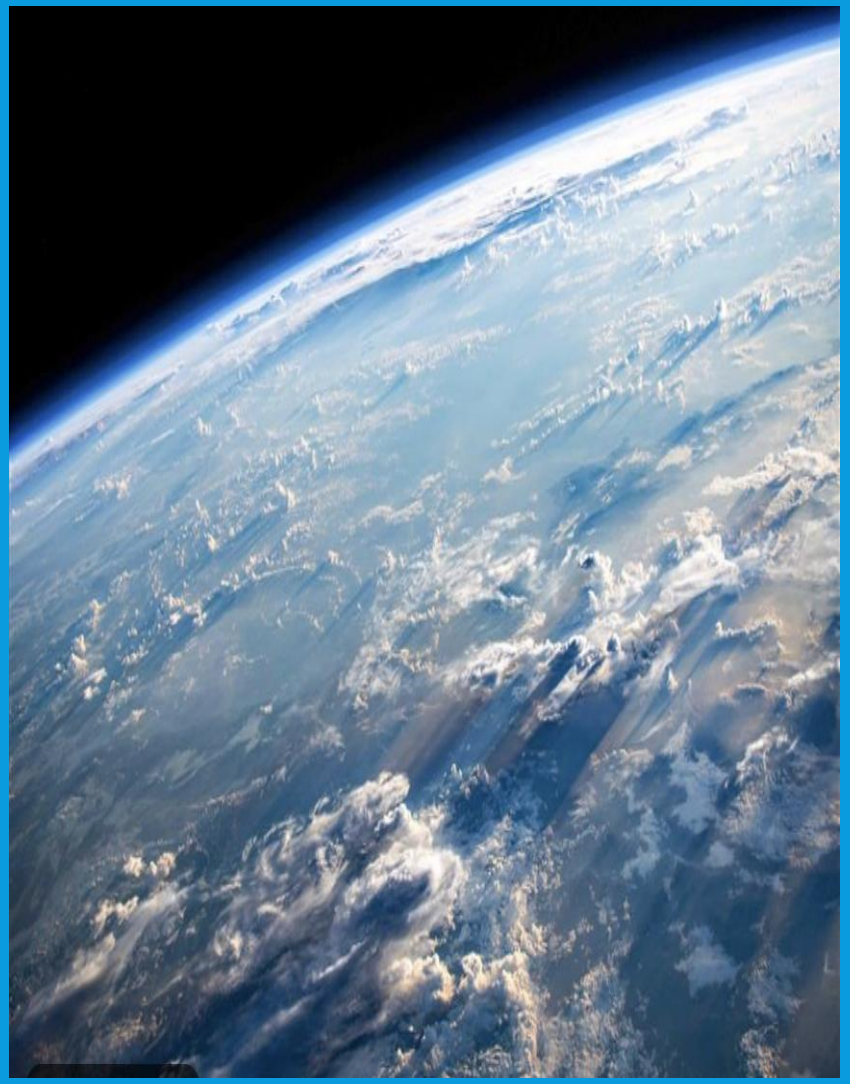


- What can we do to decrease the number of people who stop attending simple?
- What are our limiting beliefs and how do we deal with them?



- Sensory soothing toolkit
- health, illness, disease, sickness, disorder, pain and suffering
- Why are the myth of Sisyphus and the poem "there is a hole in my sidewalk" by Portia Nelson important metaphors in the course?
- Simple vs. DBT
- What we will be covering in the course
- Challenges often encountered by people doing Simple

OVERVIEW OF TODAY'S SESSION



- Reminders
- Mindfulness: Sensory soothing toolkit
- health, illness, disease, sickness, disorder, pain and suffering
- Why are the myth of Sisyphus and the poem "there is a hole in my sidewalk" by Portia Nelson important metaphors in the course?
- Simple vs. DBT
- What we will be covering in the course
- 10-minute Break 10:30-10:40 (give or take 10 minutes)
- Challenges often encountered by people doing Simple


OPEN
DISCUSSION



- (1) Sisyphus, a figure from Greek mythology, is often interpreted through the lens of existential philosophy, particularly in Albert Camus's essay "The Myth of Sisyphus." In this context, Sisyphus's eternal punishment of rolling a boulder up a hill only for it to roll back down represents the absurdity of life and the struggle inherent in human existence.
- Acceptance of Pain: Sisyphus must accept his pain because it is an inescapable part of his fate. By acknowledging his situation, he confronts the absurdity of his existence rather than denying it. This acceptance can lead to a sense of freedom, as it allows him to find meaning in his struggle, despite its futility.
- Embracing the Struggle: Camus argues that one must imagine Sisyphus happy. The act of pushing the boulder becomes a metaphor for human resilience. By embracing his task and finding joy in the struggle itself, Sisyphus transforms his punishment into a form of personal triumph.
- Finding Meaning: Accepting his pain allows Sisyphus to create his own meaning in a seemingly meaningless existence. This reflects the human condition, where individuals often face challenges and hardships, yet can choose to find purpose in their efforts.
- Sisyphus's acceptance of his pain is a powerful commentary on the human experience, suggesting that while suffering is inevitable, how we respond to it can define our existence.

