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Today's Presenter's
- Christine Forner, BA, BSW, MSW
- Lisa Danylchuk, EdM, MFT, E-RYT

Achieving Mindfulness:
Using Meditation and Yoga to Encourage Mindfulness in Clients Experiencing Complex Trauma and Dissociation
Instructors:
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Lisa Danylchuk, EdM, MFT, E-RYT
March 7, 2014 • 1:00 - 2:30 PM Eastern Time

Question
- What is the purpose of mindfulness, why is it so beneficial and why is it so difficult to manage without it?

Self and Awareness
- It has been said by Bessel van der Kolk, in many of his public lectures that the key to healing extreme forms of abuse is to help someone learn to “know what they know and feel what they feel” (2007, 2009, 2010).
- Individuals who chronically dissociate or function from a system that is intended to remove awareness, become hard wired to not know what they know and not feel what they feel.
- Their internal world of sensations, emotions, internal perceptions, thoughts, and images are often a mystery to them and riddled with pain. They do not have access or understanding to a united sense of self.
Basic Brain Functions

- Left and right front parts of the brain play important roles in controlling emotions (Kabat-Zinn, 2006; Lazar, Bush, Gelfand, et al., 2000; Lazar, Kerr, Worringer et al., 2005; Lazar, 2006; van der kolk, 2003; 2005)
- The front hemispheres tend to be associated with positive emotions such as happiness, joy, high energy and alertness (Kabat-Zinn, 2006; Siegel, 2007)

Lazar’s, et al., 2005 Findings

- Area thicker in meditators
  - Insula, Prefrontal cortex
- Age effects, decreased activity in amygdala
- Her results suggest that meditation may be associated with structural changes in the areas of the brain that are important for sensory, cognitive, and emotional processing (Lazar, et al., 2005)
- Meditation may improve memory and attention capabilities.

Dissociation and The Brain

- Insula (plays a key role in body perception, mediates responses to cognitive stimuli and perception of emotions), tends to increase in dissociation (likely dysregulated from other verbal and frontal systems) and decrease with PTSD (Frewen & Lanius, 2006; Lanius, Lanius, Fisher & Ogden, 2006; Lanius, Bluhm & Lanius, 2007)
- Medial Prefrontal Cortex (plays a role in the extinction of conditioned fear response, regulates generalized fear, mPFC, retrieval in episodic memory, also most likely responsible for separating current memories from past memories) dysfunction in PTSD, in increased in DD (likely dysregulated from other verbal and frontal systems and increased interaction between memory retrieval processes or altered pain perception) and decreased in PTSD (Frewen & Lanius, 2006; Lanius, Lanius, Fisher & Ogden, 2006; Lanius, Bluhm & Lanius, 2007)
- Increased activity in amygdala

Dissociation and Mindfulness

- Rival brain activities
  - Insula and Medial Prefrontal Cortex not well used or developed with individuals with dissociative disorders
  - Dissociation is the removal of information mindfulness is awareness of information
  - Not only is it difficult, those who dissociate might be “phobic” to mindfulness

Mindfulness

- Non reactivity to inner experiences
- Observing/noticing/attending to sensations/perceptions/thoughts/feelings
- Acting with awareness/(non) automatic pilot/concentration/non distraction
- Describing/labelling with words; and non-judging of experience (Siegel, p. 91, 2007).

Mindfulness

- This grand brain activity seems to play a role in assisting us to be one step removed from our own lower brain functions.
- It is suspected it is necessary for the front brain to slow down the reactive survival brain. It is postulated that mindfulness and mindful states are necessary to attach and attune to our children (Mears, 1998; Siegel, 2010, Siegel, 2007; Siegel, 1999; Schore, 2003; Schore, 2003; Schore, 1994).
Mindfulness
- There seems to be the requirement of parents to be somewhat objective to the experiences of their children, in order to teach them to be regulated and thus not live in a constant state of fear.
- Mindfulness also seems to play a role in the development of a sense of self (Mears, 1998; Siegel, 2010, 2007; Siegel, 1999; Schore, 2003; Schore, 2003; Schore, 1994)

Mindfulness Fosters
- Body Regulation
- Attuned Communications
- Response Flexibility
- Emotional Regulation
- Empathy
- Insight
- Fear Modulation
- Intuition
- Morality (Siegel, 2007)

