

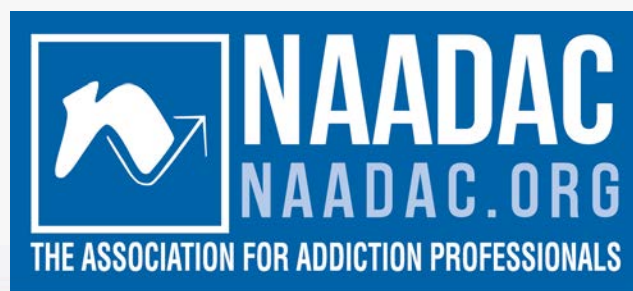
# Trauma-sensitive Mindfulness-based Recovery Maintenance

Presented by Angela Thomas Jones, LCMHC, MLADC, LCS, RYT

Music samples for mindful practice

<https://www.youtube.com/watch?v=5LXhPbmoHmU>

<https://www.youtube.com/watch?v=g1n6DEEU28>



June 1, 2016



## **Greg Potestio, MPA**

Manager of Programs and Technology

NAADAC, the Association for Addiction Professionals

[www.naadac.org](http://www.naadac.org)

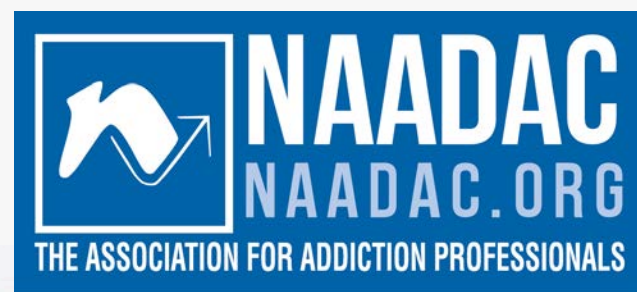
[gpotestio@naadac.org](mailto:gpotestio@naadac.org)



Produced By

NAADAC, the Association for Addiction  
Professionals

[www.naadac.org/webinars](http://www.naadac.org/webinars)



# www.naadac.org/webinars



The screenshot shows a web browser window displaying the NAADAC website. The address bar shows "www.naadac.org/webinars". The page features a dark blue header with the NAADAC logo and the text "THE ASSOCIATION FOR ADDICTION PROFESSIONALS". A "Member Sign-In" button is located in the top right corner. A left-hand navigation menu lists various categories: ABOUT NAADAC, MEMBERSHIP, EDUCATION, RESOURCES, ADVOCACY, AFFILIATES, CONFERENCES, CERTIFICATION, PROVIDERS, and WORKFORCE DEVELOPMENT. The main content area is titled "WEBINARS" and includes a laptop icon. Below this, there are sections for "NAADAC INSTITUTE WEBINAR SERIES" and "RECENT/UPCOMING FREE WEBINARS". The "RECENT/UPCOMING FREE WEBINARS" section lists two upcoming webinars with their dates, times, and CE credits. A "Webinars" sidebar on the right lists several topics from the Webinar Series.

**NAADAC**  
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Member Sign-In

## WEBINARS

### NAADAC INSTITUTE WEBINAR SERIES

Recent/Upcoming Free Webinars  
On Demand Webinars

### RECENT/UPCOMING FREE WEBINARS

Comparing Alcohol Use in the DSM-IV-TR, DSM-5, and ICD-10

- Thursday, January 8, 2015 @ 3-4:30pm ET (2 CT/1 MT/12 PT)
- Earn 1.5 CE's - [click here for more information](#)
- [Register Now](#)

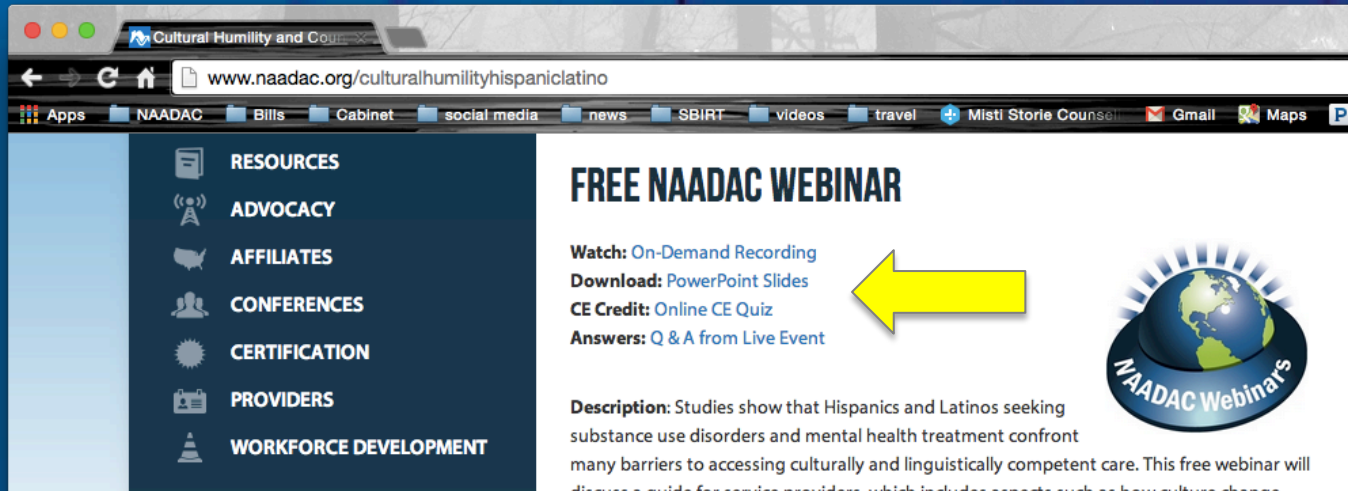
Managing the Medusa: The Neurobiology of Addiction, Intervention, and Recovery

- Thursday, January 29, 2015 @ 3-4pm ET (2 CT/1 MT/12 PT)
- Earn 1 CE - [click here for more information](#)
- [Register Now](#)

### Webinars

- Webinar Series Frequently Asked Questions
- Comparing Alcohol Use in the DSM-IV-TR, DSM-5, and ICD-10
- Managing the Medusa: The Neurobiology of Addiction, Intervention, and Recovery
- Connecting the Continuum: How Prevention Fits with Treatment
- Cutting Edge: Understanding Clients Who Engage in Self-Injurious Behaviors
- Schizophrenia vs PTSD? Why It Matters in Trauma-Informed Systems of Care
- Mindfulness and Addiction Treatment
- Clinical Skills for Group Evidence-

# www.naadac.org/traumasensitivem indfulness



The screenshot shows a web browser window with the address bar displaying [www.naadac.org/culturalhumilityhispaniclatino](http://www.naadac.org/culturalhumilityhispaniclatino). The browser's address bar and tabs are visible at the top. The website's navigation menu on the left includes: RESOURCES, ADVOCACY, AFFILIATES, CONFERENCES, CERTIFICATION, PROVIDERS, and WORKFORCE DEVELOPMENT. The main content area features a section titled "FREE NAADAC WEBINAR". Below this title, there are four links: "Watch: On-Demand Recording", "Download: PowerPoint Slides", "CE Credit: Online CE Quiz", and "Answers: Q & A from Live Event". A large yellow arrow points from the "Download: PowerPoint Slides" link towards the right. To the right of the links is a circular logo for "NAADAC Webinars" featuring a globe. Below the links, a "Description" section begins with the text: "Studies show that Hispanics and Latinos seeking substance use disorders and mental health treatment confront many barriers to accessing culturally and linguistically competent care. This free webinar will discuss a guide for service providers, which includes aspects such as how culture change..."

**FREE NAADAC WEBINAR**

Watch: [On-Demand Recording](#)  
Download: [PowerPoint Slides](#)  
CE Credit: [Online CE Quiz](#)  
Answers: [Q & A from Live Event](#)

**Description:** Studies show that Hispanics and Latinos seeking substance use disorders and mental health treatment confront many barriers to accessing culturally and linguistically competent care. This free webinar will discuss a guide for service providers, which includes aspects such as how culture change...

**Cost to Watch:**  
Free

**CE Hours  
Available:**  
1.5 CEs

**CE Certificate  
for NAADAC  
Members:**  
Free

**CE Certificate  
for Non-  
members:**  
\$20

## CE Certificate

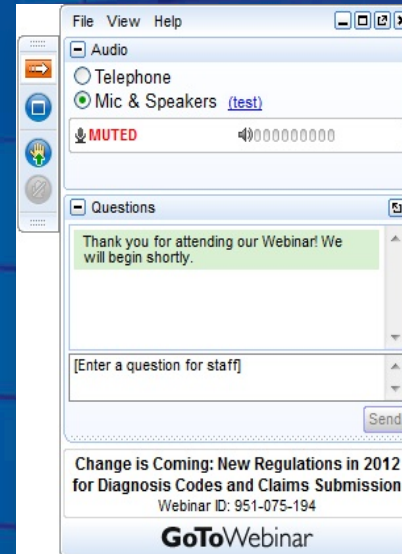
To obtain a CE Certificate for the time you spent watching this webinar:

1. Watch and listen to this entire webinar.
2. Pass the online CE quiz, which is posted at [www.naadac.org/traumasensitivemindfulness](http://www.naadac.org/traumasensitivemindfulness)
3. If applicable, submit payment for CE certificate or join NAADAC.
4. A CE certificate will be emailed to you within 21 days of submitting the quiz.



