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Post-Traumatic Stress Disorder: Healing Mindfully

A Plan B Project Presented to
the Graduate Faculty of
Minnesota State University Moorhead
By
Taylor Kay West

In Partial Fulfillment of the
Requirements for the Degree of
Master of Science in
Clinical Mental Health Counseling

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Abstract

Post-Traumatic Stress Disorder is a mental health disorder that has had some pretty significant changes over history. Affected populations, symptomatology, among other things have changed with the disorder as more has become known. Although not every individual who experiences a traumatic event will develop Post-Traumatic Stress Disorder, it is imperative to be aware of the effects of trauma. Trauma affects a fairly significant (5%) amount of the general population of children and adolescents ages 13-18. However, when one looks into the youth that are incarcerated in juvenile detention centers, the amount of youth who meet the criteria for Post-Traumatic Stress Disorder rises markedly (10-30%). Because of these numbers, it is imperative that juvenile detention centers implement some trauma informed care in their facilities. There are well researched treatment modalities for trauma and Post-Traumatic Stress Disorder, however there is also literature that supports mindfulness-based interventions as adjacent treatments.

Keywords: Post-Traumatic Stress Disorder, PTSD, youth, mindfulness, incarcerated youth, trauma

TABLE OF CONTENTS

INTRODUCTION…………………………………………………………………...5
LITERATURE REVIEW…………………………………………………………6
CONCLUSION…………………………………………………………………..14

GROUP OVERVIEW……………………………………………………………15

TYPE OF GROUP………………………………………………………15
PURPOSE………………………………………………………………..15
FACILITATOR QUALIFICATIONS……………………………………...15
GROUP FORMAT AND PROCEDURES……………………………....16
SCREENING……………………………………………………………..16
GROUP MEMBERSHIP…………………………………………….....…17
NORMS AND GUIDELINES……………………………………………17
LENGTH OF THE GROUP……………………………………….…..17
SIZE OF THE GROUP…………………………………………….…..18
OPEN-ENDED…………………………………………………………...18
FREQUENCY AND DURATION OF THE MEETINGS……………….18
GROUP STRUCTURE…………………………………………………...18
GROUP GOALS…………………………………………………………19
GROUP EVALUATION…………………………………………………19
INTRODUCTION TO HEALING MINDFULLY………………………….20

SESSION ACTIVITIES…………………………………………….………22

SESSION ONE – INTRUSIVE THOUGHTS……………………………22
SESSION TWO – EMOTIONAL DISTRESS…………………………....24
SESSION THREE – AVOIDING PEOPLE/PLACES/THINGS……………26
SESSION FOUR – AVOIDING THOUGHTS/FEELINGS………………...28
SESSION FIVE – NEGATIVE VIEW OF THE WORLD…………………30
SESSION SIX – NEGATIVE AFFECT/ISOLATION……………………...32
SESSION SEVEN – IRRITABILITY/ISOLATION………………………..34
SESSION EIGHT – DIFFICULTY SLEEPING……………………………36

CRITICAL ANALYSIS…………………………………………………………..38

STRENGTHS……………………………………………………………..38
GROWTH AREAS………………………………………………………..38
PERCEIVED DIFFICULTIES……………………………………………38

REFERENCES……………………………………………………………………40

APPENDICES……………………………………………………………………43

APPENDIX 1……………………………………………………………………..43
APPENDIX 2……………………………………………………………………..44

APPENDIX 3……………………………………………………………………………..45
APPENDIX 4……………………………………………………………………………..46
APPENDIX 5……………………………………………………………………………..47
APPENDIX 6……………………………………………………………………………..48
APPENDIX 7……………………………………………………………………………..49
APPENDIX 8……………………………………………………………………………..50
APPENDIX 9……………………………………………………………………………...51

Introduction

Many of life's events can prove to be distressing to individuals. Events that are more obviously distressing like violence, abuse, or experiencing natural disasters can cause difficulties in someone's life. Trauma can be highly individualized, which is why it is important for the person seeking services to define their trauma. Not every individual who experiences trauma will develop Post-Traumatic Stress Disorder, and it can result from a single or multiple experiences. Youth who are incarcerated have exponentially higher experiences of trauma than youth who are not incarcerated. However, in many youth detention centers, there are limited if any mental health services. Mindfulness based stressed reduction themed services have proven successful in alleviating adult trauma symptoms, and could potentially prove effective for youth who are in the detention setting.

Literature Review

History of Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder used to be exclusive to veterans who experienced combat and struggled to cope with the experiences they had. Today, however, we know trauma can occur in anyone's life. According to the National Institute of Health (2010), trauma affects 7.7 million Americans each year. This trauma can be naturally occurring or brought on by other people. The exposure to these events, single or recurring, can cause severe distress. Since the Diagnostic and Statistical Manual (DSM) III in 1980, Post-Traumatic Stress Disorder has been a stand-alone diagnosis affecting not only veterans in combat, but anyone who experiences traumatic events (NIH, 2010). This diagnosis, however, was focused on adults. It was thought that children who experienced trauma would simply not be able to remember the experience (Damian, Knieling & Ioan, 2011). In the eyes of some professionals, children's exposure to violence in the home does not constitute as a traumatic experience, however by others (as cited in Margolin & Vickerman, 2010), a home riddled with violence is comparable to these people as being in an active war zone. This illustrates the large variance in clinical judgements that can occur when dealing with similar situations.

Diagnostic Features and Affected Populations

It is important to note that not every individual who experiences a traumatic event will develop Post-Traumatic Stress disorder. It is thought that the type of trauma may determine the likelihood of the development of the disorder. For example, interpersonal trauma has a higher likelihood than non-interpersonal trauma (Alisic, et al., 2014). Examples of interpersonal trauma include emotional abuse and neglect, physical abuse and neglect as well as sexual assault (Mauritz, Goossens, Draijer & van Achterberg, 2013). Non-interpersonal trauma would include

natural disasters or accidents. One way to differentiate interpersonal trauma from non-interpersonal trauma is that interpersonal trauma is trauma that happens by the hands of individuals to an individual, while non-interpersonal trauma involves a non-human party like storms or vehicular accidents. One could argue that vehicular accidents could be considered interpersonal trauma but for the sake of this review of literature, they are categorized as non-interpersonal. It is important to note that these lists are not exhaustive, and any event can be deemed traumatic by an individual if that is how they experienced it

