



A Brief Guide to Mindful Support Groups

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The Problem with Treating Challenging Behavior

**There is no such thing as abnormal behavior,
there are only normal responses to abnormal circumstances.**

-Gabor Mate

We are presented with a number of problems when we attempt to help people whose behavior challenges us (and them). Primary among them is the ineffectiveness of the treatments we employ. The current treatments for challenging behavior are oversimplified and often contingency-based. They rely on rewards and punishments. Since challenging behavior is an emotional and experiential problem, not a motivational problem, it should come as no surprise that these treatments are ineffective. The evidence for the ineffectiveness of these treatments lies in the number of people being put in seclusion, restrained, expelled from schools and programs, and finding themselves homeless, hospitalized, arrested, and incarcerated. We must develop and provide more effective treatments.

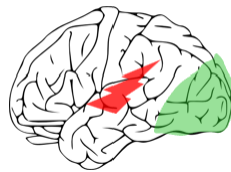
This highlights the next problem, which is the approach we take to treating challenging behavior. Challenging behavior takes two basic forms, explosive and avoidant behavior, and people often alternate between the two. These behaviors are responses to threats hard-wired into the body, brain, and central nervous system from earlier experiences. They are immediate unconscious processes designed to maximize survival and minimize suffering. When we try to help people with these behaviors, we must use interventions based on a thorough understanding of the causes of these behaviors. We must consider how these behaviors arise physiologically, how to regulate them, and how safety in the body and relationships can buffer these responses to distress and improve behavior.

One of the tenets of positive behavior support is the “use of empirically validated procedures.” There is a tremendous amount of research literature supporting the use of mindfulness interventions. Unfortunately, this research is largely ignored in the treatment of challenging behavior. Research on attachment, trauma, neuroception, theory of mind, gratitude, celebration, co-regulation, mindfulness, etc., forms the basis for the mindful support group process. Training in this process can enable non-clinical staff to provide trauma-informed and relationship-centered support and interventions.

The final problem is the availability of skilled clinical staff that can help design and lead these interventions. There are very few clinicians who are trained in developmental disabilities.

There are even fewer who are trained in developmental disabilities, trauma-informed care, and relationship-centered treatment. Due to the lack of clinicians statewide and nationally, getting clinical support and supervision can be long and arduous for people suffering and needing immediate help. Lack of appropriate treatment leads to intense suffering for the person and all those who support them.

For the above reasons, we designed the mindful support group process. Treatment for challenging behavior must be based on practices and processes that help regulate the person and build relationships. The mindful support group is a process that establishes safety and builds relationships. It is a time set aside to be present with each other, to learn practices that help us feel safe together, to build a sense of agency and control for the person, to celebrate their successes, help them feel heard, build trusting relationships, and ultimately improve behavior. People trained in the mindful support group approach can lead these groups and don't necessarily need to be trained clinicians.



Treatment with the “Brain in Mind”

“The baby will build the best brain it can for the environment it is born into.”

-Alison Gopnick

Challenging behavior is so resistant to change because experiences get hard-wired into the brain, body, and central nervous system. Behaviors that were successful for us earlier in life when we were distressed get replayed in the present when similar circumstances present themselves. Challenging behavior is a learned response to threat or danger. We learned earlier in life how best to get our needs met, how best to be in relationships, and how best to respond to distress.

The role of early experience in the development of challenging behavior is often overlooked and misunderstood. A baby is born with about 82 billion neurons (or so), all formed in utero. The state of the mother during pregnancy, how chaotic or calm her experiences were, whether she had good care physically and emotionally, and how much stress she endured will have a significant impact on the development of the infant's brain. The newborn's brain will make between three and five hundred trillion connections between those neurons over the next four years. Those connections will be dependent on the experiences that it has. So, if the baby is born in a world that is safe, engages with her, and can soothe her, she will learn the world is safe, and she should reach out to others for help when she needs it. However, if the baby is born in a world of chaos, abuse, and neglect, the baby will learn the world is dangerous, and

people are not a source of comfort but rather a source of threat. These experiences get “hard-wired” in the brain and body, follow that child through life, and are very resistant to change. In other words, the role of early experience plays a huge role in present behavior. We often take people’s current behavior personally because we think it’s about us and about now. We must remember that the behavior in the present is usually just a re-play of what was necessary to survive in the past. The takeaway lesson here is not to take things people with challenging behavior do personally. It’s not about us; it’s about the past.