# Using GoToWebinar – *(Live Participants Only)*

- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions







# Webinar Presenter

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Franconia, NH 03580

YAngelaThomasJones.com



“

*Start by doing what's necessary,  
then do what is possible,  
and suddenly,  
you are doing the impossible.*

”

*-- Saint Francis of Assisi*

Experience this webinar live as a full-day workshop  
Monday October 10  
2016 NAADAC Annual Conference in  
Minneapolis, MN



October 7 - 11, 2016  
at the Hyatt Regency

# Webinar Learning Objectives

1

*Participants will be able to*  
define & demonstrate  
Trauma-Sensitive Practice

2

*Participants will learn about*  
the evidence and research  
that proves Mindfulness  
necessary as a  
Recovery Maintenance skill

3

*Participants will learn by doing*  
5 Mindfulness practice  
sessions with written protocol  
to take home & into your office  
or practice

# What to expect

- ✓ Introduction & review

  - What is Mindfulness?

  - What does the research say?

  - What is a trauma-sensitive practice?

- ✓ ***DO 5 Mindfulness Practice Sessions***

- ✓ Review a sample progress note

- ✓ Wrap up comments/Summary

# Polling Question #1



**Do you use mindfulness practice in your work with clients?**

**Yes**

**No**

# What to expect

*The style I have developed for teaching mindfulness is the result of my research in to the history & science as well as my personal journey as a survivor of child-hood family violence and recovery from addiction. What this means is my journey into addiction began as a coping strategy - and today, I can say I have been drug and alcohol free for 25 years. This is important to me because my family and children deserve my best. The benefits of living in recovery have given me opportunity to translate what I am have learned and am still learning into my career as an addiction treatment professional.*

- ❖ Sense of humor

- ❖ seasonal quotes, music, photographs, paintings, storytelling, picture books to reinforce the intent or focus of each class

Today,

I will use a few quotes, a variety of illustrations & photos  
and a **Zenergy Chime** to

mark transition points

# Zenergy Chime





# An Invitation

... to start NOW

... if you would like to right now ...

take in a deep breath

***long spine - open throat - soft jaw***

Breathe . . . relax



# What is Mindfulness?

Paying attention

in a particular way

in the present

on purpose

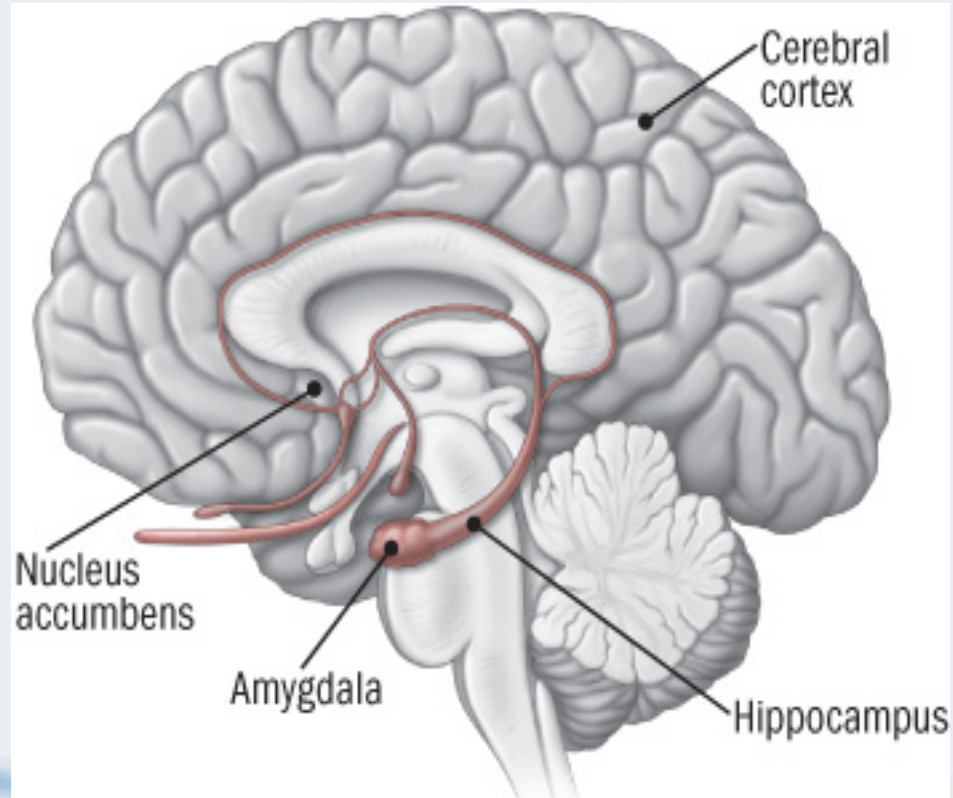
Jon Kabat-Zinn  
founder of “Mindfulness-Based Stress Reduction”  
Executive Director of the Center for Mindfulness  
University of Massachusetts Medical Center

## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

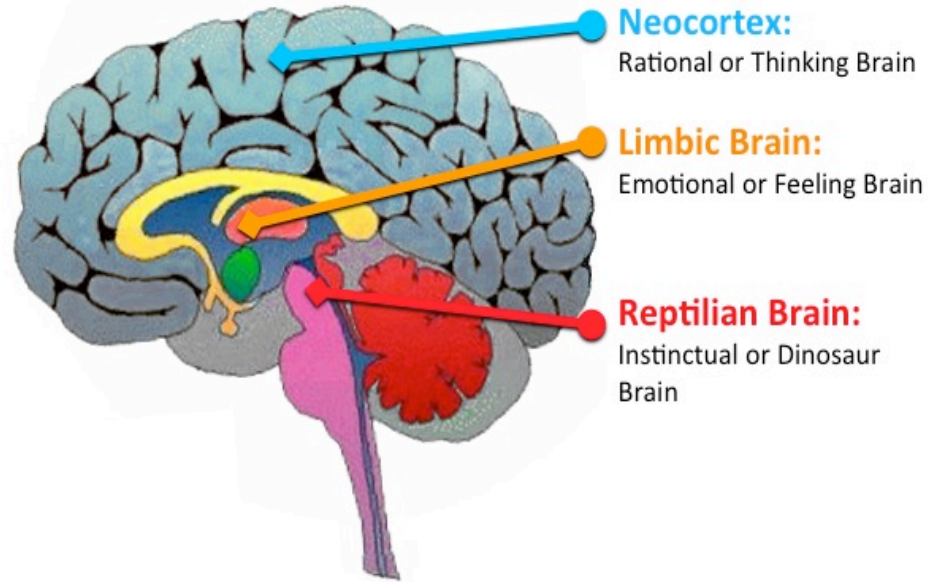
# What is Addiction: The brain's pleasure center hijacked





# What is psychological Trauma:

The brain's  
emotional center  
hijacked



# What is Recovery Maintenance

- The Stages of Change Model was originally developed in the late 1970's and early 1980's by James Prochaska and Carlo DiClemente at the University of Rhode Island when they were studying how tobacco smokers were able to give up their habits.
- Motivational Interviewing and Motivation enhancement
- These models have given us a frame work for predicting and maintaining change now recognized by the **American Society of Addiction Medicine** as a level of care in the continuum of care for addiction treatment.



# What to expect

The 5 mindfulness practices used in this webinar are adapted from existing resources and developed over 4 years as are part of **Recovery Maintenance Skill Development** classes taught for the New Hampshire Department of Corrections Substance Misuse & Mental Health services.

The SCRIPTS for these practices are available as part of this webinar – you will notice **repetitive use of words** and **phrases**. The purpose for this repetition is to activate positive brain plasticity -- creating new habits -- and will be explained in more detail.

References are provided on each slide and compiled at the end including resources for teaching mindfulness.

-- no need for taking notes!

View full **Literature Review: Trauma-Sensitive Yoga Practice** @

[www.AngelaThomasJones.com](http://www.AngelaThomasJones.com)



Our feelings and our bodies are like  
water flowing into water

We learn to swim within  
the energies of  
the body  
senses.



Tarhang Tulku:  
contemporary  
Tibetan teacher

Remember to Breathe... relax



Be

Here

Now

**Notice what happens  
within your own awareness  
when you hear these words**

Long spine

Open throat

Soft jaw

# Mindfulness; an evidence-based practice

For many of us, daily life is about “going through the motions.”

How often do you drive from point A to point B without remembering how you got there?

Modern life is not always conducive to staying in the present moment, but as we are learning in the addiction field, the practice of mindfulness can bring greater joy into daily life and also help recovering addicts guard against relapse.

