Workshop Objectives

- From this workshop participants will:
  1. Appreciate the prevalence of traumatic stress.
  2. Understand the impact of traumatic stress on physiological and psychological functioning; and, in particular, it effects on school adjustment and academic functioning.
  3. Learn the research and theory behind the use of mindfulness with students who have experienced trauma.
  4. Increase the ability to respond to and help students cope with traumatic stress, namely using mindfulness.

Workshop Outline

- Traumatic Stress
- Cognitive Approaches and Mindfulness
- Responding to Traumatic Stress in the School Setting

Traumatic Stress: Defined

- Positive Stress
  - Moderate, short-lived stress responses.
  - Essential for normal development.
- Tolerable Stress
  - Potentially harmful, but short-lived acute stressors.
- Toxic Stress
  - Strong, frequent, prolonged activation of stress mechanisms.

Center on the Developing Child (Harvard); National Scientific Council on the Developing Child (2014)
**Traumatic Stress: Defined**

- **Three Core Concepts in Early Development**
  - Experiences Build Brain Architecture
  - Serve & Return Interaction Shapes Brain Circuitry
  - Toxic Stress Derails Healthy Development

- **Question:** Given your understanding of Toxic Stress, what are your thoughts regarding how the school should support trauma exposed students?

**Traumatic Stress: Defined**

- **Acute vs. Complex Trauma**
  - **Acute Trauma**
    - A time-limited (typically tolerable) stressor
    - e.g., car accident, natural disaster
  - **Complex Trauma (Toxic Stressors)**
    - Exposure to multiple traumatic events; and the wide-ranging, long term impact of this exposure.
    - e.g., long-term physical/sexual abuse, chronic/ongoing exposure to community violence.

- **Perceived Threat**
  - Adrenaline & cortisol prepare the body to respond
  - **Fight or Flight**
    - Body returns to baseline (homeostasis) when threat discontinues

- **Frequent/long exposure to stress** results in the stress response being activated more easily.
- Body does not return to baseline as quickly.
- Stress hormones negatively affect health, brain development.

**Traumatic Stress: Incidence**

- **The need for trauma informed care**
  - Adverse Childhood Experience (ACE) Study
  - 18,000 adults completed a physical exam and answered "yes" or "no" to 9 childhood (prior to age 18) experiences.
  - 1. Emotional Abuse
  - 2. Physical Abuse
  - 3. Sexual Abuse
  - 4. Physical Neglect
  - 5. Emotional Neglect
  - 6. Substance using Household Member
  - 7. Mentally Ill Household Member
  - 8. Witnessed Domestic Violence
  - 9. Incarcerated Family Member

---

*Center on the Developing Child (Harvard)*

*Cicchetti & Gill (2016)*

*Felitti et al. (1998)*

*National Center for PTSD (2016)*

*The National Child Traumatic Stress Network (n.d.)*
Mindfulness & Trauma-Informed Care

October 7, 2017

Stephen E. Brock, PhD, NCSP, LEP
Melissa Holland, PhD

Traumatic Stress: Incidence

- Adverse Childhood Experience (ACE)

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEs are common</td>
</tr>
<tr>
<td>50% experienced at least 1 ACE</td>
</tr>
<tr>
<td>25% had experienced 2 ACEs</td>
</tr>
<tr>
<td>6% had experienced 4 ACEs</td>
</tr>
<tr>
<td>ACEs occur together</td>
</tr>
<tr>
<td>ACEs predict adult outcomes regardless of demographics</td>
</tr>
</tbody>
</table>

Felitti et al. (1998)

Traumatic Stress: Neurobiology

- Toxic Stress Affects the Brain
  - Neural circuits for dealing with stress are particularly malleable early in development.
  - Learning to respond to stress is essential to normal development.
  - However, frequent/sustained activation of the neurobiological mechanisms responsible for responding to stressors may increase vulnerability to a range of behavioral and physiological disorders over a lifetime.


Traumatic Stress: Incidence

- The need for trauma informed care

General Population
- Trauma Exposure: 43% (18 yr. olds)
- PTSD Lifetime Prevalence: 8.7% (U.S.)
- PTSD 12 month Prevalence: 3.5% (U.S.)