- (2) Portia Nelson's poem "There's a Hole in My Sidewalk" is a powerful reflection on self-awareness, personal growth, and the journey of life. The poem describes a process of encountering the same challenges repeatedly, illustrating how we often fall into familiar patterns of behavior.
- The speaker initially falls into a hole, representing a lack of awareness or understanding of their circumstances. This highlights the importance of recognizing our problems.
- As the poem progresses, the speaker begins to take responsibility for their actions and choices. This shift indicates growth and a willingness to change.
- Eventually, the speaker learns to navigate around the hole, symbolizing personal development and the ability to overcome obstacles. This suggests that with awareness and effort, we can change our responses to life's challenges.
- The poem emphasizes the importance of accepting our experiences, including pain and mistakes, as part of the human journey.
- Nelson’s poem encourages readers to reflect on their own lives, recognize patterns, and take steps toward personal growth and self-improvement. It’s a reminder that while we may encounter the same issues repeatedly, we have the power to change our approach and ultimately find a way forward.

- (3) The stages model of change, also known as the Transtheoretical Model, was developed by Prochaska and DiClemente in the 1980s. It describes the process individuals go through when making a change in their behavior. The model consists of six stages: precontemplation, contemplation, preparation, action, maintenance, and termination. In each stage, individuals have different attitudes and behaviors towards change, and understanding these stages can help in developing effective strategies to support behavior change:
- 1. Precontemplation: In this stage, individuals are not yet considering making a change. They may be unaware of the need for change or resistant to the idea.
- 2. Contemplation: In this stage, individuals are aware that a change is needed and are considering the pros and cons of making that change. They may be ambivalent and not yet committed to taking action
- 3. Preparation: In this stage, individuals have made the decision to change and are preparing to take action. They may start gathering information, setting goals, and making plans for change.
- 4. Action: In this stage, individuals actively modify their behavior, environment, or situation to make the desired change. This stage requires effort, commitment, and perseverance.
- 5. Maintenance: In this stage, individuals work to sustain the changes they have made and prevent relapse. They continue to practice new behaviors and strategies to maintain their progress.
- 6. Termination: In this final stage, individuals have successfully integrated the change into their lives, and it has become a permanent part of their behavior. They no longer feel tempted to revert to their old habits.
  These stages are not always linear, and individuals may move back and forth between them before successfully making a lasting change

- (4)"Calling in" and "calling out" are terms often used in discussions about social justice, accountability, and interpersonal relationships, and they have distinct meanings:
- Calling Out: This typically involves publicly confronting someone about their behavior or statements that are perceived as harmful, offensive, or problematic. It often aims to hold individuals accountable for their actions in a more direct and sometimes confrontational manner. For example, someone might call out a public figure for making a racist comment on social media.
- Calling I: In contrast, calling in is a more private and compassionate approach. It involves addressing someone's problematic behavior or comments in a way that encourages dialogue and understanding rather than shame or defensiveness. The goal is often to foster growth and learning, allowing the person to reflect on their actions without feeling attacked. For instance, someone might call in a friend by having a private conversation about why a certain joke was hurtful.

- (5) Motivational interviewing is a counseling approach that helps individuals explore and resolve ambivalence about behavior change. Developed by psychologists William R. Miller and Stephen Rollnick, motivational interviewing is a collaborative, goal-oriented method of communication that strengthens a person's motivation and commitment to change.
- In motivational interviewing, the counselor or therapist uses a non-confrontational, empathetic, and non-judgmental approach to help individuals identify their own reasons for change and work towards setting and achieving their goals. The key principles of motivational interviewing include expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy.
  Motivational interviewing is often used in healthcare settings, addiction treatment, weight management, and other areas where behavior change is necessary. It has been shown to be effective in helping individuals overcome ambivalence, increase motivation for change, and ultimately achieve their goals.
- Motivational interviewing can be effectively applied to the stages model of change to help individuals progress through the stages and make lasting behavior changes. Different motivational interviewing strategies are used in each stage of the stages model:
  1. Precontemplation: In this stage, motivational interviewing can help individuals explore their ambivalence about change and increase their awareness of the need for change. By expressing empathy and understanding, the counselor can help individuals consider the pros and cons of their current behavior and start to see the benefits of making a change.
  2. Contemplation: In this stage, motivational interviewing can help individuals resolve their ambivalence and strengthen their motivation for change. By exploring their values, goals, and concerns, the counselor can help individuals clarify their reasons for change and build confidence in their ability to make a change.
  3. Preparation: In this stage, motivational interviewing can help individuals set specific goals, develop a plan for change, and build self-efficacy. The counselor can help individuals identify potential barriers to change and develop strategies to overcome them, increasing their readiness for action.

4. Action: In this stage, motivational interviewing can help individuals stay motivated, overcome challenges, and maintain their commitment to change. The counselor can provide support, encouragement, and feedback to help individuals stay on track and make progress towards their goals.

