



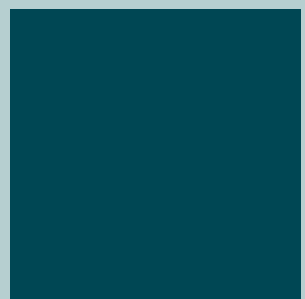
Foundations of Teaching Mindfulness

Thursday, April 3, 2025

Group Agreements

- Attend + be present by minimizing other distractions
- Videos on for community building
- Please mute unless speaking to limit background noise
- Mindful listening + speaking
- Step up/Step Back
- Presume positive intent + acknowledge impact
- Take care of your needs
- Participation encouraged + OK to pass
- Practice kindness + curiosity
- Take a breath between speakers
- Confidentiality





“Mindfulness is
the ability to see clearly,
our inner and outer reality,
without the filter of
craving and aversion.”



–Joseph Goldstein

Brain Games

Polyvagal theory review

SAFE



VENTRAL VAGAL

Feeling safe, present, relaxed, calm, engaged, and connected to yourself, others, and the world around you.

.....

Relaxed body and muscles, normal heart rate and blood pressure.

FIGHT OR FLIGHT



SYMPATHETIC

Feeling angry, fearful, panicked, anxiety, irritated, out of control, overwhelmed, and stressed.

.....

Tense body and muscles, increased heart rate and blood pressure, and high energy.

FREEZE



DORSAL VAGAL

Feeling detached, shut down, depressed, hopeless, numb, helpless, and ashamed.

.....

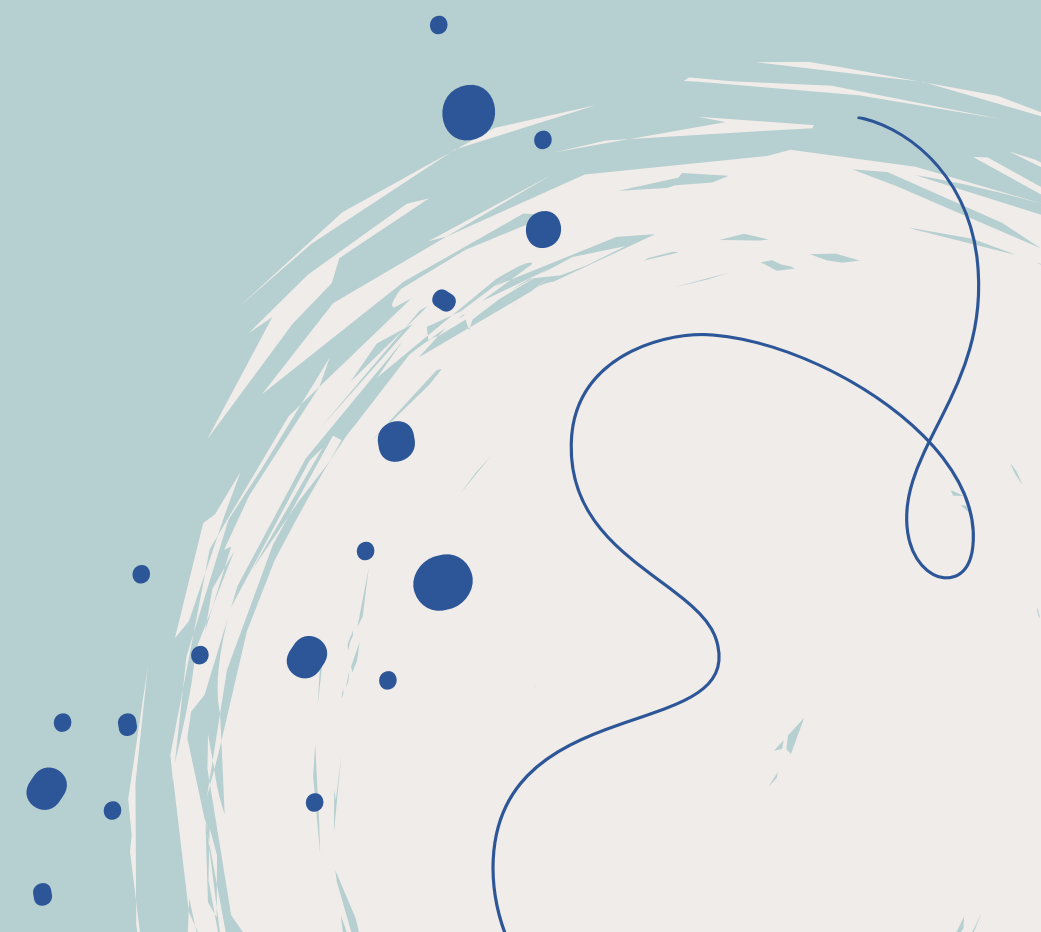
Decreased heart rate and blood pressure, slow breathing, low energy, and low sensation.