Urban Populations
- Trauma Exposure: 82.5% (19-24 yr. olds, U.S.)
- PTSD: 30%

Foster Youth
- Trauma Exposure: 80.3% (17-18 yr. olds)
- PTSD: 30%

1 out of 10 children ages 0-6 had witnessed a knife or shooting.

APA (2013); Buka et al. (2001); Bromley et al. (2004); Copeland et al. (2007); Costello et al. (2002); Dyregrov & Tute, 2006; Giaconia et al (1995); Pecora et al. (2009); Taylor et al. (1992).
Traumatic Stress: Neurobiology

- Toxic Stress Affects the Brain
  - The response to stress includes the activation of hormone and neurochemical systems.
  - Adrenaline – mobilizes energy stores and alters blood flow.
  - Cortisol – mobilizes energy stores, enhances certain types of memory, activates immune responses.
    - “…long-term elevations in cortisol levels can alter the function of a number of neural systems, suppress the immune response, and even change the architecture of regions in the brain that are essential for learning and memory” (p. 3).
  - The Impact of Early Adversity on Children’s Development


- Sustained activation of the neurobiological mechanisms [hypothalamus-pituitary-adrenocortical (The HPA axis)] responsible for the stress response (and sustained levels of cortisol or corticotropin-releasing hormone (CRH)) can damage the hippocampus (a brain structure critical to learning and memory).

Your Brain on Stress and Anxiety

Hypothalamus
Pituitary
Adrenal
Hippocampus

Traumatic Stress: Consequences

- Attachment and relationships
- Physical health
- Emotional responses
- Dissociation
- Behavior
- Cognition
- Self-Concept & Future Orientation

NCTSN (http://www.nctsn.org/trauma-types/complex-trauma/effects-of-complex-trauma)

Traumatic Stress: Consequences

- Psychological
  - Increased risk for mental illness
    - Depressive disorders
    - Anxiety disorders (e.g., specific phobia, social anxiety disorder, panic disorder)
    - Trauma- and stressor-related disorders (i.e., posttraumatic stress disorder, acute stress disorder, adjustment disorders)
    - Dissociative disorders (e.g., dissociative identity disorder, dissociative amnesia, depersonalization/derealization disorder)
    - Sleep-wake disorders (e.g., insomnia disorder, nightmare disorder)
    - Substance-related and addictive disorders

APA (2013); Brock et al. (2016)

Traumatic Stress: Consequences

- Psychological
  - Affects how the brain processes information.
  - What emotion do you see?

Pollak et al. (2009)

Traumatic Stress: Consequences

- Physically abused children recognized anger sooner than did controls (who had not been abused).
Traumatic Stress: Consequences

- Psychological
  - Affects how the brain processes information
  - “… maltreatment may sensitize children to certain emotional information that may be adaptive in abusive contexts but maladaptive in more normative interpersonal situations.”

Pollak et al. (2009, p. 6)

- Behavioral
  - With increased trauma exposure the odds that an adolescent will display problem behavior (i.e., attachment difficulties, skipping school, running away from home, substance abuse, suicidality, criminality, self-injury, alcohol use, and victim of sexual exploitation) increases.

Layne et al. (2014)

- Psychological
  - Affects how the brain processes information

- Behavioral
  - Problems focusing/concentrating (Compas & Boyer, 2001; Pynoos & Nader, 1998; Traweek, 2006)
  - Poor social functioning (Rucklidge, 2006)
  - Outbursts of anger, hyperactivity, impulsivity (Glod & Teicher, 1996)
  - “… when this stress exposure occurs repeatedly or in the context of high social biological vulnerability, children begin to experience a ‘wear and tear’ process known as allostatic load. Allostatic load is characterized by less activation in brain regions like the prefrontal cortex that are responsible for reflective self-regulation and sustained attention and increased activation in regions of the limbic system that are associated with automated, emotion-related responses to threat.” (McCoy et al., 2015, p. 3)


- Behavioral
  - Persistent fear response
    - May lose ability to differentiate between danger and safety, may identify a treat in a nonthreatening environment
  - Hyperarousal
    - Highly sensitive to nonverbal cues, such as eye contact or a touch on the arm. Consumed with a need to monitor nonverbal cues for threats. Less able to interpret and respond to verbal cues, even when in a nonthreatening classroom environment. Often labeled as learning disabled because their brains have developed so that they are constantly on alert and are unable to achieve the relative calm necessary for learning.
Traumatic Stress: Consequences

- Behavioral
  - Weakened response to positive feedback
  - Complicated social interactions
    - Alterations to brain functioning can make interaction with others difficult. May perceive threats in safe situations and react accordingly.