Those who are diagnosed with Post-Traumatic Stress Disorder experience a myriad of symptoms. The DSM V separates its diagnostic criteria into two sections: one for adults, adolescents and children older than six and a section for children 6 years and younger. Diagnostic criteria include there being a concern about death, injury or sexual violence, perceived or actual, as well as intrusion symptoms including memories, dreams and flashbacks, avoiding things that are associated with the traumatic even or experience and thought and mood changes that are associated with the trauma, increased reactions, among a few other criteria. (American Psychiatric Association, 2013). These symptoms must cause substantial impairment in the individual’s life and must not be attributed to other medical or substance induced circumstances. It was not until the DSM-IV that it was acknowledged that Post-Traumatic Stress Disorder is manifested differently in children than in adults (Margolin & Vickerman, 2010). Children can endure the same things adults can, however they may exhibit symptoms much differently, simply due to their developmental level. For example, a young child may wet the bed after being potty trained, forget or be unable to speak, act out the event while they are playing or become more dependent than they had been on the parent or another adult (NIMH, 2019). This is important for all professionals to know, whether they are mental health professionals or medical

professionals. Some parents or adult caregivers may not have any idea about the trauma and may be relating these symptoms to physical ailments or illnesses. If our medical professionals are trauma-informed on how children could react to these events, we could potentially get these children services to help them process that trauma sooner. According to the Adverse Childhood Experiences Study (ACEs), exposure to traumatic experiences in childhood can have a profound effect on the mental and physical health of an individual in adulthood. The ACEs study found that obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke and COPD are more common in adults who have experienced trauma in their childhood (Felitti, et al., 1998). These health issues coupled with the trauma symptoms can cause great distress to an individual.

In the DSM-V, Post-Traumatic Stress Disorder was moved from the anxiety disorders into a new classification: trauma and stressor related disorders. This reclassification was due to the fact that anxiety is not always the main symptom of Post-Traumatic Stress Disorder in every individual, instead it is now grouped with others that include being exposed to trauma (Weathers, Marx, Friedman & Schnurr, 2014).

Previously, it was typically assumed that a child could not give reliable information, and the adult caregiver the child would be the one asked about the experience and symptoms occurring (Damian, Knieling & Ioan, 2011). This leaves a significant amount of room for misinterpretation of the child’s symptoms and when we do not leave it up to the child to share their own story. If the child is unable to share their own story, a report may not be made for the safety of this child, as the parent or caregiver of the child may be the individual inflicting the trauma on the child. Exposure to violence in the home for children is commonly noted as one of the most likely and severe adverse experiences during a child’s upbringing. Domestic violence is

present in nearly 30% of children who are living in a two-parent households (as cited in Margolin & Vickerman, 2010). When the child is not given the chance to share their experiences and concerns, the parents may leave out integral parts of that experience and lessen the chance the child will receive the services and help that they need. When all of the information is not known, for example violence in the home, the child may receive a misdiagnosis. Most Post-Traumatic Stress Disorder symptoms are internalizing instead of externalizing symptom. If the parent or caregiver is not the one perpetrating the violence, they may not even be aware of the symptoms the child is experiencing internally (Levendowsky, Bogat & Martinez-Torteya, 2013). The adult may be able to see that a child is experiencing a nightmare for example, or a flashback of sorts, but the child may lack the verbal skills to communicate what the nightmare or flashback entails.

PTSD in Juvenile Detentions

According to the U.S. Department of Veterans Affairs about 5% of children ages 13-18 will or have already met the criteria needed to be diagnosed with Post-Traumatic Stress Disorder (Hamblen & Barnett, 2018). This percentage increases for incarcerated youth. Studies show (Abram et al. 2004; Cruise & Ford, 2011; Dierkhising et al., 2013) that youth who are in juvenile detention facilities have rates of Post-Traumatic Stress Disorder ranging from 10% - 30%. These youth are two to six times more likely than other children to meet criteria for Post-Traumatic Stress Disorder, yet the literature and research on how to best serve this population is lacking. A study done for the National Center for Child Traumatic Stress (Dierkhising et al., 2013) found that over half of incarcerated youth are exposed to trauma by age 5, and about one-third of these youth experience at least one traumatic event each year into adolescence. The setting for this study was a detention center where the youth were clinically referred to treatment. Because of

the setting and the clinical referring, this study may be difficult to generalize. Another study done by Abram et al. (2004) found that 1 in 10 of participants met criteria for Post-Traumatic Stress Disorder. The most common trauma experience expressed by participants was being a witness to a violent event. This study is difficult to compare to studies done in communities because the sample was primarily urban youth, as the detention center was in Cook County, Illinois. This county in Illinois is home to Chicago, where the statistics show a higher rate of violence exposure (as cited in Abram et al., 2004). Regardless of the environment the youth are from, or where the detention center is, these studies further prove the intense need for trauma informed care in our nation's juvenile detention centers.

Current Treatments

Co-occurring disorders can often complicate Post-Traumatic Stress Disorder. Depressive or anxiety disorders are the most common disorders that co-occur with Post-Traumatic Stress Disorder (Kar, 2011). Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) are two of the mail approaches utilized to treat PTSD.. When used to treat Post-Traumatic Stress Disorder, CBT includes a mixture of psychoeducation on various reactions to traumatic events as well as relaxation training, and acknowledging/altering distorted cognitions (Kar, 2011). Children who participate in TF-CBT had considerably improvement in their presenting symptoms of their Post-Traumatic Stress Disorder (Kar, 2011). TF-CBT was developed for younger populations. It is considered to be a brief treatment with a core principle being slow exposure to the child's traumatic experience (Lenz & Hollenbaugh, 2014). TF-CBT builds relaxation skills like mindfulness and breathing exercises, while also teaching the child coping skills. When used as a treatment modality, TF-CBT can also improve the child's developmental functioning, and improves safety skills of the child and parent

(Deblinger, Mannarina, Cohen, Runyon, & Steer, 2011). That is another unique part of TF-CBT as a treatment modality – the inclusion of parents or caregivers in the treatment. Including the parents in the skill building and treatment is so important when one is working with children because when they are young, they will need that extra support at home to implement what they have learned while in session. When the parents are on board with the treatment and learning alongside the child, the treatment of the child is much more rounded.

Eye Movement Desensitization and Reprocessing (EMDR) is also universally used as a treatment of Post-Traumatic Stress Disorder. EMDR uses exposure while also utilizing specific guided eye movements that assist an individual in processing traumatic memories of their experience and then helping them change their reactions to the memory (Mayo Clinic, 2018).