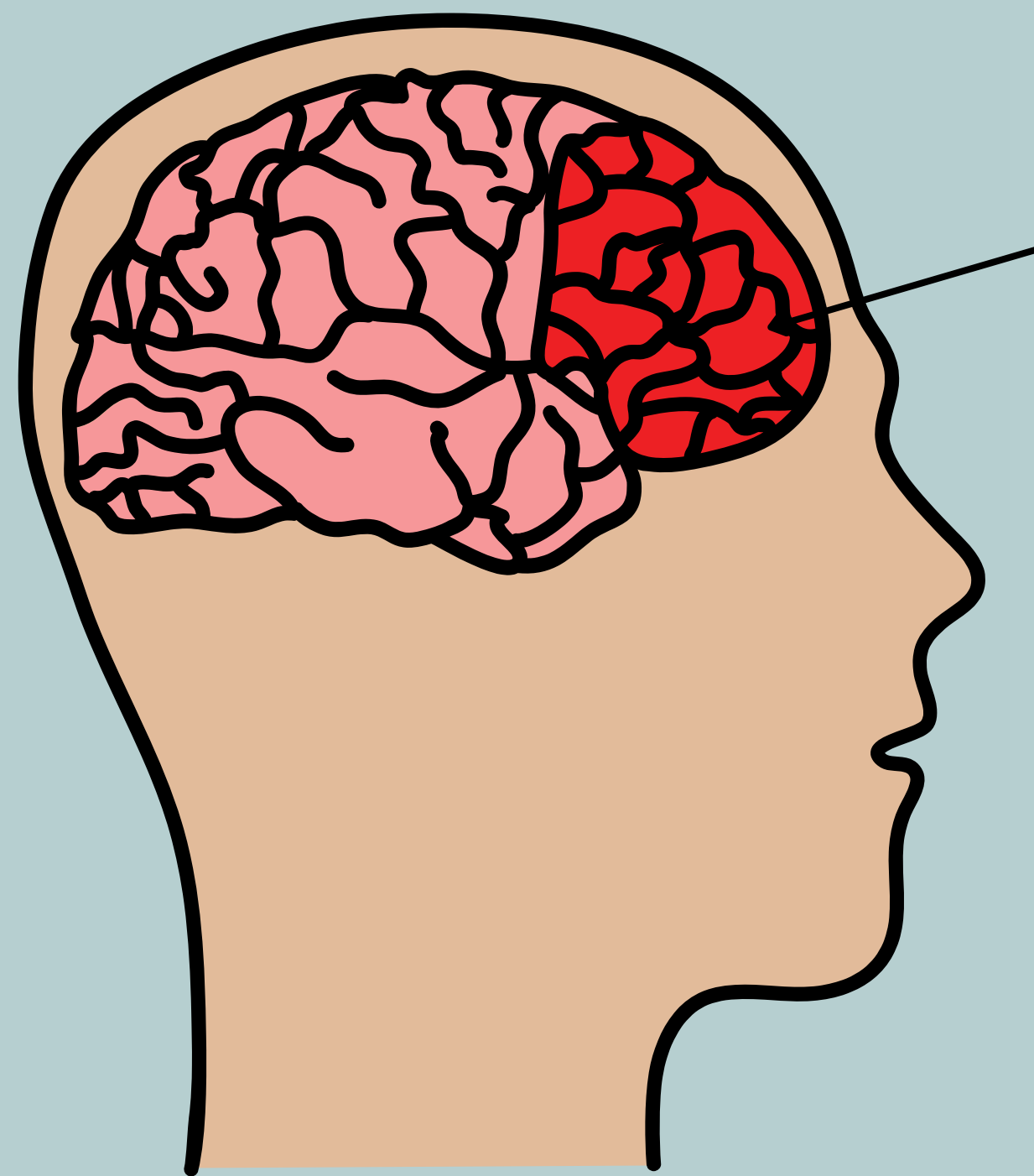
Polyvagal Theory

Our Stress Response



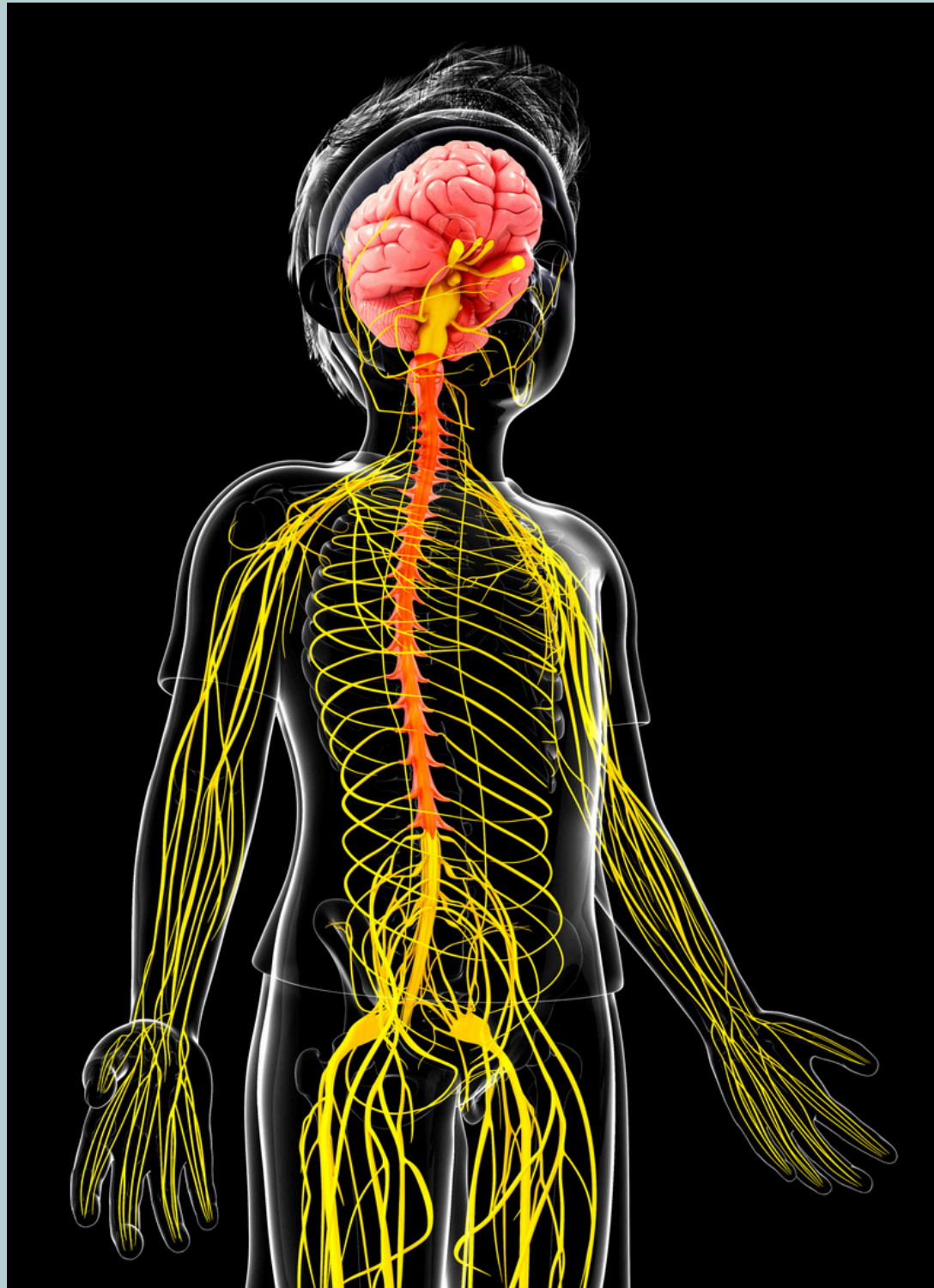
Mindful Eating





prefrontal cortex

activated prefrontal cortex helps us