The mindful support group is an approach that “keeps the brain in mind.” We use our knowledge of how the brain functions and drives behavior to provide effective treatment. A useful model for guiding our treatment is the triune (3-part) brain. (I must stress that this is a whopping oversimplification of a very complex organ, but it is useful nonetheless.) We divide the brain into three parts, all of which have different functions and purposes. The lower brain, or brain stem, manages our body functions, such as heart rate, blood pressure, blood flow, breathing, and arousal, so we don’t have to think about them. It also sets our arousal level. The middle brain or limbic system is the brain's " alarm system, " particularly sensitive to human signals of safety and danger. When it senses threat or danger it sets the body and brain in motion to save itself. The top part of the brain includes the cortex and the frontal lobes. That’s the thinking part of the brain.

The part of the brain that’s driving things dictates which interventions will be most effective. Body-based techniques target the brainstem and regulate and quiet the body, which shuts off the alarm system. Interpersonal relationship-based strategies quiet the limbic system and shut off freeze, flight, fight, and avoidant responses. When we feel safe in our bodies and in relationships, the frontal lobes are free to think and reason. If we attempt to reason or even talk with people whose brain stem and limbic system are running things, we will simply make matters worse. That’s because the language center and frontal lobes are offline and cannot think, process language, or remember what happened. More on this in the regulate, relate, reason section, but the key to this approach is to help people regulate and feel safe together first and then help them think their way through things. In short, please don’t talk to people who are dysregulated; help them regulate and feel safe.



The Mindful Support Group: A “Trauma-Informed” and “Relationship-Centered” Treatment for Challenging Behavior

People with challenging behavior do not feel safe in their bodies, safe in relationships, or safe in the world. This is again due to their past experiences. Treatment for explosive and avoidant

behavior must help the person recover that sense of safety by helping them learn to regulate themselves and build trust in others. When people feel safe and have trust in others, they can “reach out” for help and support. When they do not feel safe with others, they can only “act out” or “check out,” which results in explosive and avoidant or “challenging” behavior. The mindful support group is a collaborative treatment for challenging behavior that is relationship-centered and trauma-informed. The purpose of the mindful support group is to give the person the experience* of feeling safe in trusting and supportive relationships. When they have the experience of feeling safe with others, they develop trust and anticipate help when they are in need, as well as support when they have setbacks. When they feel safe and in trusted relationships, they can “reach out” to others for help and support. Their distress response system turns off, and they no longer need to “act out” or “check out” to flee from, fight through, or avoid whatever threat they are experiencing. The purpose of the group is to give the person the healing experience of feeling safe and being in a trusting relationship.

(* I stress the word “experience” because the mindful support group provides direct practice and rehearsal of the skills people need to manage themselves and the lived experience of feeling safe and trusting relationships. The person is not just informed that they are safe and can trust others; they experience it.)

Regulation is the key to reasonable behavior, and the key to regulation is the body. No one can behave how we’d like them to or how they’d like to until their body, brain, and central nervous system are regulated. So, a critical part of the meeting is helping the person learn and practice skills to regulate themselves. One of the paradoxes of self-regulation is that it is an interpersonal achievement. That is, we learn it through interactions with others. So, we practice together.

The “mindful” part of the “mindful support group” is about being present with each other and being aware of our body states. The treatment is actively managing internal “states” by being present in the group and using mindfulness practices and activities together (that’s co-regulation). We practice together in the group so that when the person becomes dysregulated or distressed, they have the skills they need to regulate themselves. The mindful support group process is designed to help the person and all team members regulate together. The process includes greetings, celebrations, mindfulness activities, and the opportunity for the person to express their concerns. This process helps the person feel safe and builds trust with other team members. Once the person and their group feel regulated and safe, they can discuss more difficult issues. They can conduct a compassionate behavioral inquiry into the nature of the behavior and how best to respond to it. That allows them to work together and build a shared understanding of the behaviors. That, in turn, will enable them to come to an agreement on how best to support them.

The mindful support group is the key to the person's clinical support, change, and recovery. We often think of clinical support as psychotherapy. Psychotherapy can be beneficial, but it is typically delivered in an office by a psychotherapist in a fifty-minute hour. What happens in the other 167 hours and ten minutes of the week is at least as important, if not more important,

than in the abbreviated hour. Most support people are good-hearted and well-intentioned but often untrained and unsupervised. The mindful support group provides direct experience to all team members on understanding the behavior we are all challenged by, how best to help people avoid their behavioral setbacks, and how best to respond to them when they occur. Armed with knowledge and skills developed in the group, support people can provide therapeutic support and interactions over the entire week.

