

Trauma-Sensitive Solutions Checklist

Equip yourself with trauma-sensitive practices you can adopt right away into your teaching and practice.



1. Know the Signs

Before we can respond to trauma, we first need to recognize it. As mindfulness providers, it's up to us to notice nonverbal cues that someone is struggling with traumatic stress.

Because of the way mindfulness meditation is generally practiced, this presents a unique challenge. If you're a meditation teacher who offers a weekly class to a group of students, how can you track people effectively? Mental-health professionals can assess trauma through direct conversation—reading facial expressions and noticing nonverbal cues—but silent meditation practice minimizes such contact.

Those of us teaching mindfulness to groups rely heavily on observation. Given that, the following are some of the basic internal and external signals that suggest someone may be outside of their window of tolerance. These are not necessarily indicators that a student or client is actively experiencing traumatic stress, but they are signals that suggest an intervention of some kind is warranted:

- ▶ Muscle tone extremely slack (collapsed, noticeably flat affect)
- ▶ Muscle tone extremely rigid
- ▶ Hyperventilation
- ▶ Exaggerated startle response
- ▶ Excessive sweating
- ▶ Noticeable dissociation (person appears highly disconnected from their body)
- ▶ Noticeably pale skin tone
- ▶ Emotional volatility (enraged, excessive crying, terror)

In conversation or interviews:

- ▶ Disorganized speech or slurring words
- ▶ Reports of blurred vision
- ▶ Inability to make eye contact during interviews/interactions
- ▶ Reports of flashbacks, nightmares, or intrusive thoughts

None of the symptoms on the left necessarily mean that someone is struggling with post-traumatic stress. But they can help you identify if someone needs help.

If I see someone struggling in practice, I might say something like, "I noticed during meditation that you were sweating a lot and it looked difficult for you to stand up after practice. Can we talk?" Or, "in our group interview, it appeared you were having difficulty focusing, and that you got a bit spacey. Could we sit down and talk about how practice is going for you?" All of these signs are indications someone may need more than basic meditation practice to self-regulate.

2. Offer Different Anchors

Mindfulness meditation typically involves working with something known as an object, or anchor of attention—a neutral reference point that helps support mental stability. An anchor might be the sensation of our breath coming in and out of the nostrils, or the rising and falling of our abdomen. When we become lost in thought during practice, we can return to our anchor, fixing our attention on the stimuli we've chosen.

But anchors can also intensify trauma. The breath, for instance, is far from neutral for many survivors. It's an area of the body that can hold tension related to a trauma and connect to overwhelming, life-threatening events.

As a remedy, we can encourage survivors to offer people different anchors of attention. Each person's anchor will vary: for some, it could be the sensations of their hands resting on their thighs, or their buttocks on the cushion. Other stabilizing anchors might include another sense all together, such as hearing or sight.

Anchors of attention you can offer students and clients practicing mindfulness—besides the sensation of the breath in the abdomen or nostrils—include different physical sensations (feet, buttocks, back, hands) and other senses (seeing, smelling, hearing). One client of mine had a soft blanket that she would touch slowly as an anchor. Another used a candle. For some, walking meditation is a great way to develop more stable anchors of attention, such as the feeling of one's feet on the ground—whatever supports self-self-regulation and stability. Experimentation is key.

3. Be an Invitation

Nobody chooses to experience trauma. Whether it's a natural disaster, a devastating accident, or an act of interpersonal violence, trauma often leaves people feeling violated and absent a sense of control. Because of this, it's vital that survivors feel a sense of choice and autonomy in their mindfulness practice. We want them to know that in every moment of practice, they are in control. Nothing will be forced upon them. They can move at a pace that works for them, and they can always opt out of any practice. By emphasizing self-responsiveness, we help put power back in the hands of survivors.

The body is central to this process. Trauma survivors need to know they won't be asked to override signals from their body, but listen to them.

We can accomplish this, in part, through our selection of language. Rather than give instructions as declarations, we can offer invitations that increase agency.

Here are a few examples:

- ▶ “In the next few breaths, whenever you're ready, I invite you to close your eyes or have them open and downcast” (as opposed to, “close your eyes”).
- ▶ “You appeared to be hyperventilating at the end of that last meditation. Would you like to talk to me for a minute about it?” (versus, “You looked terrified. I need to talk to you”).

In all of our interactions, we can tailor our instructions to be invitations instead of commands.

Another way to emphasize choice is to provide different options in practice. We can offer students and clients the choice to have their eyes open or closed, or to adopt a posture that works best for them (e.g., standing, sitting, or lying down). Any time we are offering different ways people can practice, we can also work to normalize any choice they make—one way is not superior to the other. While we can encourage people to stay through the duration of a meditation period, we also want them to know that leaving the room—especially if they are surpassing their window of tolerance—is also an option that is always available to them.

Emphasizing choice and autonomy isn't about coddling trauma survivors. There's still room for structure and rigor in trauma-informed practice. But while we want to encourage people to stick with structures that will support their transformation, we never want to force structures upon them. We can extend survivors the trust that they know what is best for themselves at any given time, conveying an attitude of curiosity and respect in our instruction.