Mindfulness in Juvenile Detention Centers

As stated previously, the alarming rates of trauma exposed youth in juvenile detention centers indicates the high need for trauma informed care in these detention centers. There is much more literature on mindfulness as an adjunct treatment for adults who experience Post-Traumatic Stress Disorder, when compared to youth. With that, there is even less on incarcerated youth. However, both CBT and TF-CBT include relaxation techniques as well as teach about mindfulness as part of their highly studied treatment. Additionally, there are studies (Simpson, Mercer, Simpson, Lawrence & Wyke, 2018) that suggest that incorporating mindfulness-based interventions in juvenile detention centers. It not only can positively affect Post-Traumatic Stress Disorder symptomology, but they can allow the youth to have a better quality of life. This can come in experience lower levels of stress, heighten concentration, better emotional and behavioral management and improve their social skills. The addition of a mindfulness-based intervention to these treatment modalities has so many more benefits than the treatment alone.

One way that juvenile detention centers could implement mindfulness-based interventions is to begin yoga and mindfulness combined groups with the children and adolescents. Yoga is found to be beneficial for individuals who have experienced trauma to have a better connectedness between the brain and body pathways that regulate stress after they have endured a traumatic experience (Beltran, Brown-Elhillali, Held, Ryce, Ofonedu, Hoover, Ensor & Belcher, 2016). Yoga as a practice also focuses on strengths which is often a focus of therapy as well. Yoga would act to supplement an existing treatment modality, like TF-CBT. Engaging youth in yoga practices will allow them to practice yoga mindfully, moving to incorporating mindfulness into their everyday life. They will be able to be more in tune with themselves and others as well as improve their emotional regulation (Bentran et. al, 2016). Yoga would allow children to heighten their sense of emotions and emotional levels, through hands-on and techniques prepared and rehearsed in advance. This then encourages relaxation and a heightened awareness of self, control of self, and overall concentration (Steiner, Sidhu, Pop, Frenette & Perrin, 2012). If one is able to plant the seed of these skills into children and then begin CBT or TF-CBT with them, they would have a much more improved and stable base to begin treatment with.

Despite the alarming rates of trauma exposure and Post-Traumatic Stress Disorder amongst youth who are incarcerated, there seems to be hope in implementing mindfulness-based interventions. Being incarcerated, especially for youth adds more stress to their lives. Studies show (Leonard et al., 2013) that being incarcerated can affect the cognitive control of the youth. An individual uses cognitive control for things like problem solving, regulating of emotions and behaviors as well as inhibitions. The same study also showed that youth who were in a juvenile detention center who implemented mindfulness-based interventions had a significant increase in

their cognitive control. Not only would the implementation of mindfulness-based interventions positively impact youth in working through and living with their trauma, but it would help them in so many other areas of their lives as stated above.

Conclusion

Incarcerated youth experience traumatic events at much higher rates than non-incarcerated youth. This author believes that juvenile detention centers are lacking in mental health services to attend to these high rates of trauma exposure and the literature is also lacking in addressing these statistics. There have been multiple interventions tailored to adult populations impacted by trauma, but less for youth, and even fewer for incarcerated youth. The goal of this author is to create a mindfulness-based group that could be integrated into the programming in a juvenile detention center for the youth who identify trauma exposure or trauma symptomology in attempts to alleviate the negative impact. This author believes that teaching the youth these skills could not only benefit the youth's management of traumatic symptoms, but also benefit their day to day lives in the detention center and back in the community.

This group would also create a network for the incarcerated youth and a sense of universality. It will foster social relationships and support systems that the youth may use while incarcerated and perhaps after release. With a focus on regulation, mindfulness-based skill introduction could also potentially lead to youth being less likely to reoffend, however this would need to be examined further to say conclusively.

Group Overview

Type of Group

This group is a counseling group that is based on Trauma-Focused Cognitive Behavioral Therapy and Mindfulness Based Stress Reduction. This group would include members who are currently incarcerated in a juvenile detention facility who have experienced traumatic events. The group will provide psychoeducation to the youth on the traumatic symptoms and the positive effect that implementing mindfulness strategies can have on these symptoms.

Purpose

The purpose of this group is to help youth who are incarcerated begin to learn positive coping skills and how to live with trauma they have experienced. Of the youth who are incarcerated, 10-30% of them will meet criteria for Post-Traumatic Stress Disorder (Abram et al. 2004; Cruise & Ford, 2011; Dierkhising et al., 2013) compared to 5% of children in the general public (Hamblen & Barnett, 2018). On top of the high likelihood of developing Post-Traumatic Stress Disorder, the atmosphere of a juvenile detention facility is not always the best. By being a part of this group, the incarcerated youth will be educated on mindfulness including the benefits and how to practice it.

Facilitator Qualifications

The facilitator of this group would ideally be a mental health professional who is licensed and received their education from an accredited program. If that is not available in the detention center, an individual who is working toward their state licensure can also facilitate this group as long as they are being supervised by a licensed professional at least one hour per week. Due to the low numbers of professionals working in or with detention centers, it is possible to have an outside facilitator come into the detention center to lead this group for the youth. The facilitator would need to have experience working with children and adolescents. They also would

preferably have a background working with those affected by trauma and ample knowledge of trauma symptomology. Licensed or not, they would need to seek supervision by a licensed professional due to the nature of the trauma work, and the additional juvenile detention setting. If it is deemed necessary by group size or rigor, a co-facilitator could be utilized.

Group Format and Procedures

Each group session has been planned to first open with a discussion relating to each week's specific topic. This will be led by the group facilitator in order to provide consistency with the schedule and to remain in control of the group discussion. Since the age range for the group is thirteen to eighteen, an increase in structured group sessions would be favorable and realistic due to the wide array of ages. The facilitator should prepare ahead of time by familiarizing themselves with the weekly modules and materials, this will help provide smoother transitions during the group sessions.

Screening

Depending on the detention center that this group is offered in, various admission screenings may be used including the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2). If a youth discloses a traumatic event they have experienced, or answers affirmatively on an intake assessment on trauma-related questions, the group will be offered to them. If the youth does not disclose during the intake session, but discloses later in their stay, the group will also be offered to them. It is possible a youth may not feel comfortable disclosing that information upon first arriving at a detention center, so later disclosures would also open the group to them.

Group Membership

Group membership will be founded on the youth currently being detained in a juvenile detention facility who have identified a traumatic experience during the intake interview. Youth may report it later on in their stay and be admitted to the group.