slow down and make good choices
about what and how much to eat.



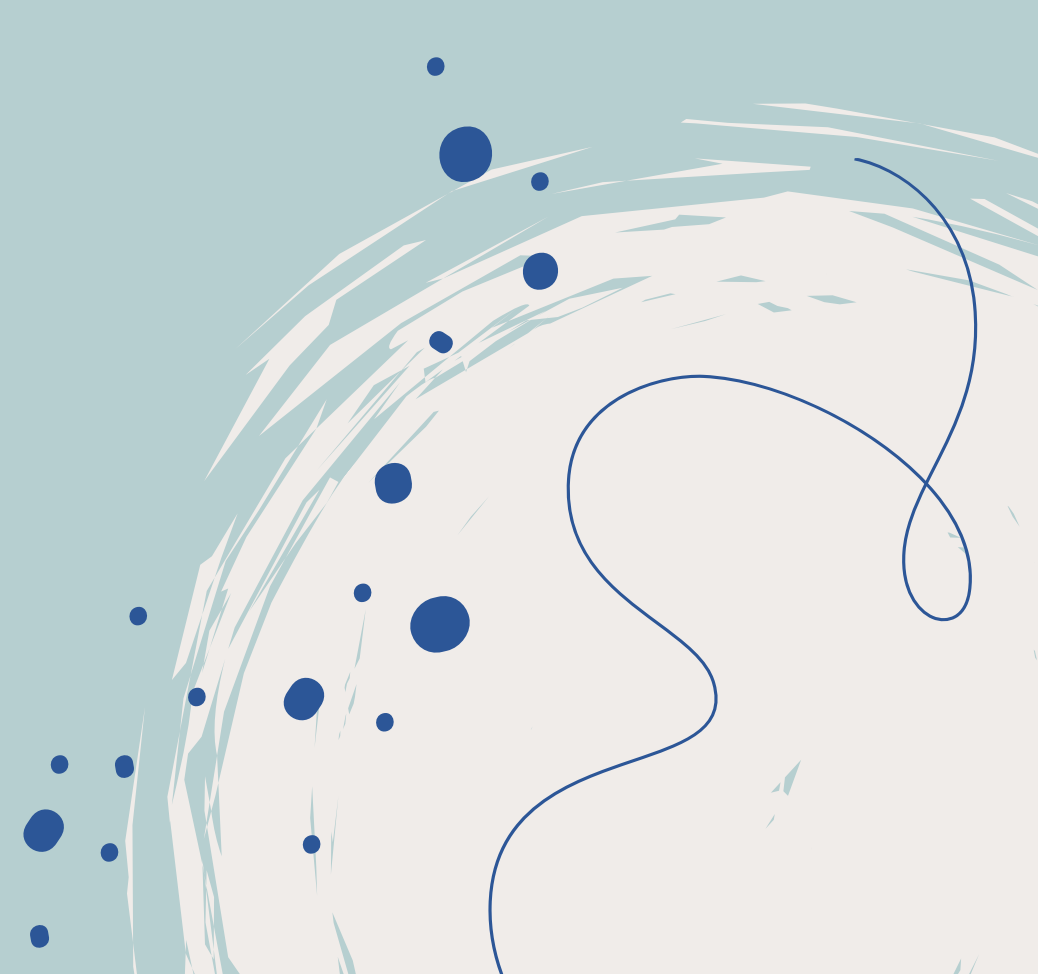
- activates the **parasympathetic nervous system**
 - rest and digest
 - reduces stress