Secure Attachments
- Body Regulation
- Attuned Communications
- Response Flexibility
- Emotional Regulation
- Empathy
- Insight
- Fear Modulation
- Intuition
- Morality (Siegel, 2007)

Middle Prefrontal Cortex Controls
- Body Regulation
- Attuned Communications
- Response Flexibility
- Emotional Regulation
- Empathy
- Insight
- Fear Modulation
- Intuition
- Morality (Siegel, 2007)

Definitions of Meditation
- A state of deep relaxation
- Engaged in an active mental state requiring great attention (Lazar, et al., 2000; 2005; Murata, et al., 2004)
- Falling awake (Kabat-Zinn, 1990)
- Combination of focused attention and open monitoring to cultivate a non-reactive, receptive awareness of present-moment experience (Levin & Pals, 2012)

What is or is not Meditation
- Not
  - Closing your eyes
  - Only clearing your mind
  - Not just Mindfulness Meditation (even though this is the most popular and most assumed method of practice when you mention meditation)
  - Not just one thing or one type
- Is
  - Meditation is a broad term with many definitions
  - Is a state of deep relaxation in which one is engaged in an active mental state requiring great attention (Lazar, et al., 2000; 2005; Murata, et al., 2004)
  - The goal is achieve and maintain a mindful state of self for an extended period of time
Meditation and Mindfulness

- There are many roads to the state of mindfulness, there are many ways to meditate.
- Mindfulness is an altered state of awareness, mindfulness meditation is just one way to get there.
- Mindfulness is the ability to have moment to moment monitoring of experience (Lifshitz & Raz, 2012).

Various Forms of Meditation

- Jon Kabat-Zinn (1990) describes it as “falling awake”.
- Meditation is a family of self-regulation practices that involve training, attention, and awareness in order to bring greater control to one's body, mind and emotions, and thus create general mental well-being.
- Meditation is a practice of developing and increasing one's ability to calm one's self, it can create clarity and concentration (Carpenter, 1977; LaTorre, 2001; Shapiro, & Walsh, 2006).

Meditation is a Front Brain Process

- Trauma and back brain processes.
- Dissociation and Meditation and Mindfulness are rival brain activities, where dissociation will always win.

Psychotherapeutic Meditation

- Creative meditation is where subjects focus on images of deep inspiration, by using spiritually focused images, such as healing light, and the restraining of thoughts and feelings, including unconscious mental tendencies.
- Concentration meditation is the practice of focusing all of one's attention and awareness on a single object or a group of objects and/or tasks.
- In contemplation meditation, the goal is to reflect inwards to allow one's self to become aware of one's intuitive resources, to strengthen compassion and to increase the ability of “letting go”. Often these are seen as loving kindness meditation and “who am I” questioning. (Germer et al., 2005; Shapiro & Walsh, 2006).

Trauma and Meditation

- When a clinician introduces meditation, particularly mindfulness-based meditation in which the intention is to go inward and be aware of internal thoughts and emotions, for a survivor of abuse this entails becoming aware of extreme internal emotional pain.
- This also includes becoming aware of inner self-loathing, inner conflicts of great magnitude, and inner memories of childhood torture.
- In almost all cases, a trauma survivor is unable or ill prepared for this internal exploration. They do not have the understanding or emotional tolerance to handle their complex feelings and overwhelming fear.

Meditation and Trauma

- Germer et al. suggests that it is more helpful to direct their attention away from the trauma, rather than inward, until focus is stabilized, then try again (2005).
- With meditation, simple breathing exercises, simple mantras, and grounding exercise (body tapping, feet on the floor; visualizations) can be used to build up a tolerance of emotion and body awareness (Brach, 2006; Fassan, 2006).
- Using meditation techniques that do not focus primarily on the trauma, but assist the survivor to “build up meditation muscles” meditation may be a tool for strengthening affect tolerance.
Contraindications

- Overwhelming internal states
- Inability to self-observe (a key component in insight therapies)
- Dissociation
- Therapist is not experienced in meditation practices (Briere, 2010)

A Possibility

- research utilizing brain scans has shown that non-clinical high dissociators have naturally strong imaginations, and that these high dissociators tend to elaborate on information that attracts their attention, and has both negative and positive emotional content (de Ruiter, et al., 2006). This suggests that DID clients may have a strong, tangible imagination component to their thinking processes that seems unique to this population of clients.

