



## **Building Professional Excellence- Part 2**

### **Session 2: Mindfulness: A Promising Intervention for Trauma, ADHD, Depression and Anxiety**

#### **Webinar Follow-up Question and Answer Session with Corinne Zupko**

##### **1. Question from Elena Yee**

In my classes, we have been talking about how Westerners have a habit of co-opting other cultures for their own benefit. One classmate called it "cultural strip-mining." What are your thoughts about being respectful and honoring of where these practices originated (Buddhism, etc.) while also using them for good for our clients and ourselves?

##### **Answer from Presenter**

This is a fantastic point. I think that it is important to honor where this practice comes from, keeping in mind that there are also elements of mindfulness in many different spiritual traditions. For instance, in Christianity there is contemplation, prayer, or walking meditation. In Hinduism, there is yoga and yogic meditation. In Islam, there is Sufi breathing and Sufi dancing. In Judaism, mindful blessings are recited before ritual actions and before enjoying food. The Buddhists wrote the most about mindfulness, however. We can honor this, but it is also important to honor where clients are at. Many of them might shy away from something "Buddhist" or spiritual so teaching this in a secular way may be most appealing to the masses.

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##### **2. Question from Daniel Burrell**

A lot of "can't bears" here. Any thoughts clinically?

##### **Answer from Presenter**

I'm unclear on the exact question here, so here are a few thoughts. Experiential avoidance is thought to play a role in many of the DSM disorders (our experience becomes "too much to bear," therefore it gets avoided through maladaptive ways of coping). The more we can expose ourselves to unpleasant states of mind (even for a minute), the more we increase our capacity to be with what is. Exposure is the "antidote" to difficulties stemming from avoidance.

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##### **3. Question from Judy Koehler**

I have noticed how much shame comes up with clients and myself. Thoughts like "a good therapist would not feel anxious in this session" and clients who feel they should "know better" than to be depressed. Can you talk a little about mindfulness and shame? Thanks in advance.

##### **Answer from Presenter**

Thank you so much for your honesty! You are speaking to something that I believe is common for many counselors – particularly when crisis situations arise or when we are working with challenging clients. Shame is something that we can observe when it arises, and we can meet it with nonjudgmental compassion. We can say to ourselves, "I am noticing shame in this moment," and we can notice where we experience it in our bodies.



Ultimately, we may recognize that shame is just a passing feeling, and we can embrace and fully accept ourselves exactly as we are in this moment, with all of our perfect imperfections. When we can accept ourselves completely we can find freedom.

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#### **4. Question from Marissa Seder**

I work with individuals with intellectual disabilities, with limited attention and insight. How would you recommend incorporating mindfulness in my practice?

#### **Answer from Presenter**

There is growing evidence that mindfulness can help individuals with intellectual disabilities. I would suggest starting by developing your own practice and reading up on this specific population. Check out this volume (Volume 4, Issue 2) of *Mindfulness* (June, 2013). It is a special issue on mindfulness for individuals with intellectual and developmental disabilities. You can get a free download of the introductory article in this volume here: [http://download.springer.com/static/pdf/774/art%253A10.1007%252Fs12671-013-0207-9.pdf?auth66=1425251750\\_f0297c1a7db770d95c605f686fdbd76c&ext=.pdf](http://download.springer.com/static/pdf/774/art%253A10.1007%252Fs12671-013-0207-9.pdf?auth66=1425251750_f0297c1a7db770d95c605f686fdbd76c&ext=.pdf)

Also, Singh et al (2003) reported a technique called “*Soles of the feet*” that helped an adult with an intellectual disability reduce their level of aggression, and I believe this technique can easily be adapted for use with other clients (it is referenced in the editorial above). It involves helping the client first recognize the triggers of aggression before aggression occurs (i.e. a thought, a situation, or an emotion). The individual is then instructed to shift their awareness away from the triggers and to a neutral point on their body – the soles of their feet. Various situations can be role played with the client to test out this technique. Step-by-step instructions from a Singh article are posted online here: <http://www.community-networks.ca/uploads/Meditation%20on%20the%20Soles%20of%20the%20Feet%20Training%20-%20Instructions.pdf> (note that “step 3” is missing – this step is to “breathe naturally, and do nothing”).