“

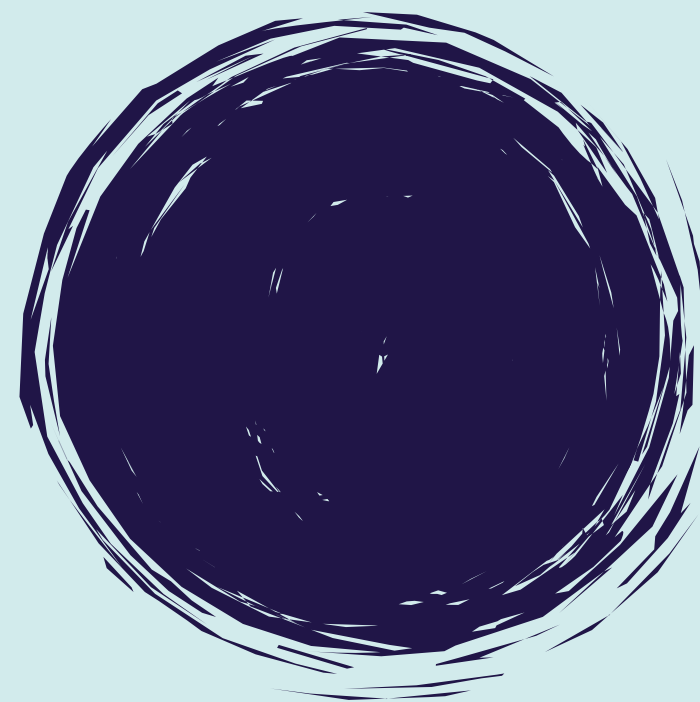
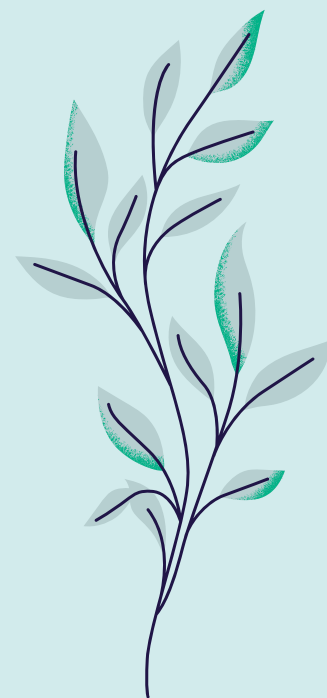
- mindful eating can
 - reduce binge eating
 - improve digestion
 - improve our relationship with food



Key principals of mindful eating

- engaging the senses
 - slowing down
 - tuning into hunger and fullness
 - non judgement and gratitude
 - reducting distraction
- 

Introduction to Trauma-Sensitive Mindfulness

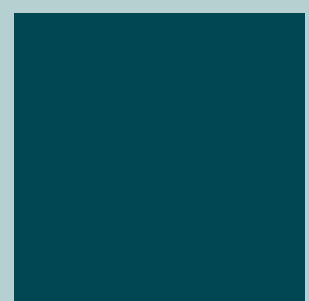
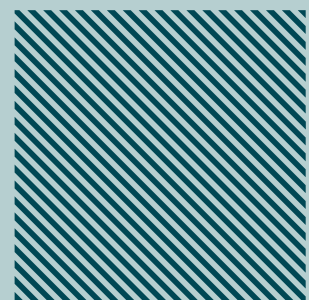




David Treleavan

When Practicing Mindfulness,
We May Also Meet Trauma

How We Respond
Makes ALL the difference



“At its core, trauma-sensitivity is about recognizing and responding to the unique needs of people struggling with trauma. In my work, this approach is applied specifically to mindfulness and meditation, transforming these practices into powerful tools for healing.”