Norms and Guidelines

Guidelines will be discussed and decided upon in the first group. Due to the open nature of the group, the norms and guidelines will be discussed briefly at the beginning of each session. If there are changes or additions to be made, it will be discussed amongst the group then. Some common norms and guidelines that apply to adolescent groups include:

1. Being on time
2. Confidentiality – including the limits
3. Respectful of others – no interrupting others, no calling names, it is ok to disagree
4. Taking risks – encouraged to participate, trying new behaviors in and out of group (Delucia-Waack, 2006, p. 91)

Length of the Group

This group will follow an eight-week course schedule. Each session will run for 60 minutes at a time as that is what has been found to be an effective time limit for adolescents (Reid & Kolvin, 1993). Each session will be at the same time and on the same day each week. Should the need for two groups arise, a weekly time will be determined by the facilitators that is appropriate for the detention center's schedule. Because the group is open and continuous, after the eight-week course is complete, the group will return to the beginning and repeat it. The youth have the opportunity to then complete all eight weeks of the group no matter when they begin.

Size of Group

This group will be available to six to eight members at a given time. The group size allows a more intimate experience for the youth. Due to the nature of youth coming and going from a detention center, there will be weekly sign-up sheets. If the six to eight-member limit is reached, and other youth want to attend still, the group will be divided into two sections, each then operating separately that week.

Open-Ended

Due to the nature of the juvenile detention centers and varying youth stays, the group would function in an open-ended group fashion. As stated previously this group could have different members each week due to youth arrivals and departures, or new disclosures of traumatic exposure. Again, the group norms and rules would be reviewed each week, and a new goal for the group session would be defined for each session.

Frequency and Duration of the Meetings

This group will run for 60 minutes every week. As stated above, the youth have varying lengths of stays so the group will consistently repeat from beginning to end. These groups will stay consistent in the day, time and place they are held.

Group Structure

Group sessions will begin each week with an overview of the group rules and norms for those who are new to learn, as well as a reminder for returning youth. Goals for each week will be set that session as well. This provides the facilitator time to check in with the youth, and model appropriate emotional expression. The youth who were at the previous week/s session can share with the group if they are willing what they have used as far as techniques in the time

between groups. The second part of the session will be used to as a psychoeducational time to learn about trauma and a different symptom of trauma exposure. The third part of the session will include the introduction to a unique mindfulness technique related to the specific symptom. Then the youth will have a chance to either practice the technique or view it being utilized. The last point of each session will be a wrap up or conclusion session where the youth can process what they learned that week and what it was like if they did practice the technique in group.

Group Goals

As with the group norms and guidelines, due the open nature of this group, goals will be discussed on a weekly basis. The goals will not necessarily be for the entire group, but for that singular session. An overview of the content for that session will be presented to the attending youth, and from that information a goal, or goals, will be set for that session. The facilitator will be mindful to what would be developmentally and content appropriate for the goals set.

Evaluation

To evaluate the effectiveness of the group, the youth will be given the CATS PTSD Symptom Progress Monitoring self-report measure after each session to complete on their own. The leaders of the group will review these self-report measures to both measure the group's effectiveness as well as monitor the youth's symptoms.

Introduction to Healing Mindfully:

This introduction is intended for facilitators who will be leading Healing Mindfully in detention centers to youth who have been affected by trauma and meet criteria for Post-Traumatic Stress Disorder. This manual will lead you through eight lessons with psychoeducation pieces, as well as activities intended to help alleviate the symptoms that individuals who have experienced trauma may be having. The sessions are each laid out by explaining the objectives for that session, followed by discussion points for the session, and lastly explaining the activity or activities for the youth to engage in. Youth are to be given the CATS (Appendix A) after each session, to be completed and handed into the facilitator who will track the progress of the youth's symptoms. With the nature of the group being open and members coming and going, each session will begin with introductions, and establishment of group rules and norms by the day's present group members. Having the members set the rules and norms along with boundaries alongside the group facilitator will give the opportunity to feel less like the facilitator is speaking at the group members, instead with them. Allow the members who were present at the following session share their experience with the information and activities learned with the other group members if they choose to do so.

Overview of PTSD for Facilitators

You will introduce Post-Traumatic Stress Disorder (PTSD) to the group each session. Shirin Hasan, MD, notes PTSD is a cluster of symptoms that can arise in a person after something damaging, scary, or troubling happens to them (2018). However, an individual can also experience a stressful unexpected event such as a violent death, or natural disaster. It does not need to happen directly to the person.

When something damaging, scary or troubling happens to you, your body has a natural response, which is often referred to as fight, flight, or freeze. After the damaging, scary or troubling event, usually that bodily response shuts off – not for individuals with PTSD. Anything that is damaging, scary or troubling to a person can cause PTSD, but some common events include: violent attacks, fires or natural disasters, abuse or neglect, car accidents, loved ones going through traumatic events, and military combat. This is not an exhaustive list and if what you experienced was not on the list, it can still be traumatic to you.

Symptoms of PTSD can happen right away or after time passes from the traumatic event/s. Some symptoms that people may have some or all of include: nightmares, flashbacks, or intrusive thoughts, avoiding people or places or avoiding thinking or talking about what happened, emotionally numb feeling, view the world more negatively, have trouble trusting, and finally they may be jumpy or startle easier, having a hard time focusing and sleep problems. Again, one does not need to have all of these symptoms, and can experience other things, which is why it is important to talk to a mental health professional to get a diagnosis if you are experiencing these symptoms after a traumatic event.

Session 1 – Unwanted/Upsetting Memories from DSM Criterion B: Intrusive Thoughts

Objectives	1. Provide youth with a basic understanding of PTSD 2. Introduce intrusive thoughts, specifically unwanted/upsetting memories 3. Introduce "The Container" exercise to deal with intrusive thoughts
Discussion	Group Rules and Norms - Welcome and introductions - Set group rules and discuss confidentiality - Review previous weeks topic and skill Overview of Post-Traumatic Stress Disorder: - Explanation of what PTSD is - What can cause PTSD - Symptoms of PTSD Introduction to Intrusive Thoughts - What can intrusive thoughts look and feel like? - What ways do you currently cope with these unwanted thoughts? - Present the container exercise to the youth
Activity or Technique	The Container - Encourage youth to picture a container with a removable lid. This could be a box, or a vault, a safe, etc. - When youth are having an intrusive thought, instruct them to put this thought in the container in the moment - Prompt the youth to imagine that thought being placed inside the container and putting the cover back on the container - Remind youth that this does not mean the thought goes away, but that it can be addressed at a later time, perhaps in individual counseling or with a trusted support person

Session 1 Additional Notes for Facilitator/s

Intrusive thoughts are common to those who have experienced trauma. Having these thoughts may make your body feel different things like higher heart rates or sweating, and even sometimes flashbacks of the event or events. Sometimes these thoughts are brought on by certain places or people, or event things like scent or sounds. Sometimes we can identify the things that bring on these intrusive thoughts. Other times these thoughts can appear to come on completely randomly. Whenever your mind is triggered by the familiar things associated with the trauma, or when the thoughts come randomly, the memory of the trauma comes back to your brain and your body may react naturally by going back into that fight-flight-or freeze mode. These intrusive thoughts are normal reactions to having experienced trauma.