For more information see: Singh, N.N., Wahler, R.G., Adkins, A.D. & Myers, R.E. (2003). Soles of the Feet: a mindfulness-based self-control intervention for aggression by an individual with mild mental retardation and mental illness, *Research in Developmental Disabilities*, 24(3), 158-169.

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#### **5. Question from Shannon Thornton**

Can one use mindfulness with children?

#### **Answer from Presenter**

Absolutely! For younger clients, practices tend to be shorter because children have shorter attention spans. You can teach kids about breathing by having them blow into a pinwheel or breathe with a stuffed animal on their bellies to “rock it to sleep.” You might teach them about mindful movement by having them jump over cushions as a “choo-choo train.” These are some of the suggested mindfulness activities for kids in the appendix of the following article by Lisa Flook et al. Check it out below for more details on activities for kids. Also, if you search for “mindfulness and kids” on Pinterest, you can find a lot of great ideas.



Flook, L, et al (2010). Effects of mindful awareness practices on executive functions in elementary school children. *Journal of Applied School Psychology*, 26, 70-95.

The article is currently posted online here: <http://mindfullyouth.org/assets/flook-et-al---effects-of-mindful-awareness-practices.pdf>

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### **6. Question from Virginia Asher**

What happens when a client feels so depressed they report not being able to come up with anything pleasant even in the room they are in?

#### Answer from Presenter

Perhaps you can expand their awareness beyond the room, to what is happening outside of the building. Maybe they can find something pleasant out the window, like a bird or a cloud. If they do not find something pleasing outside of the window, you can ask them to bring something into session that they find to be pleasant, perhaps a particular scent (a flower, scented oil, a candle).

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### **7. Question from Nisha Talwar**

Is the practice of mindfulness ever contraindicated in any segment of population?

#### Answer from Presenter

For clients who are actively psychotic, intoxicated, manic, severely depressed or significantly suicidal, it would be helpful to wait until symptoms abate. It doesn't mean that these clients can never learn mindfulness, but it would be best to wait until they are more stable. Some high-risk groups may still be able to engage in some mindfulness training, but this decision would need to be made on a case-by-case basis (Briere & Scott, 2012).

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### **8. Question from Nancy Hammond**

How can someone use this during an anxiety producing event - a boss who is yelling at you - and you are feeling overwhelmed and unable to cope?

#### Answer from Presenter

One practice that may help is taking deep sighs by breathing in through the nose, and slowly out of the mouth. When you breathe slowly out of the mouth, you can purse your lips together (as if you are blowing through a pinwheel), which will slow down the air flow as it leaves your body, thus lengthening the exhalation. This can help reorient you to the present. Another practice would be to sense where your breath is coming from (the chest or the belly). Chances are if you are anxious, you are breathing from high up in your chest. By softening the abdominal muscles, this can help you breath more freely while bringing awareness to the breath as it comes in and goes out of the body. An additional option is to be with the anxiety. Notice where you sense the anxiety in your body, and see if you can breathe through it.



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**9. Question from Nisha Talwar**

Can we equate mindfulness to Self-awareness or say self-Regulation exercise?

Answer from Presenter

Yes, to be mindful is to be self-aware and this awareness increases self-regulation.

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**10. Question from Apolinar Pabon**

How do you work mindfulness on the client with imagination and constant rumination on a trauma?

Answer from Presenter

By practicing mindfulness, one begins to learn to see thoughts and ruminations as “mental events.” The ruminations are memories that are not occurring in the present moment. A client can use mindfulness skills to continually re-orient themselves to the present moment as needed. I would probably not incorporate use of the client’s imagination, instead, I would help the client connect to the here-and-now through focusing on external awareness (as discussed in the webinar).

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**11. Question from Amanda Nantz**

Can you please speak a little to the distinction between settling/grounding in the present and avoidance? It seems there is a fine line between the two.