- 5. Maintenance: In this stage, motivational interviewing can help individuals sustain their behavior changes and prevent relapse. By exploring potential triggers and developing coping strategies, the counselor can help individuals build resilience and maintain their progress over time.
- By integrating motivational interviewing techniques into each stage of the stages model of change, counselors can effectively support individuals in making lasting behavior changes and achieving their goals

- (6) Learned helplessness is a psychological phenomenon where an individual learns to feel helpless and unable to control or change a situation, even when opportunities for change are present. This can occur when someone repeatedly experiences negative events or failures that are perceived as uncontrollable, leading them to believe that their actions will not make a difference. Over time, this can result in a sense of resignation and passivity, even in situations where they could potentially make a positive change
- Learned helplessness typically develops through a series of experiences where an individual faces repeated failures or negative outcomes that they perceive as beyond their control. These experiences can lead to the belief that their actions do not matter and that they are powerless to change their circumstances. Over time, this belief becomes ingrained, and the individual may stop trying to improve their situation, even when opportunities for change exist. Factors such as past trauma, chronic stress, lack of social support, and low self-esteem can also contribute to the development of learned helplessness

- (7) Internal locus of control and external locus of control are concepts in psychology that refer to individuals' beliefs about the extent to which they can control events in their lives.
  - Internal locus of control: Individuals with an internal locus of control believe that they have control over their own actions and the outcomes they experience. They tend to attribute success or failure to their own abilities, efforts, and decisions. People with an internal locus of control are more likely to take responsibility for their actions and feel empowered to make changes in their lives.
  - External locus of control: In contrast, individuals with an external locus of control believe that external factors, such as luck, fate, or other people, determine the outcomes they experience. They may feel that they have little control over their lives and that their actions do not significantly influence their circumstances. People with an external locus of control may be more likely to feel helpless or resigned in the face of challenges.

  These beliefs about control can influence how individuals approach goals, cope with stress, and navigate life's challenges.
- The following examples illustrate the differences between internal and external loci of control:

  Internal locus of control:

  1. Example 1: A student who believes that their academic success is primarily determined by their hard work, study habits, and perseverance has an internal locus of control.
  2. Example 2: An employee who attributes their job promotion to their skills, performance, and dedication to their work demonstrates an internal locus of control.
  3. Example 3: A person who takes responsibility for their health by exercising regularly, eating well, and managing stress believes in their ability to influence their well-being.

  External locus of control:

  1. Example 1: A job applicant who believes that getting hired is purely based on luck and external circumstances has an external locus of control.
  2. Example 2: A person who attributes their financial difficulties solely to the economy and external factors rather than their spending habits or financial decisions exhibits an external locus of control.

- 3. Example 3: Someone who feels that their relationships always fail because of other people's actions and not their own behavior may have an external locus of control.
  These examples demonstrate how individuals with internal and external loci of control perceive the causes of events in their lives and how these beliefs can influence their attitudes and behaviors

(8) Self-efficacy is the belief in one's ability to achieve goals, handle tasks, and overcome challenges. It is a key component of motivation and plays a significant role in determining how people approach and accomplish tasks. High self-efficacy is associated with increased persistence, effort, and resilience in the face of obstacles, while low self-efficacy can lead to feelings of helplessness and a lack of motivation

- (9) Patient-centered care and the medical model represent two different approaches to healthcare.
  The medical model, also known as the biomedical model, is a traditional approach to healthcare that focuses on diagnosing and treating diseases and medical conditions. It is often centered around the expertise of healthcare providers, with an emphasis on identifying and addressing physical symptoms and using medical interventions to cure or manage illnesses.
- On the other hand, patient-centered care is a more holistic approach that places the patient at the center of the healthcare experience. It emphasizes building a partnership between healthcare providers and patients, taking into account the patient's preferences, values, and goals when making healthcare decisions. Patient-centered care also considers the social, emotional, and psychological aspects of health, in addition to the physical aspects

- (10) Some major challenges facing the Canadian health care system include long wait times for medical procedures, an aging population leading to increased demand for healthcare services, rising healthcare costs, and disparities in access to care across different regions of the country. Additionally, there are ongoing debates about how to best fund and deliver healthcare services in a way that is sustainable and meets the needs of all Canadians. Wait times for medical procedures: Patients often have to wait weeks or even months to see specialists or undergo surgeries, which can lead to delays in treatment and potentially worsen health outcomes.
- The aging population in Canada: as the proportion of seniors in the population is increasing. This demographic shift is putting pressure on the healthcare system to provide more services for chronic conditions and age-related illnesses, leading to increased demand for healthcare resources.
- Rising healthcare costs are also a significant challenge for the Canadian system, as expenses for medications, technology, and personnel continue to increase. This puts strain on government budgets and can lead to difficult decisions about resource allocation and funding priorities.
- Disparities in access to care across different regions of Canada: pose a challenge to the healthcare system. Rural and remote areas may have limited access to healthcare services, leading to inequities in health outcomes between urban and rural populations.

