Questions Asked During Live Webinar Broadcast on 05/18/2016

Trauma Sensitive Mindfulness Practice as Recovery Maintenance
Presenter: Angela Jones, LCMHC, MLADC, LCS, RYT

About how long should it take a group to complete the 5 mindfulness practice? Is there any particular amount of time for this practice to be successful in group setting?
A: The amount of time to be successful will be different based on characteristics and needs of each group. If you go straight through the script as it is written for the 5 practices, aprx. 20 minutes. An hour to include the introduction, establishing agreements, and debriefing-- as explained in the pages preceding the 5 practices in the provided script. Read more at this link http://www.yogajournal.com/slideshow/5-mindfulness-practices-rewire-brain-improve-overall-health/

Breathe in through the nose, out with the mouth?
A: Remember to use “invitatory” language, ie; “if you like”, “if your sinuses are clear . . .” Some people may not be able to or are uncomfortable breathing through their nose and these invitatory statements validate that possibility and help welcome all abilities and levels of “participation”. Very good idea to have boxes of facial tissue available and encourage participants to clear their sinuses if it would help them be more comfortable— Learn more about traditional Yogic Pranayama by visiting YogaJournal and search that topic Pranayama is an in-depth science for expanding and channeling the life force, prana. “Pranayama” comes from two Sanskrit words: "prana", meaning the fundamental life force, and "yama" meaning to control. Pranayama is, therefore channeling or controlling the life force.
http://www.yogajournal.com/article/practice-section/take-a-breath/
http://www.yogajournal.com/article/health/going-distance/

For those of you interested in hearing about the history of Sanskrit language, this 23 minute youtube clip was shared with us by one of the webinar participants -
https://www.youtube.com/watch?v=7Brv2FaOluU

Can you recommend any further trainings for professional development?
A: Contact your state professional association. You can access that contact information through NAADAC website link for state associations. http://www.naadac.org/national-affiliates
Numerous references are cited at the end of the powerpoint you saw during the webinar. Open these links to see more about trainings in trauma certification and mindfulness practice
http://traumacertificate2017.kajabi.com/sp/39587-pesi
http://www.mindful.ca/programs-training/mbsrp/

I currently work with an American Indian population where eye contact can be seen as a sign of disrespect. What would you suggest in order to be sensitive when there is cultural differences?
A: What a great opportunity. Get to know the culture you are working with and find out what will work best for your group. This exploration can open rich conversation about “how do we find peace and calm in our daily routines”. Remember, mindfulness is a simple concept; paying attention, without judgement, in the present moment. Try starting the conversation from the “intention” of the practice and ask “how is this done here in this community” or – more to the point of your question-- describe the “intention” of the closing greeting/salutation
is to acknowledge each participant with respect and honor and ask someone who understands the cultural norms in the community to show you or explain to you the equivalent. If an equivalent cannot be identified, talk with your supervisor or your worksite leader for additional suggestions of a culturally appropriate manner for closing the practice. Ask someone from within the community to co-facilitate the group to help you translate the practice into something meaningful for them. Open these links for more
http://taramandala.org/article/buddhism-native-american-practices/
http://spiritbearcreations.blogspot.com/2013/04/is-mindfulness-therapy-just-fad.html

If we teach in a group setting, and a participant becomes triggered, what are best practices for helping/addressing it?
A: The first practice in the script used in this webinar is called “Home Base” and is designed as a coping strategy for triggers or discomforts that may occur during the practice. It is also helpful, during the introduction to speak to anticipated triggers or discomforts, normalize that as part of the learning process, and indicate it is possible to get up and walk around while also being mindful to respect the private space of the other individuals in the room. The script offers more details than we used during our webinar. Ideally, you will have met with each member of your group individually as a screening process for entrance into the group. During the screening, the individual would be informed of what to expect and opportunity to discuss their triggers and what they have found as helpful coping strategies. The “plan” for coping with individual triggers would be initiated during this screening for admission into the group. Asking the question, “what have you found helpful when your triggers get activated . . . what can we do during this time in mindful practice to help you use your coping skills in addition to using the “Home Base”. It is also helpful to have a co-facilitator identified at the start of the group as the “helper” with the role of assisting individuals who might want additional support if triggers become disruptive to their practice. Also, having another staff person available outside of the room to assist anyone who might need to be excused from the room before the practice is closed.