The last part of the session includes introducing the youth to the container exercise. This exercise allows youth to acknowledge the intrusive thoughts they may be having but put them away for a better time to process through them. The youth will imagine a container that has a lid, any coverable or closable container works. When the youth are having an intrusive thought, instruct them to "put" this thought into that container and close the cover. This allows the personification of the thought being put away for now. However, it is important to inform the youth that this does not mean the thought goes away forever, but that it is stored away until they are in a safe place, with a safe person to acknowledge and process this thought deeper.

<u>Session 2 – Unwanted/Upsetting Memories from DSM Criterion B: Emotional Distress</u>

<table>
<tr><td>Objectives</td><td>1. Provide youth with a basic understanding of PTSD
2. Introduce intrusive thoughts, specifically emotional distress after intrusive thoughts
3. Introduce the concept of “grounding” and various techniques</td></tr>
<tr><td>Discussion</td><td><u>Group Rules and Norms</u>
- Welcome and introductions
- Set group rules and discuss confidentiality
- Review previous weeks topic and skill

<u>Overview of Post-Traumatic Stress Disorder:</u>
- Explanation of what PTSD is
- What can cause PTSD
- Symptoms of PTSD

<u>Introduction to Emotional Distress</u>
- What can emotional distress come from
- Allow exploration and conversation about what emotional distress looks and feels like
- Introduce grounding and activities for grounding</td></tr>
<tr><td>Activity or Technique</td><td><u>5-4-3-2-1 Senses</u> – All the youth need is their senses to ground themselves with this exercise.
- 5 things you can see
- 4 things you can touch
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste

<u>Guided Imagery – Safe Places</u>
- Refer to Appendix 2 for script
- Encourage youth to bring themselves back to their safe place during times of emotional distress</td></tr>
</table>

Session 2 Additional Notes for Facilitator/s

Whenever your mind is triggered by the familiar things associated with the trauma, or when the thoughts come randomly, the memory of the trauma comes back to your brain and your body may react naturally by going back into that fight-flight-or freeze mode. This emotional distress that you can feel after these triggers is normal. It can feel or look like many different things for different people.

Grounding exercises can help the youth to get their minds out of the fight-flight-or-freeze mode and back into the current situation they are in. Grounding typically uses the five senses but can also use other practices that help an individual connect with the present. Often times, the person only needs themselves to engage in the grounding exercises.

<u>Session 3 – Avoidance from DSM Criterion C: Avoiding of Places/People/Things</u>

Objectives	1. Provide youth with a basic understanding of PTSD 2. Begin the understanding of avoidance in the way of people, places and things (triggers) 3. Engage youth in identification and coping card
Discussion	<u>Group Rules and Norms</u> - Welcome and introductions - Set group rules and discuss confidentiality - Review previous weeks topic and skill <u>Overview of Post-Traumatic Stress Disorder:</u> - Explanation of what PTSD is - What can cause PTSD - Symptoms of PTSD <u>Introduction to Avoidance</u> - What is avoidance? - Why do we avoid places? - Where do we avoid?
Activity or Technique	- Identification of avoided people/places/things o Brainstorm what these feels like ▪ Anger, anxiety, sadness, loneliness, abandonment, pain, vulnerability, racing heart, sweatiness, out of control, etc. o Identify what is happening when those triggers happen ▪ Arguments, news stories, smells, anniversaries, holidays, specific places, someone who reminds you of a person, a person from your traumatic event/s o Use the two above sections to identify the people, places or things that are avoided because of the feelings - Create a Coping Card (Appendix 3) o Youth will need a note card and writing/coloring instruments o Instruct the youth to write down ways to cope if faced with these ▪ Supportive people's names & ways of contacting the person ▪ Different skills like coping, relaxation, grounding, etc.

Session 3 Additional Notes for Facilitator/s

External triggers can be things that remind you of the traumatic experiences you had. They can include things like people, places or things. They can also be smells or sounds, or even certain days. When you are exposed to these things, it may feel as intense as if you are reexperiencing the trauma itself. When triggers happen, you may avoid the situation that causes the trigger, which could hinder your day-to-day life. Sometimes you may even be triggered by things that you think have nothing to do with the trauma itself. Once you are more aware of your triggers, it can be easier for you to cope with the people, places and things that you may come into contact with and manage the emotions and responses that come from these. The more that you avoid these people, places or things, the more isolated you can become, which can exacerbate the other symptoms you may feel from the trauma.

<u>Session 4 – Avoidance from DSM Criterion C: Avoiding Thoughts and Feelings</u>

<table>
<tr><td>Objectives</td><td>1. Provide youth with a basic understanding of PTSD
2. Introduce avoidance of feelings and thoughts
3. Engage the youth in the 3-Step Mindfulness exercise</td></tr>
<tr><td>Discussion</td><td><u>Group Rules and Norms</u>
- Welcome and introductions
- Set group rules and discuss confidentiality
- Review previous weeks topic and skill

<u>Overview of Post-Traumatic Stress Disorder:</u>
- Explanation of what PTSD is
- What can cause PTSD
- Symptoms of PTSD

<u>Introduction to Avoidance of Thoughts and Feelings</u>
- What is avoidance?
- What thoughts might we avoid?
- What feelings might we avoid?
- Why do we avoid these thoughts and feelings?</td></tr>
<tr><td>Activity or Technique</td><td>- Instruct youth through the 3-Step Mindfulness Worksheet (Appendix 4)
o Make sure copies are made before the group so each youth can have one
o 1. Step Out of Autopilot
o 2. Become Aware of Your Breath
o 3. Expand Your Awareness Outward</td></tr>
</table>

Session 4 Additional Notes for Facilitator/s

Internal triggers, thoughts or feelings about the trauma, can sometimes be caused by external triggers, places, people or things. Oftentimes people try to avoid thinking or feeling emotions, or internal triggers that remind them of the trauma they experienced. These thoughts and feelings can happen any time or any place. The 3-Step Mindfulness exercise is a more practical approach to quick mindfulness in times of stress or triggers. Once the youth are introduced to this mini mindfulness exercise, it is hoped that they can use it in times of internal triggering moments.