- Educational
  - Decline in academic performance (Kruczek, 2006; Gahen, 2005), lower GPA (Borofsky et al., 2013; Mathews et al., 2009)
  - Outbursts of anger, hyperactivity, impulsivity (Glod & Teicher, 1996)
  - Decreased IQ (Kira et al., 2012)
  - Dropping out of high school (Porche et al., 2011)

Growing up in poverty is often associated with high stress hormone levels.
- Chronic poverty is frequently associated with adverse conditions such as exposure to violence.


Traumatic Stress: Demographic

Demographics
- Homicides: LA area, 7-1-16 to 12-21-16

- Statistically significant decreases in students’ cognitive performance scores the week following a homicide that occurred on their block (regardless of connection to victim)
  - McCoy et al. (2015)

- How many weeks during the year would students at your schools be affected?
  - http://www.crimemapping.com

Traumatic Stress: The Achievement Gap

- McCoy et al. (2015, p.1)

- Toxic Stress
- Physiological, Psychological, & Behavioral Disturbances
- Zero-Tolerance Policies
- Poor Learning & Academic Achievement

- Porche et al. (2011)

Traumatic Stress: Consequences

- How Childhood Trauma Affects Health Across a Lifetime
  - Nadine Burke Harris
  - TED-MED: https://www.youtube.com/watch?v=n95ovI3dsNk

Workshop Outline

- Traumatic Stress
- Mindfulness Approaches
- Responding to Traumatic Stress in the School Setting
Mindfulness: Introduction

- What is your understanding of mindfulness?
- What has your experience been, if any, in the practice of mindfulness?

Mindfulness: Introduction

- Cultivating a nonjudgmental awareness of the present.
- Noticing things for what they are (no – or +).
- Things and events are not inherently good or bad: it is thinking them that make them so.
- Our minds race to label our experiences, both past and future, thereby taking us out of the present, which is the only reality.

Mindfulness: Introduction

- Ponder This…
  - The only reality

Mindfulness: Paradox of Living in the Moment

- Thinking about what you are doing makes you not present to reality
- Life unfolds in the present
  - Hyperactive "monkey minds"
- Letting go and becoming “Present”
Thoughts: An Evolutionary Perspective

- Our Ancestors
  - Scanning the environment: Good berries vs. bad
  - Tigers in the shrub
  - Fight/Flight
  - Thoughts as modern day tigers

An Evolutionary Perspective

- Thoughts are our tigers
  - In our non-stop society most of us operate in nonstop activation of the Sympathetic Nervous System (SNS) and Hypothalamic-Pituitary-Adrenal (HPA) Axis
  - Continuous shunting of resources from developing a strong immune system, reproduction, good mood, etc., in favor of short term mini-crisis

An Evolutionary Perspective

- The tiger leaps
  - Alarm: Amygdala alerts thalamus, “Wake Up!”
  - Stimulating norepinephrine releases
  - Sympathetic Nervous System signals to major organs and muscle groups (fight/flight in action)
  - Hypothalamus releases stress hormones (epinephrine (adrenaline) and cortisol)

Mindfulness: Addresses the Consequences of Stress

<table>
<thead>
<tr>
<th></th>
<th>Physical</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Executive Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gastrointestinal</td>
<td>SNS/HPAA Activity:</td>
<td>SNS/HPAA Activation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Immune</td>
<td>• State Anxiety</td>
<td>• Lower production of dopamine (anhedonia)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cardiovascular</td>
<td>• Implicit memories formed (beneath conscious awareness) based on fear, intensifying Trait Anxiety</td>
<td>• Reduces serotonin (depressed mood)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Endocrine</td>
<td>• Hippocampus worn down, impairing ability to produce new explicit memories (what actually is happening)</td>
<td>• Loss of focus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Short term memory impairment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Restlessness</td>
</tr>
</tbody>
</table>

Stephen E. Brock, PhD, NCSP, LEP
Melissa Holland, PhD
Mindfulness: Addresses the Impact of Stress on the Parasympathetic Nervous System

- Conserves energy
- Produces relaxation
- Sense of contentment
- Normal resting state of body, brain, mind

Essential for life: If the PNS is severed, we would die. If SNS is severed, we would live (though would not be good in an emergency!)

