

Mindfulness and Self-Attunement

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Faculty

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Mindfulness Objectives

- Provide an overview of the background and history of mindfulness
- Describe the link between mindfulness and cognitive based therapies
- Discuss how mindfulness approaches are used for mental health issues
- Practice how to apply mindfulness techniques with patients in crisis

Mindfulness Related Terms

- Mindfulness is a form of meditation originally developed from the Theravada tradition of Buddhism (Hanh, 1976)
- Metacognition: Conscious knowledge of one's own character, feelings, motives, and desires. A critical awareness of a) one's thinking and learning and b) oneself as a thinker and learner c) awareness and understanding of one's own thought processes.

Mindfulness Related Terms

- Self-awareness: Conscious knowledge of one's own character, feelings, motives, and desires, having a clear perception of your personality, including strengths, weaknesses, thoughts, beliefs, motivation, and emotions. *Self Awareness* allows you to understand other people, how they perceive you, your attitude and your responses to them in the moment.

Mindfulness Related Terms

- Self-regulation: the fact of something such as an organization regulating itself without intervention from external bodies. The ability to self-regulate is the second of six core strengths that are an essential part of healthy emotional development. (Dr. Bruce Perry)

Mindfulness Related Terms

- **Self-attunement:** Psychologist Howard Gardner advanced the idea of multiple intelligences more than 25 years ago (Gardner 1983). Since then, there has been a growing appreciation of how individuals require an *embodied* understanding of spatial relations, physics and kinesthetics. (Gavin & Moore, 2010)

Mindfulness Related Terms

- **Self-reflection:** meditation or serious thought about one's character, actions, and motives, careful thought about your own behavior and beliefs.

Who Benefits from Mindfulness?

- Mental health professionals have demonstrated higher levels of burnout than primary health care workers (Imai, Nakao, Tsuchiya, Kuroda, & Katoh, 2004) with public-sector mental health providers being at higher risk for burnout than those who work in the private sector (Melamed, Szor, & Bernstein, 2001)

Who Benefits from Mindfulness?

- Mindfulness, is seen as an important foundation and component of compassion (Gilbert, 2010; Tirsch, 2010). Some researchers have suggested compassion as a quality of mindfulness (Shapiro & Schwartz, 2000)

Research Support

- Gallegos, Lytle, Moynihan and Talbot, (2015) concluded that Mindfulness Based Stress Reduction may be an effective intervention to improve emotion regulation and immune function in a community-based setting, and warrants further study

Research Support

- Raab, Sogge, Parker, and Flament, (2015) results indicated that several facets of self-compassion were modified by the mindfulness intervention, that is, self-judgment, common humanity, isolation, and over-identification

Research Support

- These results support Neff's (2003) suggestion that in order for individuals to fully experience self-compassion, they must be mindful, that is, they must not avoid or repress painful feelings nor become over-identified with them

Who Needs Mindfulness?

- Exposure to interpersonal trauma substantially contributes to mental and medical health burdens among low-income women (Gillespie et al., 2009; Sachs-Ericsson, Blazer, Plant, and Arnow, 2005)

Who Needs Mindfulness?

- Rates of interpersonal trauma are high in low-income urban areas
 - By one estimate, out of over 700 low-income, urban women in a primary-care setting, 86.1% had experienced at least one significant lifetime trauma, 33% had suffered intimate-partner violence

Who Needs Mindfulness?

- Female gender, younger age, inpatient work setting, social work background, and greater caseloads will all be positive predictors of compassion fatigue and burnout and negative predictors of compassion satisfaction

Character Attribute:

- *Empathy*, defined as a personality characteristic that describes the ability to affectively and cognitively respond to others with objectivity is theoretically considered to place the professional at risk of indirect trauma exposure reactions (Figley, 1995)

Stress: Reported Symptoms

- Even helping professionals have reported symptoms:
 - Intrusive secondary trauma-related thoughts or memories
 - Avoidance behaviors
 - Sleep disturbances
 - Irritability
 - Dissociation

(Bride, 2004; Dane & Chachkes, 2001; McCann & Pearlman, 1990)

What Can Be Done?

- Recent research has found that specialized trauma training (**Mindful Based Stress Relief**) significantly increased compassion satisfaction and decreased compassion fatigue and burnout and had a positive influence on the body
- See reference page

Self-Attunement

- Anticipation and avoidance
- Slow, deep breathing
- Relaxation techniques
- Visualization techniques
- APPS (ie Breathe to Relax, Chill Drills)



Provider Self-Attunement

- Acknowledge the reality of the impact of dealing with loss
- Work through your emotional turmoil
- Withdraw the emotional energy invested in the client (or situation) and focus it towards healthy relationships



Self-Care at Work

- Become aware of your emotional and physical reactions
 - Breathing, muscle tightness
- Notice your distress
 - Do not ignore it
- Know your limitations: physical, emotional, psychological
- Manage your time
 - At work and home

Self-Attunement

- Adjust your home environment
- Loosen mental ties to work when you are at home
- Take time to refresh and recover from your stress
- Focus on building your identity apart from your job

Reach Out!

- You are not alone
- Identify supportive resources
- Locate professional associations and network
- Get training in Mindfulness
- USE THE RESOURCES!



References

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