Western psychology is in the midst of a dynamic process of change towards a more holistic approach to illness, intervention, and recovery. The merging of this process with eastern culture influenced therapies is changing the way the field views clinician, client, evidenced-based practice, and current and future research direction

Dryden & Still, 2006; Walsh & Shapiro, 2006

# a non-religious practice

Although it has its roots in Buddhist meditation, *a non-religious practice* of mindfulness entered American mainstream in 1960's

Jon Kabat-Zinn: **Mindfulness-Based Stress Reduction** (MBSR) launched at the University of Massachusetts Medical School in 1979

Thousands of studies have documented the physical and mental health benefits of mindfulness in general and MBSR in particular, inspiring countless programs to adapt the MBSR model for schools, prisons, hospitals, veterans centers, and beyond.

<http://greatergood.berkeley.edu/topic/mindfulness/definition>



# Defining Mindfulness

**2003 Stanford University** gathered scholars and researchers to establish consensus for a definition and point out historical differences in using the term:

1. Mindfulness in the Buddhist tradition is part of a complex spiritual practice that is intended to lead to a cessation of personal suffering
2. Western psychology has focused on mindfulness as a tool for increasing personal awareness and learning skills intended to ease emotional distress and support changing maladaptive behaviors
3. The term mindfulness-based therapy has been used to refer to a category of therapeutic programs and interventions

Scott R Bishop, 2003

# Mindfulness as part of therapy

In the past two decades, mindfulness has been incorporated into a variety of therapies, including:

- Dialectical Behavior Therapy (Marsha Linehan, DBT)
- Mindfulness-Based Cognitive Therapy (MBCT)
- Acceptance and Commitment Therapy (ACT)
- Mindfulness-Based Stress Reduction Program (MBSR)
- Mindfulness-Based Relapse Prevention (MBRP)

# A discipline

- Mindfulness is a discipline just like any skill or talent, athletics, music, etc.
- Skill that get stronger with practice
- The purpose of mindfulness is to build healthy connection between the mind and body . . .  
. . . and, in order to do that we must learn how to calm the mind
- The first step in calming the mind is learning how to breath
- The next step is training our mind to

observe rather than judge

*. . . think of learning to breath like how Tulku suggests  
learning to swim . . .*

Our feelings and our bodies are like water

flowing into water.

We learn to swim within the energies of the body senses.

# *relevance as a* **Recovery Maintenance Skill**

**for addictions & co-occurring disorders**

**Nora D. Volkow, M.D.** *Director*  
***National Institute on Drug Abuse***

*She says- To help explain this comorbidity, we need to first recognize that drug addiction is a mental illness. It is a complex brain disease characterized by compulsive, at times uncontrollable drug craving, seeking, and use despite devastating consequences— behaviors that stem from drug-induced changes in brain structure and function.*

## *relevance as a* Recovery Maintenance Skill

*These changes occur in some of the same brain areas that are disrupted in other mental disorders, such as depression, anxiety, or schizophrenia. It is therefore not surprising that population surveys show a high rate of co-occurrence, or comorbidity, between drug addiction and other mental illnesses. While we cannot always prove a connection or causality, we do know that certain mental disorders are established risk factors for subsequent drug abuse— and vice versa.*

**Nora D. Volkow, M.D.** *Director*  
**National Institute on Drug Abuse**

# *relevance as a* Recovery Maintenance Skill

Being mindful is not about apathy or suppression of feelings, but rather the freedom to experience the full range of feelings and strategically choose how to respond.

Mindfulness involves a purposeful and nonjudgmental focus on one's feelings, experiences, and internal and external processes in the present moment. Rather than escape from painful feelings, mindfulness practice encourages people in recovery to sit quietly and pay close attention to our thoughts and feelings without taking action to judge or “fix” them.

- Mindfulness is a skill of ***self-awareness***
- Part of the ***first step into recovery***
- Self-awareness is a ***cornerstone skill*** for unraveling the complexity of addiction

## Polling Question #2



**Which is the most important reason to use mindfulness in recovery maintenance?**

- A. It is an evidence-based stress reduction skill
- B. It increases internal awareness
- C. It provides opportunity to experience non-judgmental self-observation



# Stress and illness

The link between stress and illness provide a gateway for understanding the need for developing prevention and intervention treatment strategies.

The majority of clients served by public mental health and substance abuse services have been exposed to multiple experiences of trauma . . . including domestic violence, abuse, neglect, natural disasters, crime, and war . . .

most of these survivors present with co-occurring disorders and should be provided with integrated mental health and substance abuse services.

*Developing Trauma-Informed Behavioral Health Systems.* National Technical Assistance Center for State Mental Health Planning. Alexandria, VA , Blanch, A. (p. 10, 2004)

# The ACE Study: Adverse Childhood Experiences

Perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma and health and behavioral outcomes later in life

The study was designed to assess the relationship between the childhood experiences and the current health status and health risk behaviors of 30,000 mainly middle-class adult members of Kaiser Permanente in CA

To date, the data has been collected from 19,000 participants. The study indicates that childhood abuse and household dysfunction lead to the development—decades later--- of chronic diseases that are the most common causes of death and disability in this country, including heart disease, cancer, stroke, diabetes, skeletal fractures, chronic lung disease, and liver disease

Felitti, et al., (1998)

# The ACE Study

A strong relationship is shown between the number of adverse childhood experiences and reports of cigarette smoking, obesity, physical inactivity, alcoholism, drug abuse, depression, suicide attempts, sexual promiscuity, and sexually transmitted diseases.

In addition, those who reported larger numbers of adverse experiences were more likely to have multiple health risk behaviors. The more often these adverse childhood experiences are reported, the more likely the person will develop chronic and disabling illnesses.

Perhaps most importantly, this study challenges what has been traditionally viewed as public health or mental health problems by indicating these ***behaviors appear to be coping mechanisms for people who have had adverse childhood experiences.***

The authors of this study suggest these ***adaptive behaviors*** may also reflect the effects of the adverse experiences on the developing brain chemistry—effects that may lead to the adoption of the same coping behaviors

(Levine, P. A. 2010 p. 1)

# Homeostasis: always seeking balance

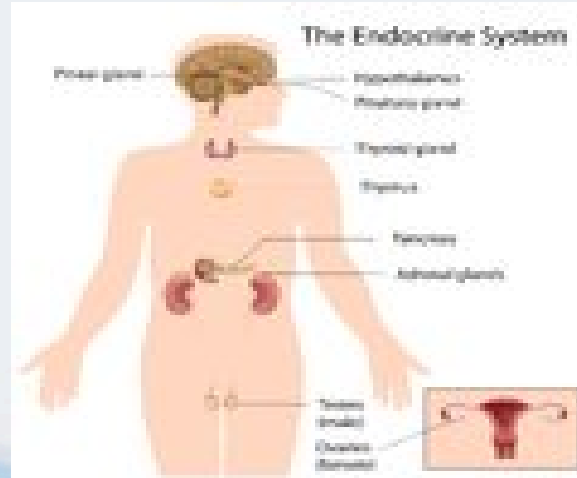
Our body and our biology is designed to adapt and survive; Homeostasis.



When our brain senses danger, our heart rate increases without us making a conscious decision. This is the primary purpose of our **autonomic nervous system**; to respond without thought and is part of what we know as the “fight or flight” response- **instinctual**.

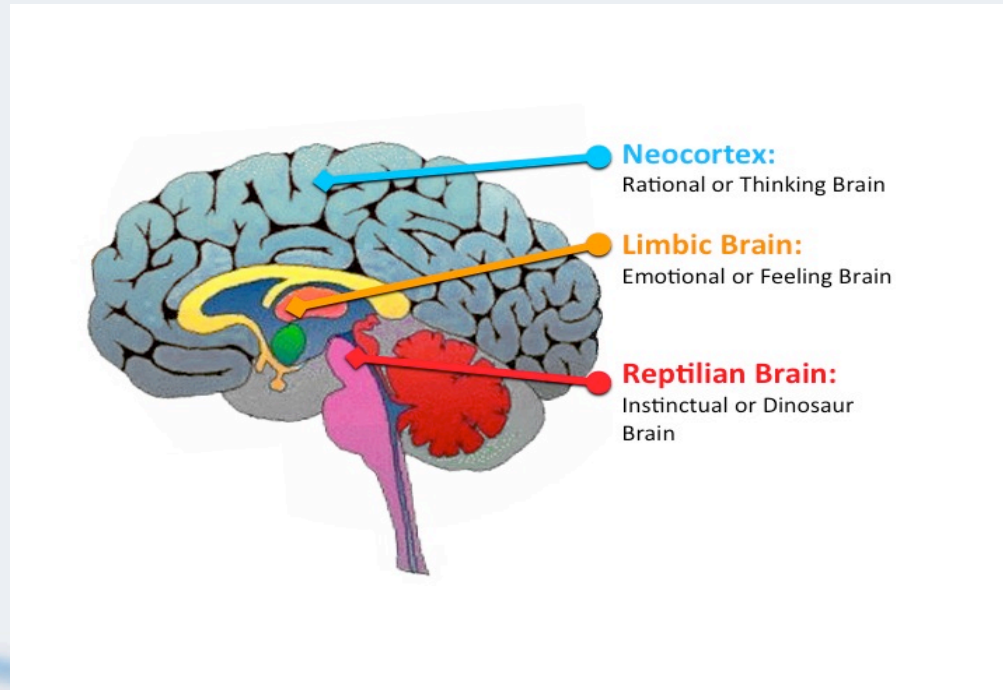
# Homeostasis: always seeking balance

Our **endocrine system** begins pumping adrenaline and cortisol giving us additional energy. The digestive track shuts down and breath quickens flooding the blood stream with oxygen and the heart rate increases to quickly circulate that rich oxygenated blood through the body.