Finally, the mindful support group is a success-based approach to helping people behave well. To quote Lao Tzu, “A journey of a thousand miles begins with a single step.” Behavior is the product of experience, in fact, many experiences. Although we often see improvements quickly, the process of change takes time and involves many steps. Each step in the journey brings us one step closer to the goal. We must celebrate each step along the way to keep us fueled for our journey toward wellness. Steps toward wellness include things like the problem didn’t last as long, it wasn’t as severe, recovery was quicker, there was an attempt to reach out, the distress was tolerated for some time, etc. Too often, the only feedback people with challenging behavior get is on what they have done wrong. Celebrate their successes; don’t chronicle their failures.

Key components of the approach:



Build a Sense of Safety:

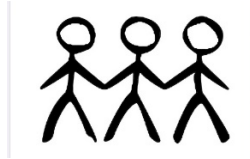
Feeling safe in our bodies and being in trusting relationships allows our bodies and brains to feel calm and regulated. This shuts down the limbic or alarm system of the brain and allows our frontal lobes to come online. When our frontal lobes work, we can hear, think, reason, and remember things. When they are not, we cannot.

To help the person feel calm and regulated, we must not only remove any threat* but also bombard the person with signals of safety and acceptance. That is why being calm and regulating ourselves, sharing positive feelings in the group, and encouraging participation and communication without judgment are critical for success. When people feel relaxed and regulated, they can share their thoughts, feelings, frustrations, and accomplishments without fear of criticism or judgment.

Feeling safe allows the brain and body to be calm and regulated, which frees the person to be who they truly are. It also frees them from needing to “act out” or “check out” when distressed. Psychological safety is based on the experience that no matter what happens, they will have the full support of their team. People’s sense of safety in relationships is established

when we respond supportively when they are struggling, not when all is well. Assuring people they are safe won't make them feel safe; they must experience it.

*(*Remember that people perceive threats based on their experiences. Past situations in which they have been criticized, punished, shamed, or judged will all be perceived as threats in the present and trigger defensive responses. These defensive responses will turn off their ability to engage with us and drive explosive and avoidant behavior.)*



Develop Trusting Relationships:

**People are traumatized in relationships
and can only be healed in relationships.**

-Pat Ogden

Trust is simply the experience of feeling safe and regulated with others and anticipating that when things go wrong, and our behavior deteriorates, those relationships will be warm, welcoming, and supportive and provide a safe haven for us to retreat to. When we feel safe in relationships, we trust that people will support us when we are down, or things have gone badly. They will not punish us, be angry, or make us feel shame and guilt for what we have done. They will provide us with a sense of hope and safety. When people with challenging behavior struggle the most, we must side with them, not against them.

Being mindful and attentive to each other and regulated together allows us to be open to each other's opinions and curious about how best to react to situations and behaviors. In the group, we create a safe space for everyone, where we can be in supportive and trusting relationships and entirely attentive to each other's feelings, opinions, and states without judgment or criticism.

One of the principal ways we can build safe, trusting relationships is by regulating together (aka co-regulation). Co-regulation sends signals of safety deep into our bodies and lets our brain and body know that all is well. We can let our defenses down, and we can all work together to resolve whatever problems we are having. It bears saying that dysregulated people cannot regulate dysregulated people. Leading someone in co-regulation requires us to recognize our own state and have tools that help us manage ourselves first so that we can help others.



Be Mindful and Present:

Mindfulness includes mindful presence and mindful practices. Mindful practices lead us to be more conscious of ourselves and others, less reactive, and more able to be in the moment. Mindful presence means we are entirely present in the moment, with the person and the team, without judgement, and with kindness, and curiosity. That sounds simple, but it is rather a tall order since about half the time, our mind wanders to things outside of the moment we are in, worrying about the past and anticipating the future. To be present without judgement leads us to be curious and kind. This is a tall order as well, as judgment of others is part of our nature. However, judgment blocks our ability to be compassionate. Being present without judgment is what allows us to develop insight into the person on how best to help and support them. It allows us to be curious, look for the true nature of the problem, and see the suffering of people with challenging behavior we are trying to support.

On a practical level, this means we put our phones and paperwork aside; we don't try to schedule things or accomplish anything other than being present during the meeting. We spend the time listening and talking to the person and each other without allowing ourselves to be distracted. Being free from the past and the future, even just for the short time we are together, brings us all a sense of peace. For those with challenging behavior, this is a state they rarely experience.