–David Treleaven

Twenty years of medical research has shown that childhood adversity literally gets under our skin, changing people in ways that can endure in their bodies for decades.

- Dr. Nadine Burke Harris –

Trauma victims cannot recover until they become familiar with and befriend the sensations in their bodies...Physical self-awareness is the first step in releasing the tyranny of the past.

- Dr. Bessel Van Der Kolk -

Stress

The nonspecific response of the body to any demand for change.

Post Traumatic Stress

Trauma symptoms that live on past a traumatic event.

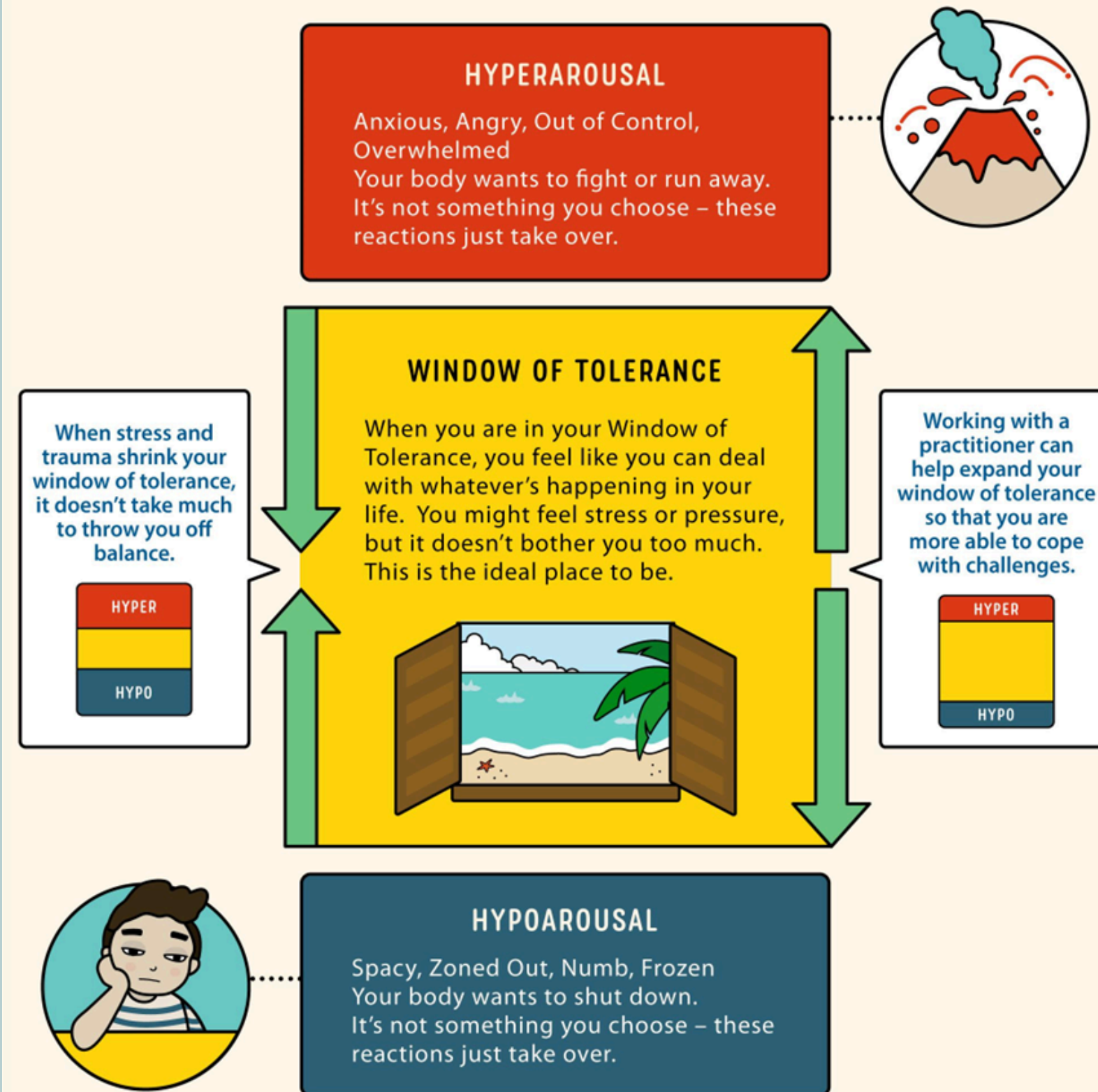
Traumatic Stress

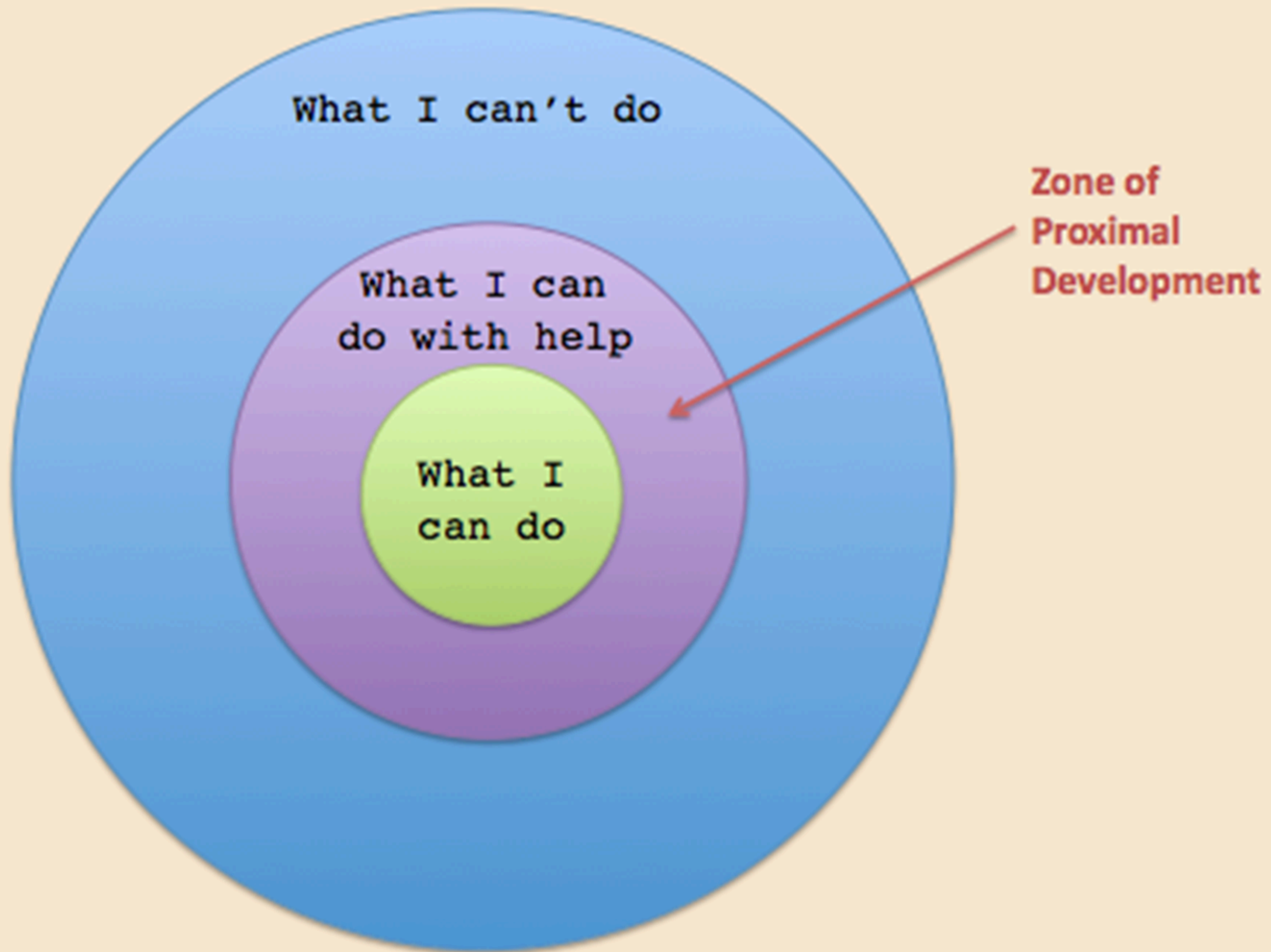
Exposure to actual or threatened death, serious injury, or sexual violation.

Post Traumatic Stress Disorder

Cluster of symptoms that begin within 3 months of a traumatic event and lasts more than a month.