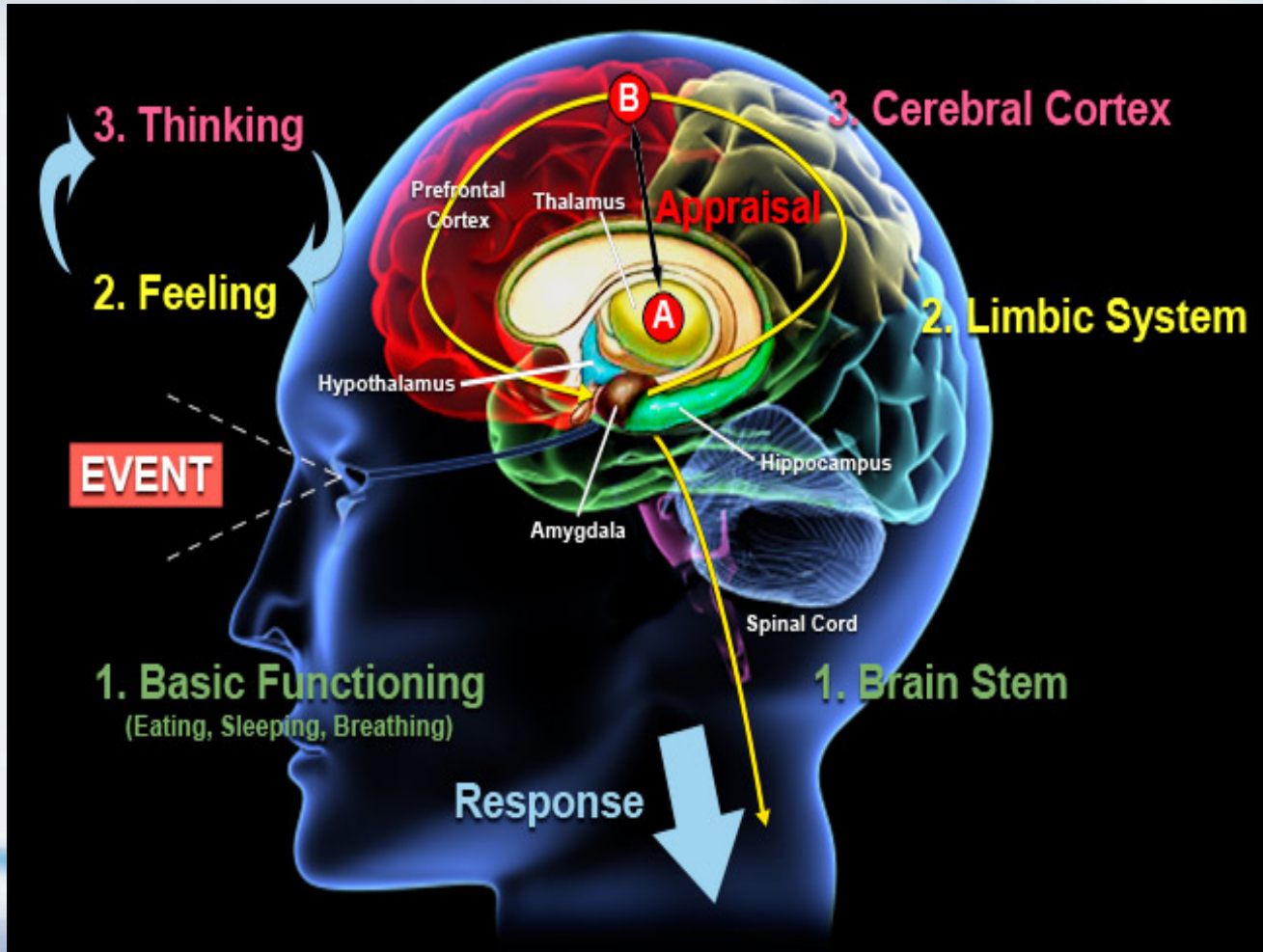


# Homeostasis

**Endocrine system** and the **limbic system** work together to maintain balance







1. Basic instincts

(Bottom up)

2. Emotion

3. Rational thinking

(Top down)



# Vicious Cycle

In time of crisis, survival depends on quick response rather than on logical problem solving.



The **frontal lobes** of our brain, where logical thinking and decision making is process, shut down.

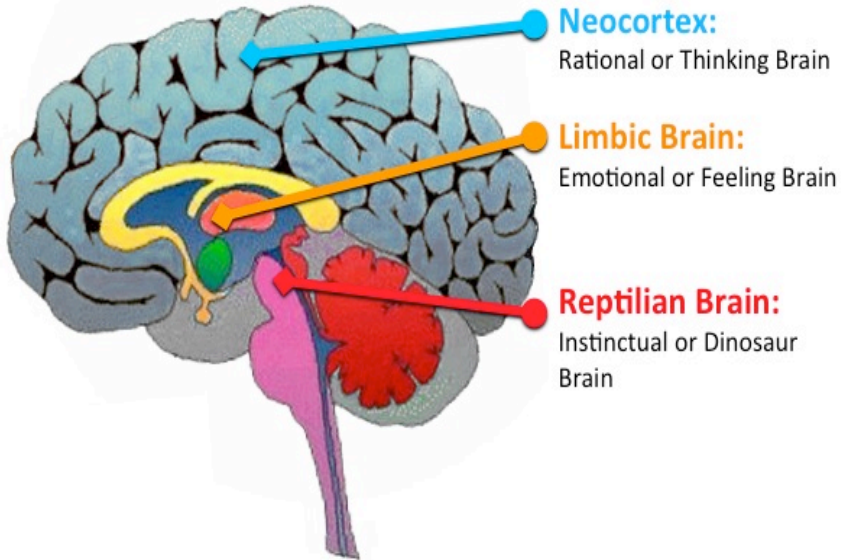
This response is warranted in times of legitimate crisis, but, when this heightened state is induced unnecessarily, it can trigger a **panic or anxiety attacks**.

In some cases, hyperventilation due to rapid breathing which causes more carbon dioxide to be exhaled at a greater rate. The low levels of carbon dioxide make the body more alkaline, which leads to more hyperventilation. The result is a vicious cycle that not only prevents the body from slowing down but also interferes with the blood's ability to release oxygen to the tissues.

# Bottom up Therapies

## Somatic Therapy

## Mind-body Therapies



# The unique features of Trauma-symptoms

van der Kolk describes the structure of our brain is similar to other animals, however,

*We have the unique ability to choose how we  
respond.*

This ability allows us to attach meaning and logical thought to our experiences as well as anticipate long-term consequences of our actions.

ie; Dialectical Behavior Therapy, Linehan

# The body keeps score

**Conscious and unconscious memory are the main components of learning,** formation of worldview, and relevance to emotional self-regulation skills, mental health status, affect, behavioral patterns, and substance abuse causality. Much more than remembering phone numbers and how to get to the post office.

**Memory encompasses and recalls somatic states** connected to earlier experiences that affect heart rate, blood pressure, breathing patterns, emotions, and neurological functioning at the cellular level, including the release of endorphins, cortisol, and other emotion and stress-related hormones.

Perry, Conroy, & Ravitz (1991, 2006)

# The Body Keeps Score & Muscle Memory

This is why one can feel peaceful and relaxed while recalling a pleasant experience or tense, sweating, and anxious, when unpleasant or fearful memories surface.

More importantly, fearful, stressful memories needn't be conscious in order for one to both feel and display anxiety, fear, and all of the other somatic body responses that accompany them

Ogden, Minton & Pain, 2006; Perry et al, (1991)

# Brain Plasticity: adaptation

When an individual is **repeatedly exposed to perceived danger**, ***setting homeostasis at a level of hyper-vigilance***, their limbic system is always prepared to respond as threats.

**This neurophysical adaptation is known as plasticity**

These kinds of cellular and structural changes in the brain are even more likely to occur if repetitive stress or trauma is experienced at a young age, while the brain is still developing and has not integrated past experiences of safety and calm as a normal environmental set-point to compare with other experiences.

Perry, Conroy, & Ravitz, 1991; Goleman, 2003; Davidson, 2003, 2004; Perry, (2006)



# Unique features of Trauma-related symptoms

van der Kolk describes the structure of our brain is similar to other animals, however

*We have the unique ability to choose how we respond.*



This ability allows us to attach meaning and logical thought to our experiences as well as anticipate long-term consequences of our actions.