Mindfulness also refers to the practices we do together to regulate ourselves and each other. These practices establish a foundation of safety and trust, allow us to reason together, and make us feel regulated and safe together. The techniques themselves are the third step in the mindful support group process. We learn and practice different techniques together. We also give the person the opportunity to choose what practice to do and who they would like to lead it.

Although this paper presents the basics of the Mindful Support Group process, research on each step in the process is reserved for presentation elsewhere. However, I would like to make one exception and briefly discuss a paper by researcher Dr. Nirhbay Singh on adding mindfulness to positive behavior supports for people with challenging behavior. Dr. Singh conducted a research program in which he taught one group of staff mindful positive behavior supports and traditional positive behavior supports to the other. He then compared the results in terms of consumer, staff, and agency effects. The startling results led one to think that providing positive behavioral support without the mindful component would be irresponsible and perhaps unethical. Dr. Singh found robust decreases in challenging behavior (aggression, injuries to residents, restrictive procedures, emergency medication administration), improvements in staff

productivity, burnout, and satisfaction (staff injury and medical leave, secondary trauma, perceived stress, compassion, and satisfaction), and a decrease in agency overall costs and productivity (lost staff days due to injury, 1:1 staffing, medical costs, reductions in program costs). Since positive behavior supports are considered state-of-the-art in managing challenging behavior, it is impressive to see the considerable improvements at all levels when adding a mindfulness component. *(Singh et al. (2020) Comparative Effectiveness of Caregiver Training in Mindfulness-Based Positive Behavior Support (MBPBS) and Positive Behavior Support (PBS) in a Randomized Controlled Trial. Mindfulness.)*



Help the Person Develop a Sense of Personal Agency:

In the mindful support group, the person we support is in charge of the group. They are in control of the meeting. We create opportunities for the person to guide the group by having them select activities and group members to speak and by encouraging them to share what they have on their mind, no matter what that is. They choose the activities they want to engage in, the order in which the meeting progresses, which group members are invited to celebrate their accomplishments, and in what order, what mindful practices we do as a group, and who leads them. They also have the opportunity to express any concerns they have about anything that is on their mind.

Putting the person in charge helps them develop a sense of personal agency and an internal locus of control. They develop the feeling that they have some control over their life and behavior. People with challenging behavior typically have the sense that they have little control over what happens to them, how people engage with them, and the kind of support they get. Often, supports and strategies for helping them manage themselves are developed by others. Sometimes, the people who write the behavior support plans don't even know the person, never mind negotiating with them how best to deliver their support. Developing this sense of personal agency allows them to feel responsibility for themselves and take responsibility for their behavior.

Typically, this is difficult for people at first since they rarely get the opportunity to run things. Many people are unsure how to react when in charge since they have so little experience with it. Initially, they often withdraw and seem unwilling to make decisions and provide direction to the rest of the group. This never lasts very long. Once we offer them opportunities and support in making decisions and directing the group, they always rise to the occasion! One of the things that seems difficult for some team members is having the person set the agenda for what they want to discuss. Suppose they are interested in talking about video games, their collection of

race cars, or their fascination with Elvis. In that case, this may appear on the surface as unimportant and unrelated to the topic at hand, which is usually their challenging behavior. To understand this, we must return to the group's major goal and how it impacts challenging behavior. Essentially, people with challenging behavior don't feel safe enough to "reach out" when they are distressed, so they either "act out" (run away, become aggressive) or "check out" (withdraw, disengage, shut down). All subconsciously, of course. What we want to do in the group is to give the person the opportunity to "reach out" and experience acceptance and safety. Communication is verbal reaching out. From this perspective, the content of the communication is unimportant. When the opportunity to engage with us (reach out) is met with safety and acceptance, the person is learning and experiencing reaching out as a safe alternative to challenging behavior (acting out or checking out). This does two things. First, it gives the person the experience of learning that reaching out is safe, productive, and feels good. The second is that it sets the stage for them to be able to communicate about more difficult things later.

It is important to help the person not only take a leadership role in the group but also find opportunities for leadership and teaching roles outside the group. There is a study in which people who are challenged by their behavior are asked to advise younger people who are also challenged by their behavior. What happens is that once they have given the very same advice that they have been given to others, their behavior improves. Let's find all the opportunities we can to put people with challenging behavior in leadership roles outside the mindful support group. It will not only strengthen their egos, but it will also improve their behavior!