Session 5 – Negative Thoughts and Mood from DSM Criterion D: Negative View of World

Objectives	1. Provide youth with a basic understanding of PTSD 2. Recognize changes in worldview before and after trauma 3. Introduce gratitude and gratitude activity
Discussion	Group Rules and Norms - Welcome and introductions - Set group rules and discuss confidentiality - Review previous weeks topic and skill Overview of Post-Traumatic Stress Disorder: - Explanation of what PTSD is - What can cause PTSD - Symptoms of PTSD Introduction to Negative Alterations of Thoughts/Mood - How does trauma change our world view? - How can we combat those negative alterations? - What is gratitude and what can it do for us? - How can gratitude help with the negative alterations?
Activity or Technique	- Encourage youth to explore different things they can be grateful for, including different categories such as people or things, or traits in themselves or others - Provide youth with Gratitude exercise sheet (Appendix 5) and work through it in the group, allowing for independent work if preferred - Encourage the youth to implement gratitude into different areas of their life (i.e., right away in the morning, or before going to bed)

Session 5 Additional Notes for Facilitator/s

After you experience a traumatic event, it can feel like one's view of the world has changed drastically. It can be difficult to trust the world and it can feel like the world has become unsafe, or unpredictable. Oftentimes our worldviews are shaped as we are raised from children to adults. These adverse experiences can change the assumptions that we have of the world, more often than not, changing them into negative assumptions. However, it is possible to repaint our worldview back to a positive, safer world than the trauma made it into. It may not be perfect, but it can be made better just by beginning to address the change of the view of the world. Sometimes traumatic experiences affect a part of our personal worlds but can feel like the effects of the trauma seep into more, or every, part of our life. Practicing gratitude for what is still positive parts of life can help individuals not live in the constant negative world view and allow them to do more work toward overcoming their trauma.

Session 6 – Negative Thoughts and Mood from DSM Criterion D: Negative Affect

Objectives	1. Provide youth with a basic understanding of PTSD 2. Understand how trauma can change our affect and cause isolation 3. Automatic Thoughts/New Thoughts
Discussion	Group Rules and Norms - Welcome and introductions - Set group rules and discuss confidentiality - Review previous weeks topic and skill Overview of Post-Traumatic Stress Disorder: - Explanation of what PTSD is - What can cause PTSD - Symptoms of PTSD Introduction to Negative Affect and Isolation - How does trauma change our affect? - What are automatic thoughts? - How can we change our automatic thoughts?
Activity or Technique	- Challenging and Changing Automatic Thoughts o Provide youth with examples of situations as provided in Appendix 6 o Encourage youth to either write down or share what the first thoughts, their automatic thoughts, are o Work with the youth to identify if these are negative thoughts or not and recognize what makes them negative o With the negative automatic thoughts identified, work with the youth to change that negative thought into a more rational thought o After the examples, encourage the youth to share their own examples, if they are comfortable, and work through it as a group ▪ Establish situation, identify automatic thought, determine if it is a negative thought, challenge automatic thought into more rational thought

Session 6 Additional Notes for Facilitator/s

Cognitive behavioral therapy suggests that our thoughts influence and are connected to both our actions and emotions. If we are in a constant state of negative thinking, whether we know we are doing it or not, that will have a ripple effect onto other parts of our life. We may not even know that we are doing it, so stepping back and taking a closer look can help us identify where we are having these automatic thoughts, and if they are serving us well or not. Experiencing trauma can change our world view, thus changing our affect to mirror that, being more negative. This can cause a cycle of negative thinking. Being able to recognize one's automatic thoughts, negative or not, can aid one in recognizing other negative processes in life.

Session 7 – Changes in Arousal/Reactivity from DSM Criterion E: Irritability/Aggression

Objectives	1. Provide youth with a basic understanding of PTSD 2. Give an overview of hyperarousal, irritability and aggression 3. Practice progressive muscle relaxation
Discussion	<u>Group Rules and Norms</u> - Welcome and introductions - Set group rules and discuss confidentiality - Review previous weeks topic and skill <u>Overview of Post-Traumatic Stress Disorder:</u> - Explanation of what PTSD is - What can cause PTSD - Symptoms of PTSD <u>Introduction to Irritability and Aggression</u> - What does irritability and aggression look like? - What makes us irritable or angry? - How can we lessen our feelings of irritability or anger?
Activity or Technique	- Progressive Muscle Relaxation o Encourage youth to get in a relaxing sitting or lying position o Read from the Progressive Muscle Relaxation Script (Appendix 7) o Allow for discussion afterward

Session 7 Additional Notes for Facilitator/s

When you experience a traumatic event, your brain goes into fight flight or freeze mode, that is initiated by what is called the amygdala in your brain. You can think of this outside of trauma – think of surprising someone. Do they jump up, run backward or just stand there? They are acting out their fight flight or freeze, and each response is normal. Sometimes our brains go into this fight flight or freeze mode because they think there is another threat when there is not one – and sometimes it may feel like we are not able to ever get out of that fight flight or freeze mode. This is hyperarousal, it is like you are always waiting for someone to surprise you.

When we live in this state of hyperarousal, we sometimes feel like we are more angry or irritable than we were before. We may have a "short fuse" noticing it is shorter than it has been before. We can use progressive muscle relaxation to bring our minds back to our body, and think with our rational part of our brain, instead of the amygdala in the brain. It does not need to always follow a script, but once you are used to the script, you may be able to do it similarly to how it is expressed here. Any way that you can bring your mind to your body, specifically your muscles, and relaxing them, will help bring down your state of hyperarousal.

Session 8 – Changes in Arousal/Reactivity from DSM Criterion E: Difficulty Sleeping

Objectives	1. Provide youth with a basic understanding of PTSD 2. Give overview of basic sleep hygiene and how trauma can affect that 3. Aid youth in creating their own sleep hygiene routine
Discussion	Group Rules and Norms - Welcome and introductions - Set group rules and discuss confidentiality - Review previous weeks topic and skill Overview of Post-Traumatic Stress Disorder: - Explanation of what PTSD is - What can cause PTSD - Symptoms of PTSD Introduction to Sleep Hygiene and Changes - What does good sleep hygiene mean to you? - How can trauma change our sleep habits? - How can we create good sleep habits after or during traumatic experiences?
Activity or Technique	- Provide youth with Sleep Hygiene Handout (Appendix 8) and encourage conversation about their hygiene habits before and after trauma - Provide youth with Sleep Hygiene chart and encourage them to curate a sleep hygiene routine that works for their current life (Appendix 9)

Session 8 Additional Notes for Facilitator/s

Sleep is important for a magnitude of different reasons, physically and mentally. When we experience trauma, we can have difficulty sleeping. The reason for this can range from, but is not limited to, not being able to calm down from the hyperaroused state of mind, to experiencing upsetting memories or flashbacks, or just feeling unsafe. If we are not getting adequate sleep, we can create more problems for ourselves which would then hinder the treatment process to working through one's trauma. Just like any other habits, sleep habits can be formed when continuously done. What works for one person, may not be what works for another.