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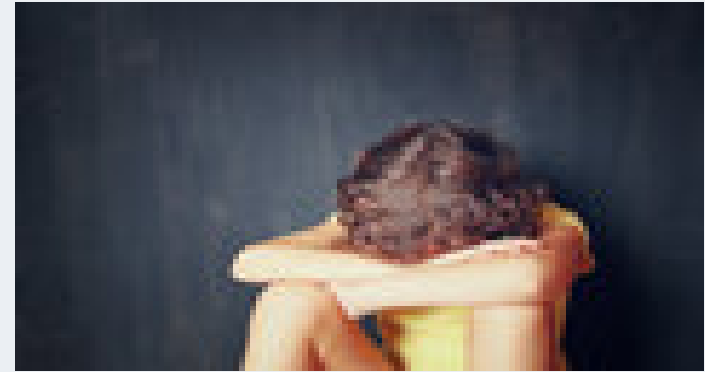


# Features of Trauma-related symptoms: The Limbic System is hijacked

Emotions occur not by conscious choice but as part of  
the limbic system

*and*

*interrupt the individual's ability to  
engage with the present moment*



# Features of trauma-related symptoms: Hyper-vigilance misunderstood

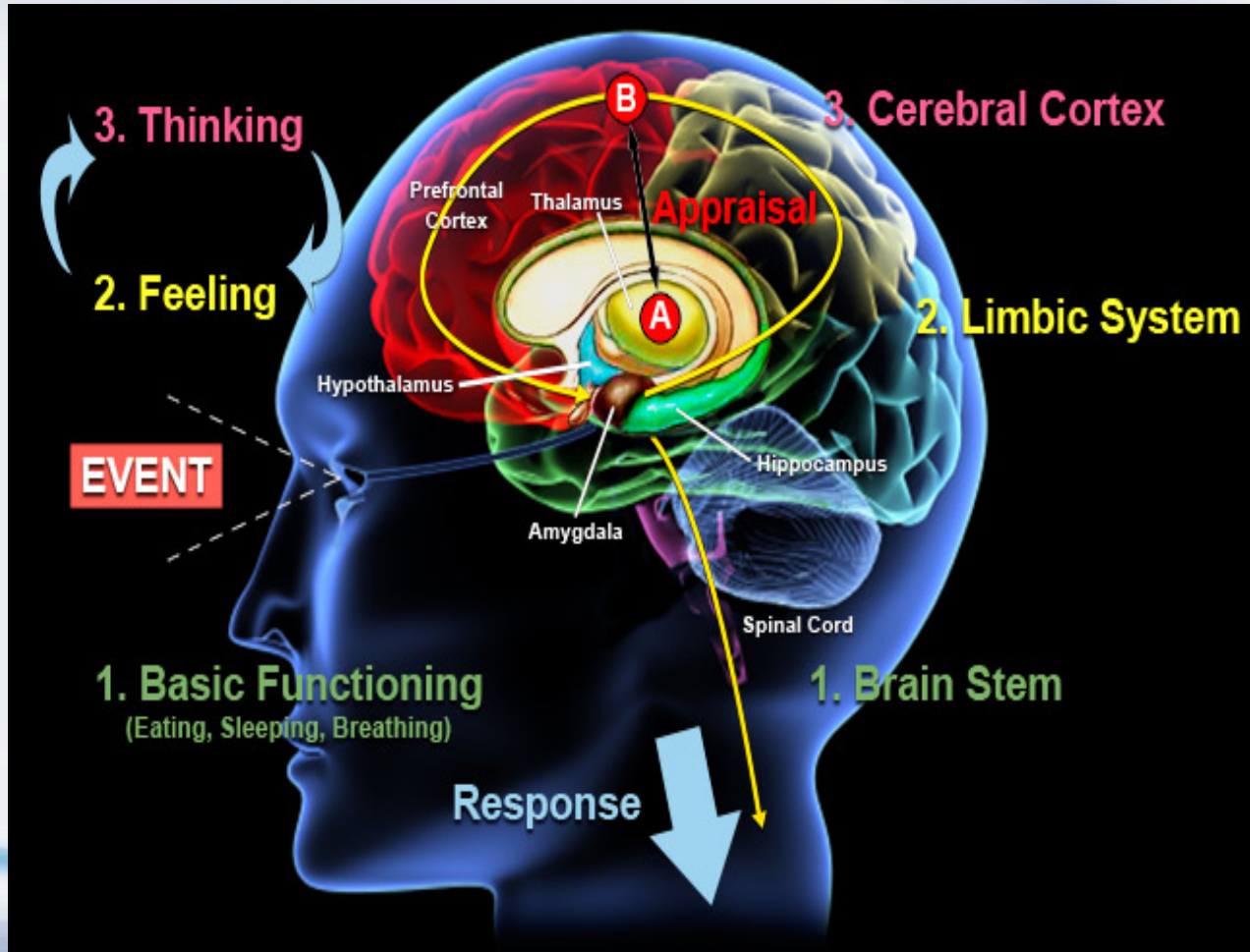
Children who have been exposed to repeated trauma are more likely to exhibit signs of hyper-vigilance such as increased anxiety, startle response, and dysphoria.

States of continuous arousal reset individual responses to perceived danger at unusually high levels and escalate responses to everyday environmental cues to include outright panic.

“Defensiveness”



and “non compliance”  
are coping  
strategies



1. Basic instincts

(Bottom up)

2. Emotion

3. Rational thinking

(Top down)



## Trauma-sensitive

For many who have co-occurring substance misuse and mental health disorders – particularly those with trauma-related history—the substances of abuse are often chosen because they do something useful.

For many, experiencing body sensation or emotion,

*is a trigger*

that sets off a chain of reaction leading to relapse.

*working with trauma is as much about  
remembering how one  
survived  
as it is about  
what is broken*



*Clinical Implications of Neuroscience Research in PTSD, Dr. Bessel von der Kolk (2003)*

# HOPE

## Neuroscience: Brain Plasticity

The understanding we have gained from neuroscience showing us the capacity of the brain to adapt itself to circumstances gives us proof sustainable recovery is possible.

Neuroplasticity 2:03

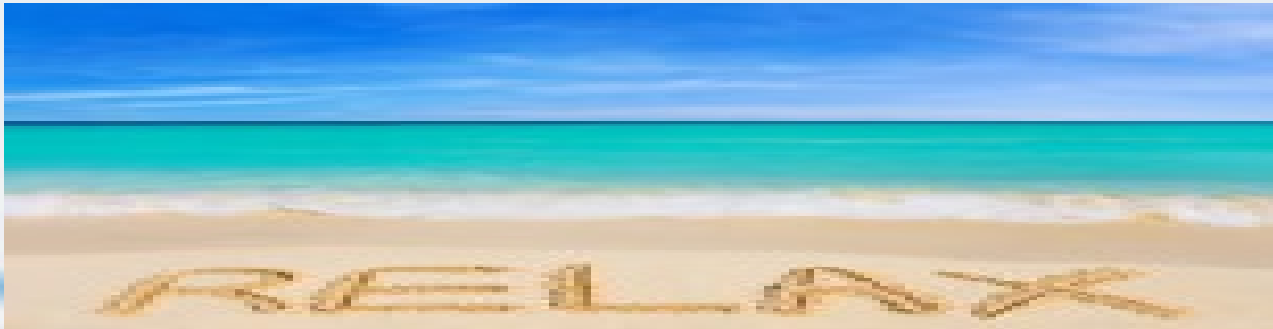
<https://www.youtube.com/watch?v=ELpfYCZa87g>

# The Relaxation Response

In the 1970's Herbert Benson, MD, founder of the Mind/Body Medical Institute at Harvard Medical School (2010), found that

*practicing simple meditation techniques, could lower blood pressure, improve heart health, and reduce stress levels.*

This technique has become known as the “relaxation response”.





# Evidence for the Mind & Body connection

Benson's research initiated additional studies that explore the scientific basis of meditation and the idea that our mind can relax our body.



## More evidence

In July 1992, Jon Kabat-Zinn, PhD, founder of the Center for Mindfulness at the University of Massachusetts Medical School, published a study in **The American Journal of Psychiatry** concluding that mindfulness meditation was also an effective way to reduce anxiety and panic.

Another study published in the **Journal of the American Medical Association** (May 17, 2000) found that *slow diaphragmatic breathing* (similar to the pranayama technique Deergha “complete breath” (see Trauma-sensitive Yoga Practice, Jones, 2010) or three part breathing, from the Integral Yoga tradition ***proved just as effective in reducing anxiety as the antidepressant drug imipramine*** (Khalsa, p. 62).