A Possibility

- As a result, de Ruiter and colleagues (2004; 2005; 2006) propose that during traumatic events, individuals with high dissociative abilities tend to use elaborate internal mental activities, imagination capabilities, enhanced attention capacities, and working memory capabilities. These individuals may be prone to develop dissociative disorders where others may develop depression, PTSD, or borderline personalities traits that may have developed as a response to trauma (de Ruiter, et al., 2006, p. 130).
- Individuals with well-developed dissociative abilities may benefit from therapeutic meditation practices that use this natural ability to imagine and enhance attention capabilities and working memory. This approach may improve their ability to relax, focus and use imagination for healing purposes.

Meditations That Use

- Internal mental activities
- Imagination capabilities
- Enhanced attention capabilities

The Window of Tolerance

- It theorized that clients cannot process information from the past if they are out of the window (Briere & Scott, 2006; Ogden, et al., 2006; Perry & Szalavitz, 2006; Siegel, 1999).
- It is also theorized that if a client is outside of the window of tolerance they are into the past, into the abuse and are re-living the experiences or having an abreaction, rather than processing or learning how to master the traumatic experience (Briere, 2002; Briere & Scott, 2006; Ogden, et al., 2006; Perry & Szalavitz, 2006; Siegel, 1999).

Procerus Focus, Procerus Pressure
Start Slowly

- The Candle
- An image
- More complex image
- See these images from the front of the mind – using the minds eye
- Meditations developed for this population

Your Goal with Meditation

Your Goal with Meditation

The Body Keeps the Score

- In an apparent attempt to compensate for chronic hyperarousal, traumatized people seem to shut down: on a behavioral level, by avoiding stimuli reminiscent of the trauma; on a psychobiological level, by emotional numbing, which extends to both trauma-related, and everyday experience. Thus, people with chronic PTSD tend to suffer from numbing of responsiveness to the environment, punctuated by intermittent hyperarousal in response to conditional traumatic stimuli.

Van der Kolk (1994)

The issues are in the tissues

Somatic Psychotherapy

Nervous System Connection

“Trauma symptoms are not caused by the event itself. They arise when the activation, mobilized to meet an extreme or life threatening event, is not fully discharged and integrated. This energy remains trapped in the nervous system where it can wreak havoc on our bodies and minds.”

-Peter Levine, Waking the Tiger (1997)
The Nervous System

A Healthy Nervous System

"Window of Tolerance" Daniel Siegel, The Developing Mind (1999)

RAGAS and Hyperarousal

- Increased activity, busyness
- Excessive heat, athleticism
- Anxiety
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance
- Exaggerated startle response
- Inability to tolerate stillness
TAMAS and Hypoarousal
- Lethargy, Sluggishness, Slow heavy energy
- Numbing of general responsiveness, restricted range of affect (e.g., unable to have loving feelings)
- Feeling of detachment or estrangement from others
- Diminished interest or participation in activities
- Avoidance of stimuli (thoughts, feelings, places, people)
- Challenging to access memory recall

Sattva: Balance
- Open alert, present
- Attentive yet calm
- Available for connection
- Able to be alone/still
- Able to cope
- Access to prefrontal cortex (mPFC)

The Breath Connection
- "The breath is the intersection of the body and mind" - Thich Nhat Hanh
- The breath is the bridge between focused attention (prefrontal cortex) and the primal responses (brain stem/limbic system)
- Smooth, full breathing, nervous system regulated, stimulating parasympathetic NS
- Stress’s impact on breath - short, shallow, relates sympathetic NS
- Right Left Integration
- Top Down Integration

How do we understand yoga?
- Yoga is an opportunity to explore what is held in the body, to release tension and to reclaim lost parts. To facilitate flow of prana, life energy.
- A way to train the nervous system to balance Ragas (hyper) Tamas (hypo) and cultivate Sattva (window of tolerance).
- Yoga is a mindfulness practice that uses the body and its tension to build affect tolerance, explore a deep, resilient sense of self and practice living in the present moment, rather than from the past or the imagined future.