In a one on one where the person has high anxiety and won’t do these exercises, what can help?
A: Doing mind-body exercises requires having established a trusted rapport with your client. It is important to use “invitatory” language and clearly demonstrate you mean what you say. Acknowledge the boundary resistance establishes and validate it as providing an opportunity for the person to learn by observing yourself or through watching a video demonstration – you can search YouTube and find many examples—perhaps search together. Also, providing your client with the science that proves the effectiveness of the practice often helps ease skeptical thinking. You can find several easy to read research articles by searching the YogaAlliance website or YogaJournal and type in the site search bar “mindfulness for stress reduction” or “breathing to calm anxiety”, etc.
http://www.yogajournal.com/?s=anti+drug+for+anxiety

The Youtube clips in the webinar powerpoint on page 23 and 50 are also a great resource.
http://greatergood.berkeley.edu/topic/mindfulness/definition

Neuroplasticity 2:03 https://www.youtube.com/watch?v=ELpYCyRa87g
Mindfulness has been referenced to mind/body. It also seems to be significantly linked to spirit. What are your thoughts?
A: I agree . . . without spirit, the mind and body would be empty vessels.
http://www.mindful.ca/in-detail/mindfulness-spirituality/

Mindfulness is a very wide technique, but I want to know is there any kind of problem of mental health which is not treatable with this technique?
A: My experience using mindfulness as a treatment strategy has been with co-occurring mental health and substance use disorders. Mental health symptoms specific to anxiety, depression, grief, anger, and trigger management associated with cravings, urges, and pain management. As with all techniques, our goal as the practitioner, is to best match the symptom with treatment strategy and to start with establishing rapport and trust with the client.
https://hbr.org/2015/12/calming-your-brain-during-conflict

Which classes are helpful for trauma certification?
A: I received certification in Traumatic Studies from The Trauma Center of the Justice Resource Institute in Brookline, MA and recommend their programs. See the resource list at the end of the powerpoint for more details. http://traumacertificate2017.kajabi.com/sp/39587-pesi

Would you use the tenets of Motivational Interviewing along with Mindfulness practices? Seems connected.
A: Yes. This is a great connection that has been studied and written about. Active listening requires mindful presence in the moment with your partner or client. Slowing the rhythm of the breath can assist in that process particularly in high energy moments when affect regulation is needed. Read more from these links

Do you know of trainings or information tying mindfulness with Recovery Coaching specifically?
A: great idea! I did a quick search and found this free webinar

I had a lobectomy [removal of a section of the lung] recently and discovered just how big a challenge mindful breathing can be. Any tips, tricks or suggestions when working with people with lung/rib cage damage?
A: A physical therapist or physician who specializes in this type of recovery would be your best resource. The greatest benefit of a mindful practice is an increased awareness of present moment which can translate in improved outcomes of any rehabilitation program. Remember, the key element of a mindful practice is non-judgmental observation in the present moment. Like with learning anything new, it takes time, patience, and persistence to find comfort in performing the new skill. As with any healing process, it is important to understand the different types of “pain messages” our body is giving us. Keep your communication open with your medical care provider about your experience as you move through your recovery from the lobectomy and learn as much as you can about what to expect. Remember to be gentle with yourself as your body learns to adjust to the change this procedure has made. Read more about the healing benefits of mindfulness from these links
http://www.mindful.org/the-healing-power-of-mindfulness/
http://www.yogajournal.com/article/health/western-doctors-prescribing-yoga-therapy/
http://eocinstitute.org/meditation/meditation-and-recovery-from-disease/

Thank you everyone for these insightful questions. I hope to continue some of our conversations this fall at the National Conference in Minneapolis this fall. Enjoy your summer!