# Diaphragmatic breathing



# Breathing is our built in remedy

## Bottom up therapies

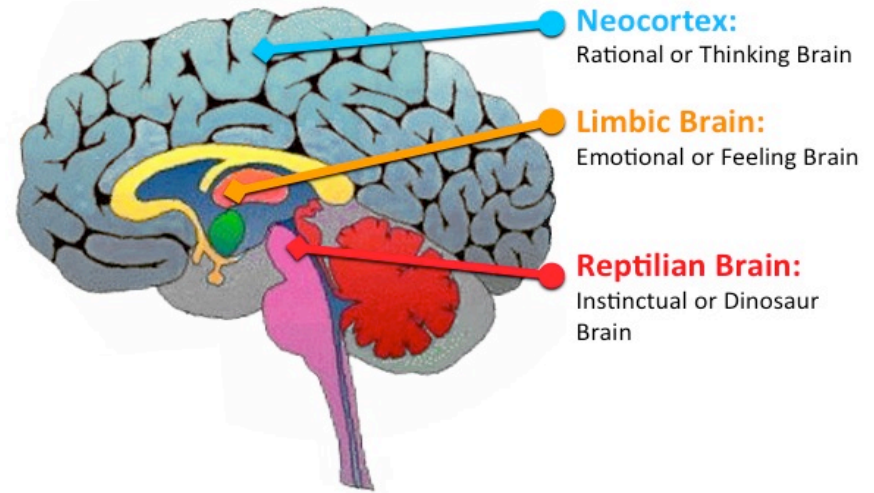
Engage the limbic system  
(lower brain)

Mind-body engagement

## Top down therapies

(higher brain: frontal cortex)

traditional talk therapies



*Our feelings and our bodies  
are like water flowing into water.*



*We learn to swim  
within the energies  
of the body  
senses.*



# Trauma-sensitive Evidence based practices

**Nicki Miller** – project developer for Residential Substance Abuse Treatment (RSAT) and published author of research articles based on her work here in NH Department of Corrections present evidence indicating many of the incarcerated have **untreated trauma-related history**

These symptoms are contributing factors to criminal behavior

Early recognition, diagnosis, treatment as prevention, intervention, and reduction of recidivism for incarceration

# Trauma-sensitive (a few examples of bottom up therapies) Evidence based practices

**Lisa M. Najavits, PhD**

Seeking Safety Curriculum

**Marsha Linehan,**

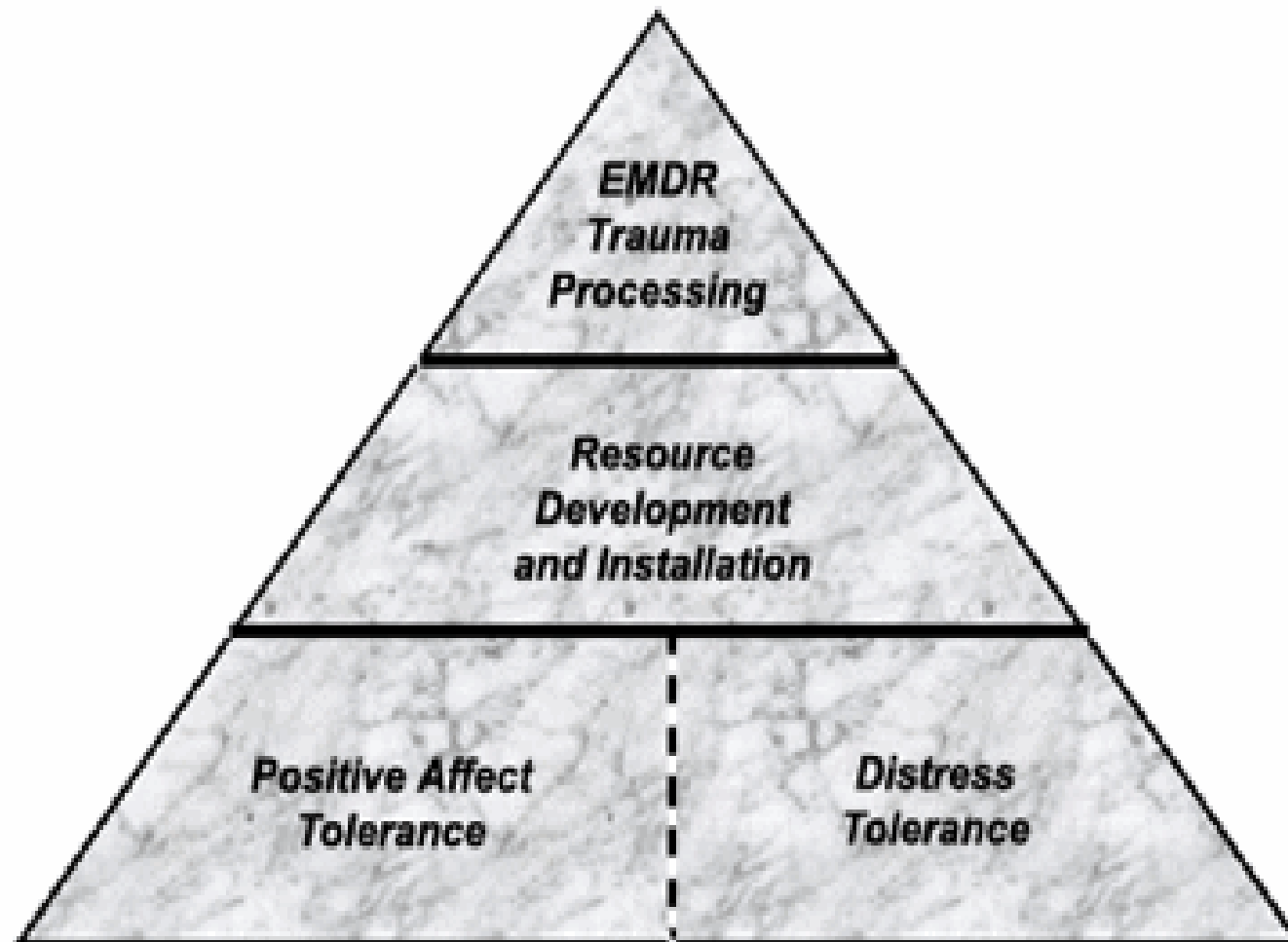
Dialectical Behavioral Therapy (DBT)

**Francine Shapiro,** Eye Movement Desensitization and Reprocessing (EMDR)

**Pat Ogden;** Sensorimotor Psychotherapy

Somatic Therapies, Yoga Therapy





# Responsive

rather than

**Reactive**



This ancient Sufi saying suggests the immense capacity of this experience

“the Body is the Shore  
On the Ocean of Being”





For the person who has not yet learned to feel safe or comfortable in their own body . . . mindfulness practice can be tremendously overwhelming . . . like a tidal wave





In 1993, poet Maya Angelou read one of her poems at the Presidential Inauguration – the poem talks about resiliency and courage . . . she says

History despite its wrenching pain

Cannot be unlived,

But with courage,

Need not be

lived again





# HOPE

History despite its  
wrenching pain

Cannot be un-lived,  
but with courage,  
need not be lived again

These words embody the hope  
recovery offers.

Recovery doesn't happen with the  
wave of a magic wand.

As treatment providers our task is to  
match the right tool for the task.

*Recovery Maintenance* is a vital  
component of the continuum of care &  
is recognized in ASAM criteria

# The unique features of Trauma-symptoms

van der Kolk describes the structure of our brain is similar to other animals, however,

*We have the unique ability to choose how we respond.*

This ability allows us to attach meaning and logical thought to our experiences as well as anticipate long-term consequences of our actions.