How Trauma Can Affect Your Window Of Tolerance





Hyperarousal

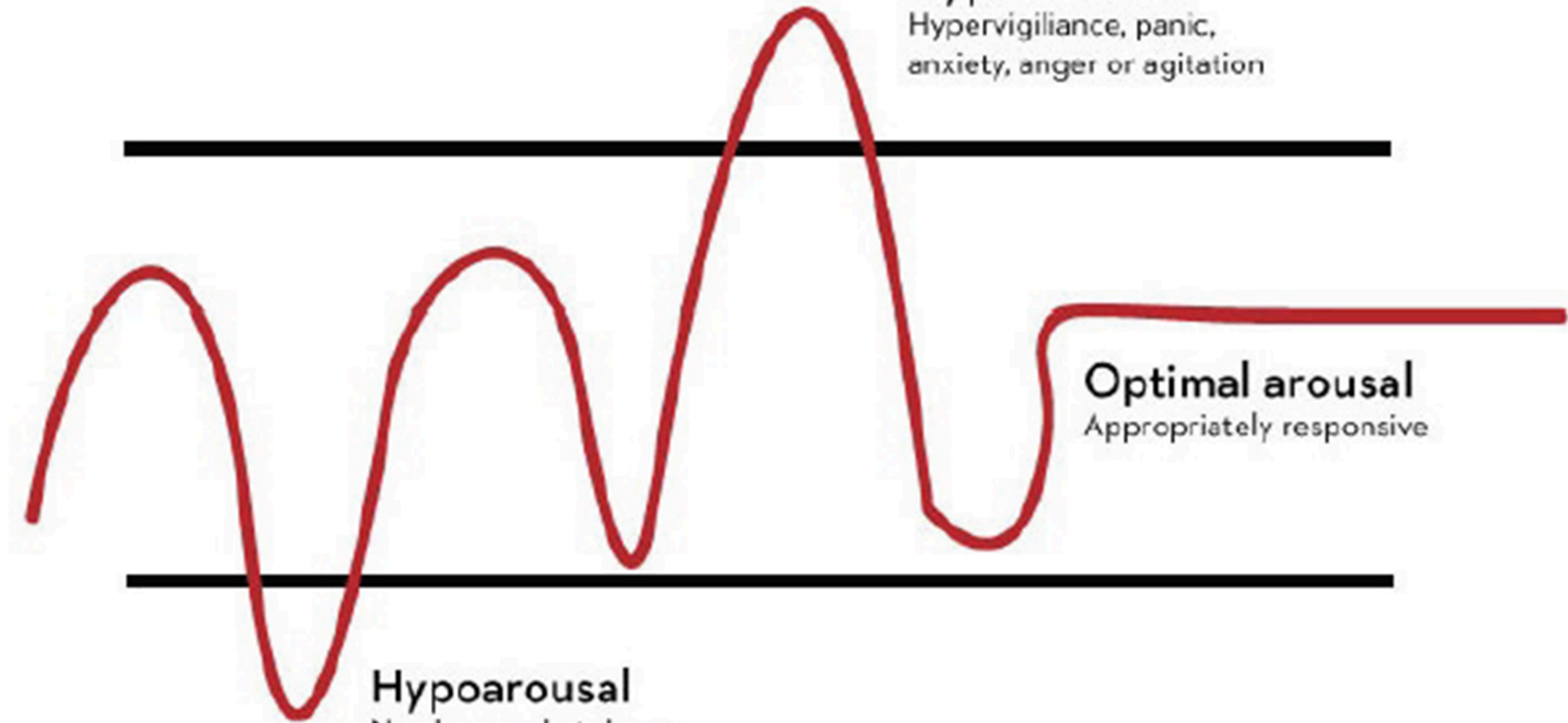
Hypervigilance, panic,
anxiety, anger or agitation

Optimal arousal

Appropriately responsive

Hypoarousal

Numbness, shut down,
poor self care, poor boundaries



RELAXED

PARASYMPATHETIC

“REST & DIGEST”

DECREASED ALERTNESS

CONSTRICTED PUPILS

SLOW & DEEP
BREATHING

DECREASED
HEART RATE

STIMULATED
DIGESTION

DECREASED
MUSCLE TONE

STRESSED

SYMPATHETIC

“FIGHT OR FLIGHT”

INCREASED ALERTNESS

DILATED PUPILS

INCREASED
BREATHING



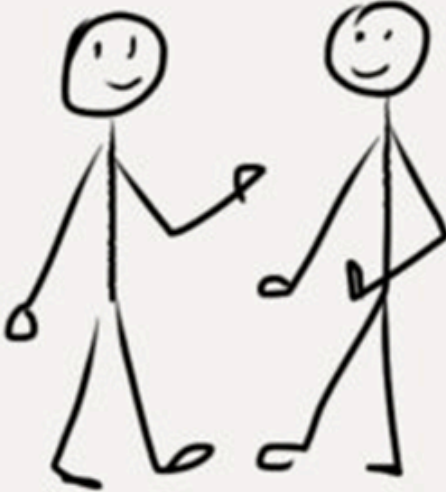
ACCELERATED
HEART RATE

INHIBITED
DIGESTION

INCREASED
MUSCLE TONE

POLYVAGAL THEORY

Copyright 2020 Puja Kanth Alfred
www.emofreetherapy.com

Sympathetic	Dorsal Vagus	Ventral Vagus
<p>Fight/Flight</p>  <p>Mobilization First line of defence</p> <p>Location: Along spinal cord</p> <p>Increased heart rate, shallow breath, muscle tension.</p> <p>Mobilising the body's resources to deal with stressor.</p>	<p>Shut down/ Collapse/ Freeze</p>  <p>Immobilization Second line of defence</p> <p>Location: Diaphragm, gut, viscera</p> <p>The last resort if fight/ flight isn't possible.</p> <p>When life needs to be preserved, freeze occurs.</p>	<p>Social Engagement System</p>  <p>Communication and connection.</p> <p>Location: Face, throat, chest</p> <p>Helps us rest/digest Engaging with ourselves and others.</p>