Mindfulness: Addresses the Impact of Stress on the Parasympathetic Nervous System

- Balance
  - PNS & SNS: We need both
    - Goal:
      - Mainly PNS arousal for baseline
      - Mild SNS for enthusiasm, vitality, passion
      - Occasional SNS spikes to deal with demanding situations

Mindfulness: Research

- Brain functioning of mindful people
  - In a 2011 study (Holzel et al.) participants took part in an 8 week mindfulness meditation program
    - Average of 27 minutes a day
    - Compared to controls, participants had on MRI:
      - Increased grey matter in hippocampus
      - Decreased brain matter in amygdala
      - In addition, increases in relaxation and stress reduction were reported
Mindfulness: Research

- Brain functioning of mindful people
    - During meditation increases in activity in hippocampus, prefrontal and parietal cortices, temporal lobe, and other areas of the brain associated with the relaxation response.
    - The practice of meditation activates neural structures involved in the control of the SNS and PNS.

- Tibetan monks produce uncommonly powerful and pervasive gamma brain waves, integrating and unifying large territories of the mind (Lutz et al., 2004).
- Activity in the left prefrontal cortex (the seat of positive emotions such as happiness) radically exceeded activity in the right prefrontal (site of negative emotions and anxiety).
- Significant increases in grey matter in hippocampus, decreased amygdala matter.

Mindfulness: Research with Children

- Multiple studies, multiple benefits
  - Executive functioning
  - Attention
  - Anxiety
  - Depression
  - Self-awareness/self monitoring
  - Decreased aggression
  - Increased empathy
  - Stress reduction

Mindfulness: PTSD Research

- Longitudinal study of an 8 week mindfulness program with veterans with PTSD evidenced short term benefits of decreased PTSD, depression, avoidance, and activation symptoms, with gains evidenced at 2 and 6 months (Kearney et al., 2012).
- Longitudinal study with veterans evidenced, compared to control group, significant improvement in mental health-related quality of life indicators (Kearney et al., 2013).
Mindfulness: PTSD Research

- A study by Polusny et al. (2015) evidenced that mindfulness training, including teaching veterans to attend to the present moment in an accepting way, decreased PTSD Sx (49% vs 28% for control group) after the intervention, as well as 2 months after.
- fMRIs with veterans with PTSD showed veterans able to shift away from ruminating thoughts when focusing on the present moment (King et al., 2016).

Mindfulness: PTSD Research

- Trauma in nurses
  - Kim et al. (2013) in a randomized control study found mindfulness based breathing and stretching significantly decreased cortisol levels in nurses Dx with PTSD and had significantly reduced self reported PTSD Sx on the PTSD Checklist.

Mindfulness: PTSD Research

- Child abuse survivors with PTSD
  - Kimbrough et al. (2010) found after an 8 week mindfulness program depression (as measured by the Beck Depression Inventory) and PTSD (as measured by the PTSD Checklist) found significant decreases in depression and avoidance symptoms in child abuse survivors with PTSD.

Mindfulness: Research

- Children, trauma and mood
  - Mendelson et al. (2010) found 97 4th and 5th graders exposed to trauma in Baltimore public schools, after a 12 week mindfulness program, had significant improvement in ruminations, intrusive thoughts, and emotional arousal compared to controls.
  - Kuyken et al. (2013) found in a study of 522 youth aged 12-16 to have fewer self reported depressive symptoms after 9 mindfulness sessions.
Mindfulness: Research

- Children, trauma and mood
  - Fung et al. (2016) found after a 12 week mindfulness program with 19 Latino and Asian-American students reductions in internalizing and externalizing symptoms, including parent reported reductions of child emotional and behavioral Sx.
  - Children with PTSD after the tsunami in Sri Lanka evidenced significant reduction of PTSD Sx after 6 mindfulness sessions, with lasting results at 1 and 6 months post-intervention as compared to controls (Neuner et al., 2008).