ie; Dialectical Behavior Therapy, Linehan

## EMOTIONAL INTELLIGENCE



Responsive

rather than

Reactive

# Wise Brain: Spock & Captain Kirk

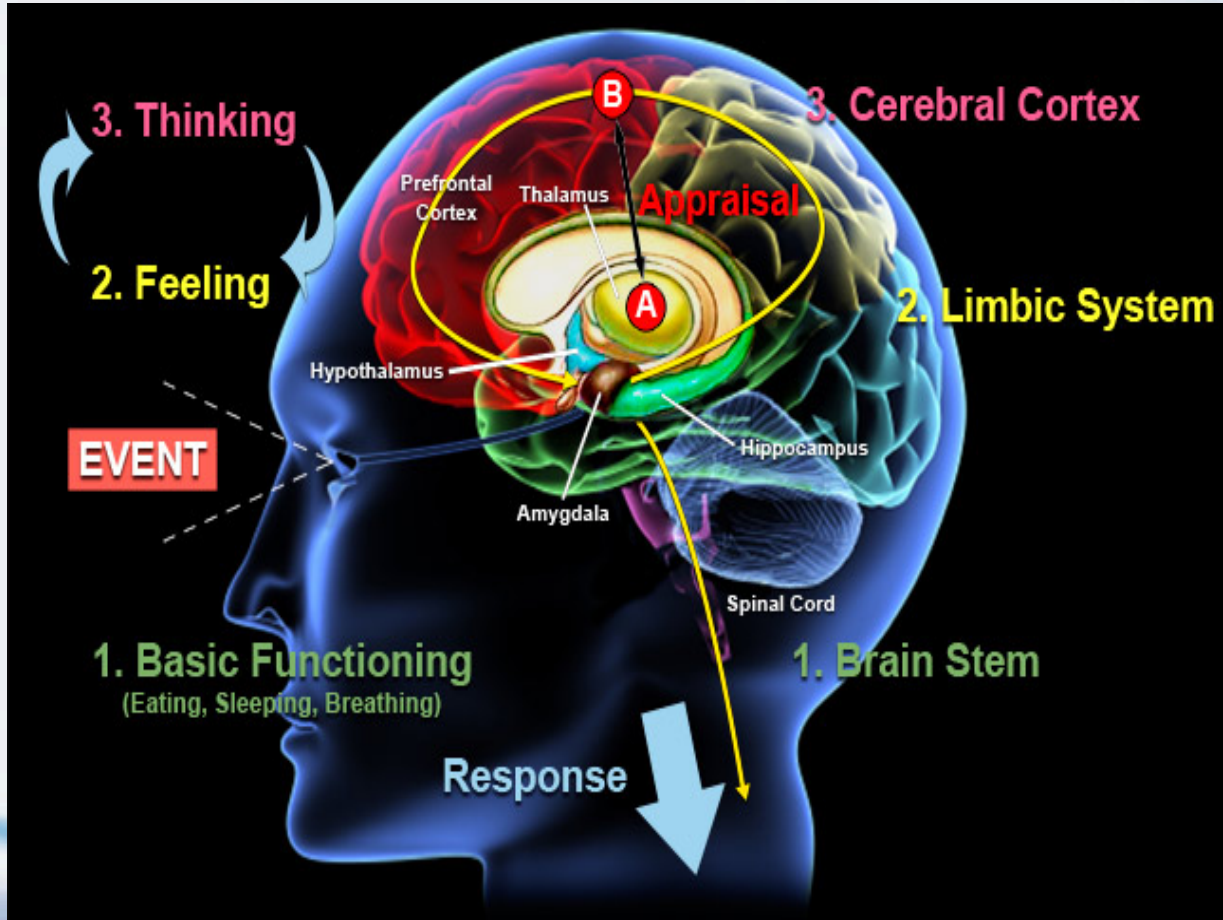


**Marsha Linehan**

Dialectical Behavioral Therapy  
(DBT)



# Cognitive Behavioral Therapy



1. Basic instincts  
(Bottom up)

2. Emotion

3. Rational thinking

(Top down)

“The breath and mind go together . . .  
if the breath is calm steady,  
and even,  
so are we . . . .”

Swami Karunananda,  
senior teacher at Yogaville in Buckingham, Virginia





*Start by doing what's necessary,  
then do what is possible,  
and suddenly,  
you are doing the impossible.*

-- Saint Francis of Assisi

**The good news; change is possible.**

The following is taken from the trauma-sensitive treatment protocols developed by the Trauma Center of the Justice Resource Institute in Brookline, MA.

# Teaching Trauma-Sensitive Mindfulness Skills:

- **Is more about “how” than “what”**; teacher qualities include arriving on time for class, prepare the room ahead of time, maintain the room’s privacy, dress in such a way not to attract attention, remain calm & minimize moving around while teaching, use of regulated rhythm and soft tone of voice
- Always introduce what to expect from class & it’s time frame & stick to it. If changes are necessary in the class schedule, provide information about the change including when the next class will take place.
- Value is placed on being willing to listen to their bodies and develop a friendly, not demanding relationship with their body

# Effective trauma-sensitive practice;

- Focus on the client's **experience of their physical self** rather than on the meaning that they make or have made of their experience.
- Interoceptive, (recognizing internal state of awareness) body-oriented therapies directly confront this challenge.
- Teaching the client skills to tolerate feelings and sensations.
- Increase their capacity for interoception (recognizing internal state of awareness).
- Learn to regulate arousal (coping skills to regulate mood)
- Learning that after confrontation with physical helplessness it is essential to engage in taking effective action.

## invitatory language

Use of *invitatory language*, ie; invitation rather than requirement without pushing,

“when you are ready”

“if you like”

“as you like”



(adapted from Yoga Therapy Protocols at Trauma Center of Justice Resource Institute)



# Prepare yourself & the room:

- Be YOURSELF . . . and adapt your script to what works best for YOU
- Remember you are the keeper of this safe space
- Do what works best with your style and comfort, ie; integrating music or a sounding chime, etc.
- A clean, uncluttered, private space with access to fresh air is preferable.
- Be sure your space has enough chairs, cushions, mats for each participant
- Start & close class on time.
- Open class with a brief check in to get a “pulse” from the group & make adjustments to your agenda based on this information. Use of 0-10 rating scale is helpful.

# Prepare yourself & the room:

- Always review what to expect before starting the class & welcome any new members to the group. Ask & address questions before you get started.
- If possible, dim the lighting in the room & utilize natural lighting as much as possible.
- Always adjust your tone of voice & pace of instruction to much slower than your normal conversation volume and pace. This rhythm sets the pace for the class.
- Use pauses between each instruction as a teachable moment for breath control.

# Establish Agreements

**for how this time is to be respected** (relevant to your setting)

- *Remember, this class is about learning a discipline, training your mind to listen to your body and respond in a healthy, compassionate way to help it regain and maintain balance.*
- *All new skills take time and patience.*
- *Remember, if you notice you are getting anxious or feel discomfort, you can come back to home base and take a break from practice.*
- *Remember, if you need to get up and move around . . . be mindful of the others around you and respect their private spaces.*

# Mechanism of breathing: why it is important

Our brains & body need  
Oxygen to live



Breathing is an automatic body function,  
we do not have think about doing it.



# Mechanism of breathing

Long spine, open throat, soft jaw

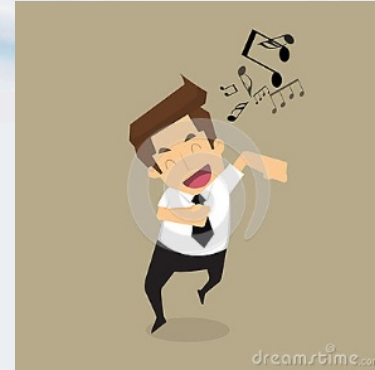
are reminders to maximize your body's cavity to receive oxygen



- ~ building positive muscle memory  
associated with these suggestions ~



# mechanism of breathing



- Explain the function of the diaphragm muscle and
- demonstrate by using 3 small coughs or ask anyone if they have taken singing lessons – they will most likely have a story to share about the importance of diaphragmatic breathing . . . engage conversation with the group is always fun and helps everyone relax with this new skill they are learning
- Breath control has been proven to slow the heart rate and calm the mind.
- share factual tid bits/evidence from your resource lists to reinforce this concept

# Zenergy Chime



## Introduction to using the SCRIPTS

(available as separate document)

# Pranayama from Gentle YOGA

अ आ इ ई उ ऊ ऋ ॠ  
ऌ ए ऐ ओ औ अं अः क  
ख ग घ ङ च छ ज झ  
ञ ट ठ ड ढ ण त थ  
द ध न प फ ब भ म  
य र ल व श ष स ह

the Sanskrit word

for the *extension of breath or life force*

Sanskrit is the language used in the original eastern writings describing  
the Yogic practices.

## Polling Question #3



Choice language is an important feature of trauma-sensitive practice because it acknowledges the individual's right to choose and it enhances therapeutic trust

**True**

**False**

# Mindful Practice 1

## Basic Seated Practice & Home Base

Our class always starts with this practice. The intention for this repetition is to instill a new positive habit and reinforce “muscle memory” associated with the positive outcomes of the practice—*encouraging positive Brain Plasticity*

Participants have described an increased sense of confidence and satisfaction in recognizing they have developed a “habitual knowing” for this practice and report they find themselves using the practice throughout their day without actually “thinking” about it— a great recovery maintenance skill to have when an urge, craving, or trigger is activated!

**Now,  
we begin today's practice ~**

**you may follow along with the slides, close your eyes,  
or use a soft gaze**

**Long spine  
Open throat  
Soft jaw**



# Mindful practice 1: Your Home base & Anchor

**Breath**

**ONE “round” is**

**Inhale and exhale**

# Mindful practice 1: Your Home base & Anchor

**You have now completed**

**Basic Seated Practice & Home Base**

# Mindful Practice 2

## See how slow you can go

# Mindful practice 2

## See how slow you can go

Remember, you can go back to Home Base

anytime you choose

# Mindful practice 2

## See how slow you can go

Cool the soup



# Mindful practice 2

## See how slow you can go

**Breathing the sides of the box**

**(for visual learners)**





# Mindful practice 2

## See how slow you can go

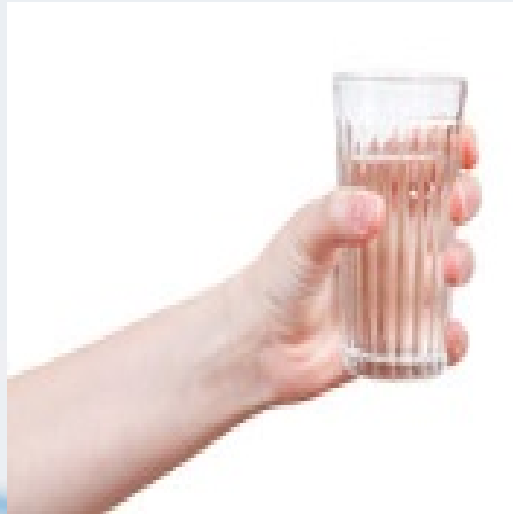
**A small cough at the end of your exhale**

**Building positive muscle memory:  
a physical experience of the diaphragm muscle working**

## Mindful practice 3

### 3 Part Breath

visual reference to filling & emptying a clear drinking glass



# Mindful practice 4

**Return to your Home Base**

**Long Spine**

**Open Throat**

**Soft Jaw**

# Mindful practice 5

## 5 Things: a Grounding Technique

- The purpose of this practice is to prepare for returning to our schedule for the rest of the day.
- Marsha Linehan - the developer of DBT - describes this as a “grounding technique”.
- This brings balance back to our minds and bodies so we feel refreshed, focused, and ready to move forward with our next task.