Strengths

As stated before, the rates of trauma exposed youth in detention centers is much higher than that of youth who are not incarcerated. The ability to address some of the symptoms they may be experiencing while they are in a controlled environment could add some benefits to their life. These benefits may be evident while they are incarcerated, or they may be tools they utilize later in life. It is difficult to know what kind of setting that a child is going into after an incarceration, so services may not be available then. That is why it is important that if they are placed in detention centers, a group like this could work to start addressing the symptomology that is present.

Growth Areas

The sessions could perhaps be expanded upon and have less of an education on PTSD portion in them. However with the in and out of youth to the detention centers, it is imperative that each youth starting the group have the overview and understand trauma and PTSD. The group could perhaps be narrowed down to a smaller number to allow more personal time for the youth to share with the other members.

Perceived Difficulties

One of the hardest parts about running this group is the potential for lack of cohesiveness. With youth being admitted and discharged at varying points, this could disrupt the group flow, but if the group is not left open, it could decrease group numbers too drastically. It is difficult to know exact lengths of stay for youth so it would be difficult to know when they could start and finish, beginning to end, a closed group. This could affect the bonds and the flow of group however. Another difficulty that could arise is the need for staff to be elsewhere. If there is an emergency in another part of the detention center, staff may be needed there, and groups can get

pushed to the side, for another day. This can be an issue with trust for the group members, as it disrupts their schedule and what they are expecting.

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Appendix 1

CATS PTSD Symptom Progress Monitoring- 7-18 Years

Please answer the questions based on how it is going since your last appointment.
This progress monitoring tool will help you and the counselor know how you are doing. The counselor will discuss the results with you

	Never	Once in a while	Half the time	Almost always
1. Bad dreams reminding you of what happened.	**0**	**1**	**2**	**3**
2. Feeling as if what happened is happening all over again.	**0**	**1**	**2**	**3**
3. Trying not to think about what happened, or to not have feelings about it.	**0**	**1**	**2**	**3**
4. Staying away from people, places, things or situations that remind you of what happened.	**0**	**1**	**2**	**3**
5. Being overly careful (checking to see who is around you).	**0**	**1**	**2**	**3**
6. Being jumpy.	**0**	**1**	**2**	**3**

Clinical = 4+

CBT+ CATS PTSD Symptom Monitoring

Appendix 2

Relaxing 'Safe Place' Imagery

All visualisations can be strengthened by ensuring you engage all your senses in building the picture in your mind's eye - it's more than just "seeing"!

If you notice any negative links or images entering your positive imagery, then discard that image and think of something else. Avoid using your home (or bed) as a 'safe place'. You can create a new 'safe place' in your imagination.

Start by getting comfortable in a quiet place where you won't be disturbed, and take a couple of minutes to focus on your breathing, close your eyes, become aware of any tension in your body, and let that tension go with each out-breath.

- Imagine a place where you can feel calm, peaceful and safe. It may be a place you've been to before, somewhere you've dreamed about going to, somewhere you've seen a picture of, or just a peaceful place you can create in your mind's eye.
- Look around you in that place, notice the colours and shapes. What else do you notice?
- Now notice the sounds that are around you, or perhaps the silence. Sounds far away and those nearer to you. Those that are more noticeable, and those that are more subtle.
- Think about any smells you notice there.
- Then focus on any skin sensations - the earth beneath you or whatever is supporting you in that place, the temperature, any movement of air, anything else you can touch.
- Notice the pleasant physical sensations in your body whilst you enjoy this safe place.
- Now whilst you're in your peaceful and safe place, you might choose to give it a name, whether one word or a phrase that you can use to bring that image back, anytime you need to.
- You can choose to linger there a while, just enjoying the peacefulness and serenity. You can leave whenever you want to, just by opening your eyes and being aware of where you are now, and bringing yourself back to alertness in the 'here and now'.

www.getselfhelp.co.uk/imagery.htm ***www.get.gg***

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APPENDIX 3

COPING SKILLS

1. Breathing Skill
2. Grounding Skill
3. Safe place

etc.

COPING CARD

Support
XXX -XXXX

Support
XXX - XXXX

Support
XXX - XXXX

APPENDIX 4

PositivePsychology.com

3-Step Mindfulness Worksheet

This worksheet outlines the *3-Step Mindfulness Exercise*, a useful activity when formal mindfulness practice might not be practical. It is designed to be versatile, so you can practice these three steps throughout the day to bring your awareness to the present moment.

Use this guide to cultivate a mindful state that you can carry with you throughout the day.

1. Step Out of Autopilot

In this moment, try to bring your awareness to what you are doing, thinking, and sensing.

Pause. Take a comfortable, relaxed, but upright posture. And breathe. What thoughts come up in your mind? What feelings?

Give them your attention and acknowledge these natural experiences. Then, let them pass. Attune yourself to who you are and your current state.

Right now, your only goal is become aware of your breath.

How does your body move with each breath in and out? How does your chest rise and fall as you let air in? Feel how your belly pushes in and out, how your lungs expand and contract.

Find the pattern of your breath and anchor yourself to the present with this awareness for six breaths or up to a minute.

2. Become Aware of your Breath

3. Expand your awareness outward

Let your awareness spread outward.
First to your body, then to your surroundings.

What physical sensations are you experiencing? Note feelings like tightness, aches, or lightness, then, let go of them. Keep in mind your body as a whole, as a vessel for your inner self.

Expand your awareness outward to your surroundings. Bring your attention to what is in front of you. What colors, shapes, and textures can you notice? Be present in this moment, in your awareness of your surroundings.

1 © PositivePsychology.com

Appendix 5

I am grateful for:

Positive Things About My Life:

1.
2.
3.
4.
5.
6.

3 Strengths/Qualities

3 Things I'm Good At Doing

Positive Things About My Health & Body

1.
2.
3.
4.

Relations I Am Grateful For:

1.
2.
3.
4.
5.