Workshop Outline

- Traumatic Stress
- Mindfulness
  - Responding to Traumatic Stress in the School Setting

A MTSS Mindfulness Model For Addressing Traumatic Stress in the Schools

Responding to Traumatic Stress in the School Setting

- Tier 1: Primary Prevention
  - Address/minimize the ongoing stressor(s).
  - Keep the school as the 6 hours during the day when the student is free of the ongoing stressor.
    - Interrupt hyperarousal and the stress response
  - Remove students from dangerous or harmful situations.
  - Practice disaster/crisis response procedures (e.g., evacuations, lockdowns).
    - Give students some control over crises that impact the school
    - Students know how to keep themselves safe

Brock et al. (2016)
Responding to Traumatic Stress in the School Setting

Tier 1: Primary Prevention
- Build External Resiliency
  - Facilitate school connectedness and engagement
  - Support families (i.e., provide parent education and appropriate social services).
  - Facilitate peer relationships.
- Provide access to positive adult role models.
- Ensure connections with pro-social institutions.
- Classroom wide mindfulness
- SEL curriculum

Tier 2: The Ongoing Universal Response
- Facilitate the development of internal resiliency
- Psychological Education
  - Practical safety tips
    - Make the ongoing stressor more controllable
  - Education regarding hyperarousal’s adaptive function
  - Physical and emotional consequences of chronic (uninterrupted) hyperarousal
  - Education regarding the symptoms of traumatic stress
    - Help students to understand why they are reacting as they are

Tier 2, cont: Psychological Education
- Interrupt/Stop hyperarousal
- Apps that support mindfulness and relaxation.

Tier 3: Intensive Interventions
- Counseling
  - Individual or group?
    - Will it be part of the IEP as a Designated Instructional Service (DIS)?
  - Goal(s)...Education, Coping skills, Social skills, decreasing suicidal ideation/behaviors, substance use
- Crisis Intervention
  - Will it be written into the BSP?
Responding to Traumatic Stress in the School Setting

- Tier 3: Intensive Group Interventions
  - Empirically Supported Group Cognitive and Mindfulness Intervention
  - Focus on/Grounding in the Present Moment
  - What is real in this moment vs what is rehearsed cognitively

Responding to Traumatic Stress in the School Setting

- Tier 3: Mindfulness Programs for Children
  - Mindful schools (K-12) www.mindfulschools.org
  - Mindful Life Project http://mindfullifeproject.org
  - Inner Kids Program (K-8) www.susankaisergreenland.com
  - Inner Resilience Program (K-8). www.innerresilience-tidescenter.org
  - Learning to Breathe: http://learningtobreathe.org
  - MindUP: (preK-8) www.thehawnfoundation.org
  - Still Quiet Place (K-12) www.stillquietplace.com
  - Stressed Teens (13-18yo) www.stressteens.com
  - Wellness Works in Schools (3y-18y) www.wellnessworksinschools.com

Responding to Traumatic Stress in the School Setting

- Tier 3: Mindfulness Programs for Children
  - Mindful schools (K-12) www.mindfulschools.org
  - Mindful Life Project http://mindfullifeproject.org
  - Inner Kids Program (K-8) www.susankaisergreenland.com
  - Inner Resilience Program (K-8). www.innerresilience-tidescenter.org
  - Learning to Breathe: http://learningtobreathe.org
  - MindUP: (preK-8) www.thehawnfoundation.org
  - Still Quiet Place (K-12) www.stillquietplace.com
  - Stressed Teens (13-18yo) www.stressteens.com
  - Wellness Works in Schools (3y-18y) www.wellnessworksinschools.com

Responding to Traumatic Stress in the School Setting

- Tier 3: Mindful Life Project Small Group Example

Responding to Traumatic Stress in the School Setting

- Tier 3: Intensive Mindfulness Interventions
  - Present Moment
  - Central to mindfulness model
  - If you delve into the past, it will become a bottomless pit. There is always more.
  - More time to understand the past is not helpful
    - Contradictory to many therapies
  - The idea that the future will eventually set you free of the past is a delusion.
  - Only the present can set you free of the past.
Responding to Traumatic Stress in the School Setting

- **Tier 3: The Past and Future**
  - Movie directors: constantly playing scripts and clips in our minds. Often this leads to an emotional experience, such as anxiety, depression, or excitement.
  - We react and respond to the illusions we create in our minds. Not to what is actually occurring in the present.