# Nameste'

**Greet each person with eye contact**

**Revisit 0-10 rating scale**



Sample of a progress note including a mindful practice:

## Mindfulness practice group: Recovery Maintenance Skill Development

\_\_\_\_\_  
Name of client

\_\_\_\_\_  
date

Today's Mindfulness Practice group had 7 participants returning from last week's class. Everyone arrived on time and prepared for class. We began with check in using 0-10 scale to self-rate individual general state of relaxation or calm. Addressed questions and comments from last week's class. Reviewed agreements for this group and reviewed what to expect from today's practice. Completed 3 practices; "Basic Seated Posture", "See how slow You can Go", and "5 things". Closed with 0-10 scale with some discussion regarding changes in these numbers and comments regarding today's practice. Discussed relevance to recovery maintenance. Asked members of the group to identify situations in their circumstances where this practice might be applied as a relapse prevention skill. Examples were identified.

*Include notable comments regarding individual participation*

### Assignment:

1. Practice at least twice before next class & note response on 0-10 scale
2. follow up on assignment outcomes
3. explore relevance to relapse prevention & recovery maintenance

Next class: date, time, place







# Thank You!

Angela Thomas Jones, LCMHC, MLADC, RYT

AGTJ@msn.com

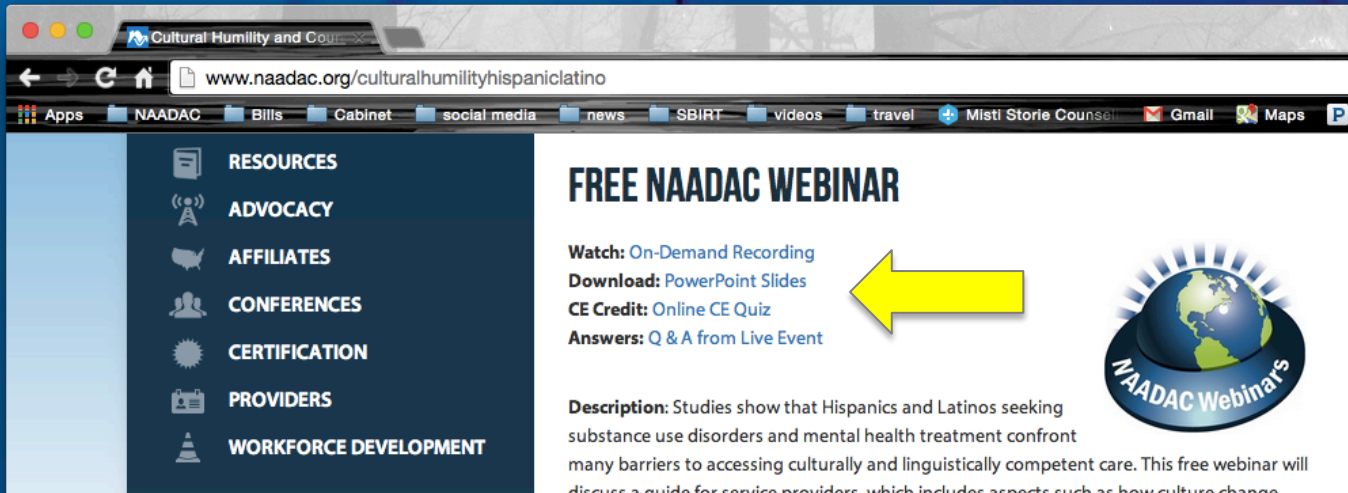
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# www.naadac.org/traumasensitive mindfulness



The screenshot shows a web browser window with the address bar displaying [www.naadac.org/culturalhumilityhispaniclatino](http://www.naadac.org/culturalhumilityhispaniclatino). The browser's address bar and tabs are visible at the top. The website's navigation menu on the left includes: RESOURCES, ADVOCACY, AFFILIATES, CONFERENCES, CERTIFICATION, PROVIDERS, and WORKFORCE DEVELOPMENT. The main content area features a section titled "FREE NAADAC WEBINAR". Below the title, there are four links: "Watch: On-Demand Recording", "Download: PowerPoint Slides", "CE Credit: Online CE Quiz", and "Answers: Q & A from Live Event". A large yellow arrow points from the "Download: PowerPoint Slides" link towards the right. To the right of the text is a circular logo for "NAADAC Webinars" featuring a globe. Below the links, a "Description" section begins with the text: "Studies show that Hispanics and Latinos seeking substance use disorders and mental health treatment confront many barriers to accessing culturally and linguistically competent care. This free webinar will discuss a guide for service providers, which includes aspects such as how culture change..."

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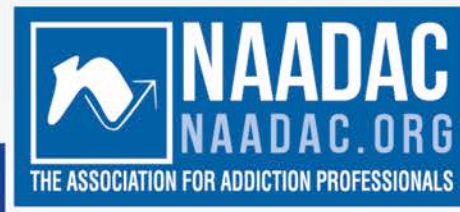
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3. If applicable, submit payment for CE certificate or join NAADAC.
4. A CE certificate will be emailed to you within 21 days of submitting the quiz.



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By Joseph Christensen

July 27, 2016



Compassion Fatigue, Burnout and the Strength-Based Workplace  
By Bob Phillips

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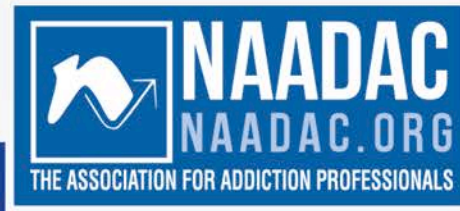
Dual Diagnosis in Women: Diagnosis, Self-Harm, and Treatment  
By Amanda Graham

August 10, 2016



Acceptance and Commitment Therapy and Resource Tapping (EMDR) in the Treatment of Chronic Pain  
By Michael Bricker

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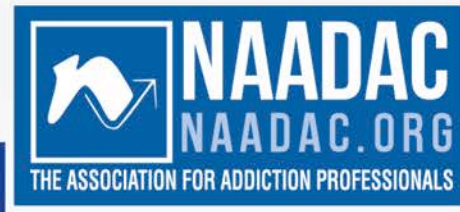
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## **FREE Relaxation Music on-line**

[https://www.youtube.com/watch?v=zaEi\\_K7c5nM&list=PLQkQfzslUwRa6EFcXxE\\_MljfYxVtqrAmGU&index=6](https://www.youtube.com/watch?v=zaEi_K7c5nM&list=PLQkQfzslUwRa6EFcXxE_MljfYxVtqrAmGU&index=6)

(8-hours “Meditation music” with landscape images)

<https://www.youtube.com/watch?v=f1KUQENL7OY>

(1-hour “Music for the Mind: Happiness)

<https://www.youtube.com/user/BodyMindZone>

(free internet radio dedicated to relaxation music)

<https://www.youtube.com/watch?v=POR-U76g7Lg>

(1-hour “Music for Meditation, Depression & Anxiety”)

[https://www.youtube.com/watch?v=X\\_WYLVSE3U](https://www.youtube.com/watch?v=X_WYLVSE3U)

(1:47 Native American: Power Animals)

<https://www.youtube.com/watch?v=Ek2KWc6ZeP0>

(2 hours Native American Flute)

<https://www.youtube.com/watch?v=OW7TH2U4hps>

(9 hours Tibetan Singing Bowls and Chimes)

<https://www.youtube.com/watch?v=W7Dx8he1vjQ>

(3-hours Relaxation music from India)

<https://www.youtube.com/watch?v=pPFabRaQI-0>

(3-hours Relaxation music from Japan)



<https://www.youtube.com/watch?v=FrdPsi8aP4w>

(3:48 “The best Asian mix” of relaxation music)

<https://www.youtube.com/watch?v=qoktesLkHy8>

(1:40 Celtic Mix)

<http://www.chopa.com/ShopSite/gongs.html>

a resource for purchasing Zenergy Chime or Tingsha Meditation Cymbal