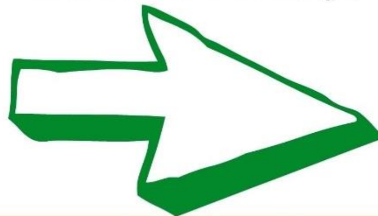
Activities I Enjoy

1.
2.
3.
4.
5.
6.
7.

People Who Have Taught & Supported Me

1.
2.
3.
4.
5.
6.

Grateful For A Dream I'm Moving To~



GratitudeHabitat.com

Appendix 6

Negative Automatic Thought	New Rational Thought
I overslept for school. I am going to fail that class. Now I won't graduate.	Example: I made a mistake, people do that. I have not missed class before. I can talk to my teacher.
Those kids over there started laughing when I walked in. I bet they're laughing at me. Why did I do ______? No one likes me.	
My mom yelled at me this morning because I forgot to grab my backpack for school. She hates me. I am a failure.	
I was picked last for the team. I am a bad athlete. Everyone thinks I am bad at sports.	

Appendix 7

Progressive Muscle Relaxation Script

Progressive muscle relaxation is an exercise that reduces stress and anxiety in your body by having you slowly tense and then relax each muscle. This exercise can provide an immediate feeling of relaxation, but it's best to practice frequently. With experience, you will become more aware of when you are experiencing tension and you will have the skills to help you relax. During this exercise, each muscle should be tensed, but not to the point of strain. If you have any injuries or pain, you can skip the affected areas. Pay special attention to the feeling of releasing tension in each muscle and the resulting feeling of relaxation. Let's begin.

Sit back or lie down in a comfortable position. Shut your eyes if you're comfortable doing so.

Begin by taking a deep breath and noticing the feeling of air filling your lungs. Hold your breath for a few seconds.

(brief pause)

Release the breath slowly and let the tension leave your body.

Take in another deep breath and hold it.

(brief pause)

Again, slowly release the air.

Even slower now, take another breath. Fill your lungs and hold the air.

(brief pause)

Slowly release the breath and imagine the feeling of tension leaving your body.

Now, move your attention to your feet. Begin to tense your feet by curling your toes and the arch of your foot. Hold onto the tension and notice what it feels like.

(5 second pause)

Release the tension in your foot. Notice the new feeling of relaxation.

Next, begin to focus on your lower leg. Tense the muscles in your calves. Hold them tightly and pay attention to the feeling of tension.

(5 second pause)

Release the tension from your lower legs. Again, notice the feeling of relaxation. Remember to continue taking deep breaths.

Next, tense the muscles of your upper leg and pelvis. You can do this by tightly squeezing your thighs together. Make sure you feel tenseness without going to the point of strain.

(5 second pause)

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Progressive Muscle Relaxation Script

And release. Feel the tension leave your muscles.

Begin to tense your stomach and chest. You can do this by sucking your stomach in. Squeeze harder and hold the tension. A little bit longer.

(5 second pause)

Release the tension. Allow your body to go limp. Let yourself notice the feeling of relaxation.

Continue taking deep breaths. Breathe in slowly, noticing the air fill your lungs, and hold it.

(brief pause)

Release the air slowly. Feel it leaving your lungs.

Next, tense the muscles in your back by bringing your shoulders together behind you. Hold them tightly. Tense them as hard as you can without straining and keep holding.

(5 second pause)

Release the tension from your back. Feel the tension slowly leaving your body, and the new feeling of relaxation. Notice how different your body feels when you allow it to relax.

Tense your arms all the way from your hands to your shoulders. Make a fist and squeeze all the way up your arm. Hold it.

(5 second pause)

Release the tension from your arms and shoulders. Notice the feeling of relaxation in your fingers, hands, arms, and shoulders. Notice how your arms feel limp and at ease.

Move up to your neck and your head. Tense your face and your neck by distorting the muscles around your eyes and mouth.

(5 second pause)

Release the tension. Again, notice the new feeling of relaxation.

Finally, tense your entire body. Tense your feet, legs, stomach, chest, arms, head, and neck. Tense harder, without straining. Hold the tension.

(5 second pause)

Now release. Allow your whole body to go limp. Pay attention to the feeling of relaxation, and how different it is from the feeling of tension.

Begin to wake your body up by slowly moving your muscles. Adjust your arms and legs.

Stretch your muscles and open your eyes when you're ready.

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Appendix 8

TIPS FROM NYACK HOSPITAL

SLEEP AND TEENS

A Good Night's Sleep Has a Great Effect on Your Teen's Health

9 HOURS the average amount of sleep a teen needs each night.

28% of teens fall asleep at school once a week or more.

14% of teens arrive late for school at least once a week or more.

WHY SLEEP IS IMPORTANT

Zzz's Can Lead to A's
Sleep helps your ability to listen, concentrate, remember, learn, and solve problems.

Good Mood
Lack of sleep can lead to moodiness, irritability, and depression.

Keeps You Physically Healthy
Sleep allows your body to repair itself. Lack of sleep can lead to a poor complexion, and increase your obesity risk.

COMMON SLEEP DISORDERS IN TEENS

Sleep Deprivation
A disorder resulting from early school start times, long homework hours and extracurricular activities creating busy schedules and not enough time for sleep.

Inadequate Sleep Hygiene
Poor sleep habits which include using electronics at bedtime, eating late/drinking caffeine, and not keeping a regular sleep schedule.

Circadian Rhythm Disorder
(Delayed Sleep Phase Syndrome) A disorder in which there is a continuous or occasional disruption of sleep patterns caused by changes in a teen's biological clock as they go through puberty.

TIPS FOR BETTER SLEEP

Establish a bedtime routine.

Keep the bedroom cool, dark, and quiet.

Don't eat, drink, or exercise before bed.

MOST IMPORTANTLY: Turn off all electronic devices.
The body produces melatonin at night to induce sleep. Bright lights from electronic devices signal the brain to suppress melatonin production, causing sleep problems.

Sources: Dr. Anita Bhola, Nyack Hospital; National Sleep Foundation, sleepfoundation.org; WebMD.com; Medical News Today, medicalnewstoday.com

Nyack Hospital. We're your neighbors. We're your hospital.

845.348.2000 | nyackhospital.org/teensleep
160 North Midland Avenue, Nyack, NY 10960

Appendix 9

Week of: ________ to ________

SLEEP LOG

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Comfortable Sleep Environment							
Relaxation Exercise							
Used Bed Only for Sleep							
Avoided Naps							
Other:							
Other:							
Quality of Sleep (1-10)							