Trauma

Agitation, difficulty relaxing

Psychomotor hyperactivity

Tingling

Twitching

Hyperventilation, difficulty breathing

Exaggerated startle

Increased Heart Rate

Hot flashes, flushing

Insom

Signs of Hyperarousal

IDENTIFYING TRAUMA

BODY/SOMATIC

- ▶ Agitation, difficulty relaxing
- ▶ Psychomotor hyperactivity
- ▶ Tingling
- ▶ Twitching
- ▶ Hyperventilation, difficulty breathing
- ▶ Exaggerated startle
- ▶ Increased heart rate
- ▶ Hot flashes, flushing
- ▶ Sweating
- ▶ Cold hands & feet
- ▶ Muscle tension
- ▶ Chronic pain
- ▶ Insomnia

COGNITIVE

- ▶ Racing, repetitive, obsessive, intrusive thoughts
- ▶ Worry, rumination
- ▶ Rapid or disorganized speech;
- ▶ Jumping from topic to topic
- ▶ Executive dysfunction (memory, planning, decisions)

EMOTION

- ▶ Emotional volatility, mood swings
- ▶ Euphoria, mania, grandiosity
- ▶ Anxiety, panic
- ▶ Reports of flashbacks,
- ▶ Nightmares
- ▶ Irritability, anger

CONATIVE/MOTIVATIONAL

- ▶ Excessive, obsessive striving/effort
- ▶ Scrupulosity/perfectionism
- ▶ Apathy/withdrawal

PERCEPTION

- ▶ Perceptual hypersensitivity
- ▶ Sensitivity to sound
- ▶ Sensitivity to light

SOCIAL

- ▶ Social engagement dysregulated
- ▶ Inhibition/withdrawal (also disinhibition, disruptive, interrupting)
- ▶ Inability to make eye contact during interviews/interactions

Signs of Dissociation

BODY/SOMATIC

- ▶ Flaccid muscle tone
- ▶ Extremely still (frozen)
- ▶ Pale skin tone
- ▶ Fixed gaze ("thousand yard stare"), glassy eyes

COGNITIVE

- ▶ Few thoughts, "mind is blank"
- ▶ "Can't think"
- ▶ Concept loss
- ▶ Slow responses
- ▶ Difficulty evaluating surroundings
- ▶ Executive dysfunction (memory, planning, decisions)
- ▶ Slowed/slurred or disorganized speech
- ▶ "Spacey" or "ungrounded"
- ▶ Hypernowness, no past or future

SELF

- ▶ Disconnected from body, emotions, thoughts
- ▶ Outside body or at distance
- ▶ Disownership
- ▶ Don't exist, not here

References

Magyar, T. (2016). Teaching individuals with traumatic stress. In *Resources for Teaching Mindfulness* (pp. 339-358). Springer.

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. W.W. Norton.

Treleaven, D. (2018). *Trauma-sensitive mindfulness: Practices for safe and transformative healing*. W. W. Norton.

EMOTION/MOTIVATION

- ▶ Affective flattening, blunted emotions, loss of emotion
- ▶ Normal emotions but "can't feel them" or "not mine"
- ▶ Apathy, feel dead, nothing matters
- ▶ Lack of meaning, motivation

PERCEPTION

- ▶ World appears unreal or dreamlike
- ▶ Objects appear flat/2-dimensional/"cartoon-like"
- ▶ Distance distortions
- ▶ Visual hyper-clarity or fog

SOCIAL/OCCUPATIONAL

- ▶ Social engagement system offline
- ▶ Not seeking social support
- ▶ Withdrawn/avoidant
- ▶ Eye contact difficulty
- ▶ Dissociation vs. meditative calm
- ▶ Disconnected from thoughts, body, emotions, world, others
- ▶ "Not here"
- ▶ Immobility; frozen quality
- ▶ Sudden resolution of distress
- ▶ "Feel fine"
- ▶ "Nothing going on"

The Double-Edged Sword of Mindfulness



Medusa Problem- Over attention on traumatic stimuli



Fear/Immobility Cycle- Fear and immobility become paired during traumatic event- and later experience with one triggers the other



Disintegration between
Interoceptive/Exteroceptive sensation

Wings of Mindfulness

Being
With



Working
With

Arousal Scale



Basic Supports to Offer

Offer Choice

- Eyes Open
- Position
- Anchor of Attention

Offer Breaks

Shift Attention

- Pendulate between 2 things
- Use External Objects
- Open Monitoring

Slow Deep Breathing

Be available for
participants to reach out
when in need.
Know when to refer out.

Use an Arousal Scale

Supports for Body Awareness

Respect physical boundaries (gain consent)

Be aware of posture and proximity

Movement breaks

Create trauma sensitive environment

- no scents/perfumes
- Keep lights on
- Provide agendas/overview of time together
- Let people know how long practice will last

Choice