Answer from Presenter

If a client is so overwhelmed by emotions that they are flooded or are decompensating, it will be helpful to turn AWAY from their internal state to help re-stabilize them. This is a time when “turning away” can be a skillful thing to do. We use the grounding skills to “turn away” from intense emotion and “ground” in the present moment instead. When a person is stabilized, they can then practice being with their present moment experience, even if it is unpleasant.

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**12. Question from Larry Brown**

Have you found an effective way to get the client to practice mindfulness between sessions?

Answer from Presenter

Two ways to encourage practice outside of the session is to keep the practice periods on the shorter side (10 minutes instead of 45 minutes) and/or encourage the practice of informal mindfulness. A person can practice mindfulness 24/7 which is why it is considered more of a way of living, vs. a tool or technique. Make it fun to help them remember to practice. Encourage them to practice being mindful and present while they do things they love to do – like walking on the beach, taking a hot shower, etc.



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### **13. Question from Amy De Young**

How do you help clients avoid falling asleep during the meditations/mindfulness exercises?

#### Answer from Presenter

If a client is tired, they need to catch up on sleep! If they are fighting off sleepiness during practice, they can practice with their eyes open, they can sit upright (rather than leaning back in a chair or lying down), or they can stand during practice (with eyes open). Another way to work with sleepiness is to bring awareness to the experience of sleepiness. This can help to maintain wakefulness.

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### **14. Question from Deidra Ramos**

How long would you recommend a therapist practice self-mindfulness before engaging a client in mindfulness?

#### Answer from Presenter

I would recommend practicing enough that you have encountered some challenges in your practice (e.g. antsy-ness, boredom, some mild physical discomfort). This way when you meet those challenges with awareness and work with them, you'll have experienced what your clients will experience as well.

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### **15. Question from Connie Norby**

I am interested in using mindful meditation with people experiencing early to mid-stage dementia. Do you have any ideas or know where I can find resources for this?

#### Answer from Presenter

This is an area where we still need research, but preliminary evidence shows that mindfulness can help to slow the progression of Alzheimer's. Here are two articles that may interest you:

<http://www.sciencedaily.com/releases/2013/11/131118141817.htm>

<http://www.cbsnews.com/news/mindfulness-training-helps-alzheimers-patients-and-caregivers/>

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### **16. Question from Carmen Gutierrez**

Can one use mindfulness with children? Is there any evidence of mindfulness working well with Latinos that have suffered sexual assault, taking into consideration the marginalized layer of immigration and discrimination whether real or perceived

#### Answer from Presenter

Mindfulness is a versatile practice and has been adapted to diverse populations, including Latino populations. As we saw in the webinar, mindfulness has applications to the treatment of trauma, which includes sexual assault. Although I have not seen any studies that specifically address Latinos who have suffered sexual assault,



I would hypothesize that it could be helpful for this population as well.

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**17. Question from Shannon Thornton**

What are possible implications for the use of mindfulness with Panic Disorder/Specific Phobias? Have these exposure exercises been shown to be effective with this as well?

Answer from Presenter

The same implications for panic disorder and specific phobia would apply as discussed in the webinar for anxiety disorders in general. A meta analysis conducted in 2012 did not find any clinical trials investigating the relationship between mindfulness and simple phobias (Vollestad et al, 2012). However, that does not mean it is not helpful. You can see that books like, “The Mindfulness and Acceptance Workbook for Anxiety” address phobias (see: [http://www.actforanxiety.com/pdf\\_docs/Forsyth\\_Eifert\\_MindfulnessAcceptanceWB.pdf](http://www.actforanxiety.com/pdf_docs/Forsyth_Eifert_MindfulnessAcceptanceWB.pdf)).

Regarding panic disorder, there is growing evidence that mindfulness is a helpful practice. I highly recommend Ron Siegel’s book, “The Mindfulness Solution.” It has a chapter devoted to mindfulness and anxiety (see: <http://mindfulness-solution.com/>).

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