4. Incorporate Movement

Asking someone who is struggling with trauma to attend to their body is no small thing. It invites them into direct contact with potentially harrowing feelings that are reminders of traumatic events. But we also want to support survivors in cultivating their capacity to observe and bear these sensations. We want them to be equipped with tools that will help them inhabit their bodies in mindfulness practice.

Incorporating physical movement into mindfulness practice is one way to accomplish this. For some trauma survivors, it will be much easier to stay present with sensations while moving—either in walking meditation or stretching. In most mindfulness-based programs, walking meditation is a key aspect of practice: participants alternate between periods of still practice and structured walking meditation.

Here I advocate for even more optional movement in mindfulness practice—if and when it supports individual trauma survivors' facility to cultivate mindfulness. Sometimes a few minutes of optional preliminary movement before a seated meditation can be an effective doorway into connecting with the body. Or a mindful walk can be much more powerful for a survivor than a static meditation session. Intentionally sensing both interoceptive and exteroceptive sensations while moving freely through space can be very regulating.

5. Watch for Signs of Dissociation

As trauma-sensitive providers, it's important that we watch for signs of dissociation in our students and clients. This isn't to make a formal diagnosis, but to identify people potentially struggling in practice. If we notice that a student or client is dissociating, we can invite them gently into conversation and discuss the best options moving forward—more supervised practice, or perhaps working more closely with a trauma professional. We enter into a collaborative process to help determine what will serve them best.

Below are some possible signs of dissociation. Given that it's difficult to detect dissociation purely by watching someone in meditation, I've included signs that can appear primarily in conversation:

- ▶ Fogginess, appearing disconnected from their body.
- ▶ Automated movements and intensely flat affect.
- ▶ Person reports feeling they are a long way away.
- ▶ Person cannot hear our voice and/or constantly asks others to repeat questions.
- ▶ Person is staring off into space without blinking and not responding to any questions.
- ▶ Person loses sense of time and cannot remember what happened previously.
- ▶ Consciousness appears to fluctuate—you notice the person “isn't there” or seems preoccupied with internal distraction.
- ▶ Person cannot maintain a continuity of story or experience in conversation (e.g., jumping from topic to topic).
- ▶ In conversation with the students or client, you yourself begin to feel foggy, confused, or like you're floating. This can be a sign that the person you're connected with is dissociating.

It can be challenging to distinguish dissociation from intense periods of deep concentration. Different contemplative traditions have different explanations and assessments for out-of-body experiences. Ultimately, this gets back to letting individuals decide what's best for them. When in doubt, we can also contact a trauma professional in order to receive support and consultation.

6. Focus Outside the Body

If a student or client is dissociating, having them focus on something outside of their bodies can be a useful grounding technique. The five senses of touch, taste, smell, sight, and hearing can help a survivor arrive back in the present moment, supporting the window of tolerance.

Here are some examples:

- ▶ **Touch:** You can encourage a trauma survivor to find (or bring in) an object that feels grounding and stabilizing to touch. This might be a soft blanket or another object. It could also be placing a hand on a solid floor. You can also have survivors make contact with their own bodies (e.g., the feeling of hands pressing together, one's tongue pressing into the roof of the mouth, or gently rubbing oneself on the chest).
- ▶ **Taste:** Someone struggling with trauma who tends to dissociate during practice can carry a small food item that has a pleasant, intense taste. This can be a piece of candy or lozenge that can retain one's focus and ground them in the here and now. As trauma-sensitive providers, you can also have these items on hand and offer them when appropriate.
- ▶ **Smell:** Similar to taste, survivors can equip themselves with items they can use to reground themselves in the present, such as a small bottle of essential oil or hand lotion. If someone is feeling spacey, this can help bring them back to the present moment. These items conflict, however, with a suggested modification below on creating scent-free spaces, so it is recommended that people use these items outside instead of in a shared space.
- ▶ **Hearing:** Survivors can use sounds around them to ground themselves in the present moment if they find themselves dissociating. Whatever the sound, it can be used as an anchor to return to the here and now.
- ▶ **Seeing:** We can also encourage survivors to notice and name objects in the surrounding environment to ground attention in the present moment and support integration. This can be a particular piece of furniture, color, or object that one finds supportive to look at. Naming this object internally (e.g., "couch; the color blue") can also be a valuable way to come into the present moment.

7. Hit the Brakes

It's imperative that students and clients know that they can work with trauma gradually, at a pace that works for them. Helping people learn how to “hit the brakes” is one way we can do this. Coined by a trauma specialist named Babette Rothschild, applying the brakes means that survivors can purposefully slow the pace of their mindfulness practice in order to feel safe and stable. Given that trauma so often leaves survivors feeling out of control, it's important that they be fortified with strategies to self-regulate in the face of traumatic stimuli—to “brake” if they're accelerating uncontrollably.