- **Tier 3: Present Moment**
  - We are often so trapped in our thoughts that we forget to experience, let alone enjoy, what is happening in the now. For those who have experienced trauma, this is even more so.
  - Automatic pilot: starts young!
  - But if we are so absorbed in now, won’t we miss information we need to strategize and plan???
  - Tolle (2005) suggests 80-90% of thinking is repetitive, useless, and negative, even harmful
  - Our thinking minds are supposed to be tools; we use them for a task, then set them down

- **Tier 3: Intensive Individual Intervention**
  - Interrupt hyperarousal
  - Individual mindfulness and cognitive intervention
    - Breath Work
    - 5 Senses
    - Focus (TIG)
    - Acceptance
    - Defusion of Thought
Responding to Traumatic Stress in the School Setting

- Tier 3: Mindfulness and Breath Work
  - Breathing is always with us, so paying attention to it requires nothing extra
  - We breathe 20,000 times a day (15 per minute)
  - When we feel panicky, there is a decrease of carbon dioxide in the blood.
  - Diaphragmatic breathing is a method of balancing the oxygen and carbon dioxide levels in the blood. It takes only 4 minutes to re-regulate the system via diaphragmatic breathing.

- Tier 3: 4 x 4 Breathing
  - Anxiety patients are instructed to focus on their breathing for 4 minutes, counting to 4 (one count per second) on inhales and 4 on exhales.
  - The breathing is diaphragmatic
  - Later increase this to 8 seconds on the exhale
  - When we breathe 4x4 then your rate of breath is cut in half, and at 4x8 then breathing is only 5 breaths per minute. The reason we focus on making breaths longer on the exhale is because it slows the heart rate down/stops the SNS activation.

Responding to Traumatic Stress in the School Setting

- Tier 3: Breathing and Meditation Exercise
  - Coming into breath
  - Being aware of our bodies
  - Opening up to our other senses
  - Labeling thinking as “thinking”
  - Opening up our “mental hands” to thought

- Tier 3: Five Senses, Savoring the Present Moment
  - Savoring the moment involves our senses
    - Hearing
    - Vision
    - Taste
    - Touch
    - Smell
  - Practice using your senses
### Adding Cognitive work to Mindfulness Grounding

- Use of mantras
- Use of imagery
  - Safe environment
  - Defusing thoughts (slide 77)
- Examining the evidence and challenging thoughts

### Responding to Traumatic Stress in the School Setting

**Tier 3: Acceptance**

- Active, vital awareness and acknowledgement of the moment and our experiences

**Homework: Cognitive Imagery and Mindfulness**

- **TIG Experiment**
  1. Look for good facts, and turn them into good experiences
  2. Really enjoy the experience
  3. Intend and sense that the good experience is sinking into you

---

**Responding to Traumatic Stress in the School Setting**

- Tier 3: Acceptance
- **The Path is the Goal**
  - We carry the past with us through attachment and thought.
  - Make the path your goal.
  - Align with what happens. This is acceptance. That which you resist, persists. (imagine swimming in ocean)
Responding to Traumatic Stress in the School Setting

- Tier 3: Acceptance Techniques
  - Chinese finger trap analogy
  - Physicalize the thought
    - Clipboard metaphor
  - Moving through the swamp
  - Defusion of thought

- Tier 3: Defusion of Thought
  - No delete button on thoughts
  - Fusion with thoughts: they are the lens by which the world is viewed
  - Defusion: Recognizing that thoughts are thoughts and that these can structure our inner worlds
    - Sunglasses metaphor
  - Defusion allows us to be more flexible psychologically

Responding to Traumatic Stress in the School Setting

- Tier 3: Techniques for Defusion
  - Numbers game
  - “I am having the thought that…”
  - Monsters on the bus
  - Externalize the thought (e.g., form, speed, color)
  - Imagery (leafs on a stream)

- Tier 3: Other Exercises
  - Guided meditations
  - Mindful walks
  - Use of technology (yep, there are apps!)
  - Break habits
  - Curiosity (alien mentality)
  - Body Posing Work
  - Nature
  - Yoga

NOTE: We must practice what we are teaching to become comfortable with the practices.
Wrap-up

- Concluding Remarks
- Questions?

References & Resources