Stimulate Nervous System
- Backbends: Bridge, Wheel, Bow, "Superhuman," Fish pose, Cobra, Reverse tabletop, reverse plank
- Twists
- Core work
- Fast breathing - ex) breath of fire
- Focus on inhale, energizing
- Long holds
- Quick pace, repetition
- Sun Salutations - warm up, energize

Soothe Nervous System
- Forward bends: Seated forward fold, child’s pose, standing forward bend (ragdoll), Wide legged forward bend (prasarita series)
- Resting forehead on block, hands or floor
- Most seated poses
- Passive forward bends (restorative, over bolster)
- Savasana
- Slow breathing with a focus on the exhale
Balances Nervous System

- Combination of stimulating and soothing poses
- Balance poses
- Inversions - Down Dog, legs up the wall, handstand, headstand, shoulderstand, forearm balance
- Even breathing - equal part inhale to exhale, slow steady pace
- Encouragement towards “sattva”

Stage 1: Stabilization

- Attune
- Ground
- Calm
- Contain

- Poses to use:
  - Grounding in a chair
  - Tadasana - Mountain Pose
  - Crescent Pose - low lunge
  - Vrksasana - Tree Pose
  - Dandasana - Staff Pose

Stage 2: Processing Trauma

- Explore what is held in the body -- GO SLOW!!
- Start with safest area, build resources to explore the unsafe
- Continue to build from the support and containment of established in stage one.
  - In therapy sessions, observe carefully, slow the process down and stop regularly to teach trauma pacing and to check in to make sure client is still in his/her body.

Yoga as Trigger & Resource

- Trigger:
  - Closed eyes
  - Downward dog
  - Supra baddha konasana
  - Savasana

- Resource: creating safety
  - Clients are not pushed, but are allowed to invite the possibility of parts of their body feeling safe to them.
  - Invitations vs Directives
  - Clients may surprise you…

Trigger
Stage 3: Reintegration

- Integration of trauma
- Digging up new material
- Connection to community
- Less instruction & processing
- Clients may develop a regular practice
- May be served well by public classes

Teaching to Traumatized Students

- Teach what you know - body-based confidence.
- Orient client to safety: Be aware of vulnerable body parts, positions and words.
- Always okay to keep eyes open.
- Keep moving, use dynamic movements and language.
- Cueing: Invitations vs Directives. Use your voice appropriately.
- Remind clients that they are in control of what they choose to do.
- Focus on mastery and building skills.

Yoga is NOT contortion!

Yoga is not a competition

Yoga’s Impact

- Physical: Cardio vascular, muscular strength, flexibility, improved range of motion, improved balance.
- Neurological: Brings balance and stability to nervous system.
- Mental: Focus, Memory, Clarity, Presence
- Emotional: Increased ability to tolerate and regulate affect
- Psychological: Reduction in depression, anxiety, - reduce symptoms, access resilience
- Energetic: Nadis, Meridians, Chakras
- Spiritual: Connection to deeper sense of self and, meaning, something greater or something beyond self.
Research on Yoga

- Significant reductions were shown for depression, anger, anxiety, neurotic symptoms and low frequency heart rate variability (Shapiro, Cool, Dwyer, Ottaviani, Leuchter & Abrams, 2007).
- During yoga, practitioners demonstrated increased alpha waves and decreased cortisol levels (Kamei, Tomumi, 2000).
- After six weeks of yoga significant improvements at follow-up were noted for all participants in diastolic blood pressure, upper body and trunk dynamic muscular strength and endurance, flexibility, perceived stress, and health perception (Cowen, 2005).
- Significant improvements in tension-anxiety, depression-dejection, anger-hostility, fatigue-inertia, and confusion-bewilderment in a study of 113 psychiatric patients (Lavey, 2005).

Recommended Reading


References


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Friday, April 11, 2014, 12:30 – 2:00 pm Eastern Time
(slightly different timeslot!)

**Topic:**
Traumatized Adolescents

**Presenter:**
Bob Slater, LCSW, PLLC
Owner/President Copeland Ave Counseling
Homer, NY
Syracuse, NY

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- Thank you for participating in today’s ISSTD webinar presentation.

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