There are many ways to apply the brakes:

- ▶ Open one's eyes during meditation practice.
- ▶ Take structured breaks from mindfulness practice (e.g., walking, stretching, unstructured time).
- ▶ Taking a few slow, deep breaths.
- ▶ Engage in a soothing form of self-touch (e.g., hand on heart).
- ▶ Engage in shorter practice periods.

Each of these above suggestions will differ for each person we work with—after all, what's resourceful to someone can be triggering for another. Our work is to remain responsive to the individual needs of the people that we're working with, encouraging them to apply the brakes when things become overwhelming.

These strategies are not meant to facilitate an “anything-goes” approach to mindfulness meditation. Each of you will have different structures and traditions you work within, and we want to advocate some structure in practice and hold people accountable to their aspirations. But mindfulness requires a deft and delicate touch when we're working with trauma. A strict approach to the structure of practice may benefit some, but it runs the risk of dysregulating people who are experiencing posttraumatic stress. Our work is to galvanize students and clients to be self-responsive to their window of tolerance, and in all cases to use common sense.

8. Be Flexible with Posture

In any posture in which one is practicing meditation, the general aim is to balance being alert while also being relaxed. Traditional postures include sitting, standing, and lying down. In trauma-sensitive mindfulness, we want to be flexible with posture, encouraging people to practice in ways that support their window of tolerance. When we're offering mindfulness instruction, it's useful to state these different options around practice, reminding people that it's okay to move between postures while practicing. In collective spaces, we also want to make sure we have a sufficient number of chairs available for sitting meditation.

Lying meditation can present the added challenge of falling asleep during meditation—something that can become distracting if someone is snoring in a meditation hall. Students who engage in lying meditation can raise their hand in the air with their elbow still on the floor. If the meditator falls asleep, their arm falls, ideally causing them to wake up. It's one suggested way we can guide people to maintain alertness even when lying down.

9. Leverage Interpersonal Contact

Trauma-sensitive mindfulness involves balancing the benefits of solitary mindfulness meditation practice with the potentially beneficial effects of interpersonal relationship. Acknowledging that clients and students will each have different needs, this modification has two components: increasing contact with mindfulness teachers where appropriate and helping facilitate more interpersonal connection between participants in communal settings.

One recommendation is that participants in a mindfulness program have optional interpersonal contact with each other while in group settings. This can be achieved in a variety of creative ways and left to your discretion. Options include:

- ▶ Taking 5 to 10 minutes with a group to debrief a meditation period, asking people for a brief check-in about their emotional state and what they learned. This helps us track people more closely and stimulate connection between others. These short check-ins also help normalize challenges and provides a space to share encouragement and success.
- ▶ Offering an optional “buddy system” whereby participants have brief, scheduled interactions with self-selected partners. These check-ins can include a basic structure of sharing one’s mood, and both successes and challenges from their most recent periods of practice. While not all practitioners may want to participate in this process, it adds an additional layer of interpersonal contact and helps make sure that people don’t become lost and overwhelmed in practice.
- ▶ Encouraging the formation of support or peer groups outside of the class or program that you’re offering. Any such group would be optional.

The frequency of interpersonal contact can be left up to your judgment. Teachers and staff can respond to the particular needs of the group based on factors such as the length of the retreat, the size and social context of the group, and information they receive from individual interviews.

10. Respect Physical Boundaries

Respecting the physical boundaries of all clients and students is a fundamental part of trauma-sensitive practice. While being aware of other people's boundaries is a generally good practice, it's critical that we work to ensure trauma survivors feel safe, respected, and at choice in our presence and the environment we create. From asking people's permission before touching them to making sure people feel in choice around their personal space, we want to continually attend to people's physical and emotional safety.

Trauma survivors can often feel out of control in their bodies. They commonly experience intrusive thoughts and emotions, or find themselves coping with chronic dysregulated arousal. Their bodies can be difficult, triggering terrain. Survivors of interpersonal trauma, especially, may have had their personal boundaries violated: their consent was not sought, or their sense of choice and agency was breached. For this reason, we must constantly attend to the ways our physical presence impacts another person. It is a good practice not to walk or linger behind a survivor, for instance. Doing so can evoke a sense of being "crept up on" or may kindle a historical trigger. It's best to stay in view of someone and let them continually assess safety.

This holds true with physical contact. If we are in close proximity while talking to someone—kneeling down while they are sitting on a meditation cushion, for instance—we don't want to touch the person's leg or shoulder, even if our intention is to express care. Or, if someone is crying and we have the impulse to put a hand on their shoulder or back, we always want to ask permission first. A simple question—"can I put my hand on your shoulder?"—communicates that we're actively seeking consent and will respect one's physical boundaries.

This is especially true if we hold more social power in the interaction. By virtue of being a mindfulness teacher or mental-health professional, we'll hold more power over someone who we're teaching or working with. Sometimes our identity will enable us to empathize with the experience of someone we're working with; other times a power differential will be present, and our presence alone can be triggering. What's important is that we attune to this dynamic in an ongoing manner.