Relate Their Challenging Behavior to their Traumatic Experience:

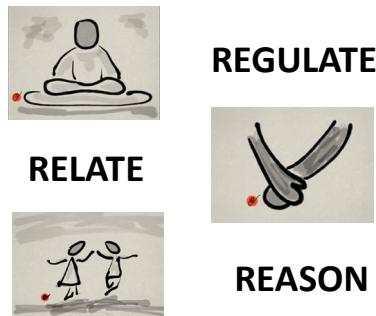
One of the primary goals of this approach is to help the person and the team understand that explosive and avoidant behaviors are responses to distress that were necessary in the past to either maximize survival (explosive behavior) or minimize suffering (avoidance). These behaviors are repeated in the present when the person feels a sense of danger, threat, or, for some, even novelty.

Trauma resets the brain, body, and mind. It puts the person on high alert, searching for threats and danger, and makes them respond quickly to things they anticipate may be threatening or dangerous, even if they are not. It creates a state of hypervigilance and hyper-reactivity, in which minor provocations cause major reactions. While these responses are an overreaction in the moment, they are exactly what was needed in the past to survive threat or danger.

The role of experience in current behavior is often overlooked and leads to further traumatization of the person, further dysregulation of the brain, body, and mind, and an increase in challenging behavior. When we view the challenging behavior in the traumatic context in which it developed, we can understand why it came about. This insight leads to a novel understanding that leads to recovery. Recovery from traumatic experiences (and challenging behavior) is rooted in helping the person manage their reactivity and regulate their body responses to things that trigger them—the ability to manage our reactivity and regulate our bodies when distressed results in resilience.

Trauma can only ethically be treated with a model that prioritizes regulation and relationships. In other words, the state of the person must guide the treatment, not the behavior. A dysregulated person cannot think or reason. The notion of stage or state treatment for trauma goes back to at least the late 1800s. Yet today, often, trauma-driven behavior is treated with behavioral responses reliant on rewards and punishments. This is both unethical and ineffective. What follows is a brief overview of the stage model that guides the mindful support group treatment.

(For more information on trauma-informed care, see [Trauma, Developmental Disabilities, and Challenging Behavior](#).)



The Stage/State Model: Regulate, Relate, Reason*

Explosive and avoidant behavior is driven by traumatic experiences that dysregulate the person and their ability to engage and reach out to others. It is considered unethical to do trauma treatment without a stage model. Our model has three stages, each designed to respond to the state of the person. The stages include (1) helping the person **regulate** themselves and their body, (2) building safe and trusting relationships (**relate**), and (3), once regulated and feeling safe with others, helping the person **reason**. (*The terms regulate, relate, and reason come from Bruce Perry, MD, Ph.D., and his neuro-sequential model)

The meeting structure follows the state/stage model. The first four activities are designed to help everyone feel regulated and to build positive, safe relationships. When a person feels regulated and safe within the group, we take time to address any concerns they may have. With

that groundwork laid, we can begin a compassionate inquiry into more challenging issues in a positive way.

Regulations: All behavior is state-dependent. The physiological state of the body, things like heart rate, blood pressure, blood flow, large muscle activity, and hormone levels, determine which behaviors can be performed and which we cannot. Our state also determines which parts of our brain are active or inactive. For example, if our arousal is too high or too low, it will inhibit our ability to engage with others, think, or reason. So, we help people regulate themselves before we attempt to reason with them. This requires practices that regulate the body, such as breathing, tapping, power posing, guided meditation, etc. (see [body-based techniques](#) to help people regulate themselves)

Relate: Regulation is, at its core, an interpersonal achievement. We learn how to soothe our distress, as well as what to be distressed by, from our early caretakers and early experiences. When we feel regulated with others and soothed with or by them, we develop feelings of safety and security. Those feelings of safety and security then get captured in relationships and allow us to trust others with whom we have had those experiences. We feel safe in their presence. This leads to “reaching out” rather than “acting out” or “checking out” when distressed.

Reason: A reasonably well-regulated person who trusts those who support them will be able to reason and talk through situations that challenge them. Before people feel comfortable sharing problems and feelings with others, they must feel comfortable communicating with those around them. Due to past experience, this can be a difficult endeavor for people with challenging behavior. That is why we begin with listening, hearing, and responding compassionately to their thoughts and concerns. (Listening to people and helping them feel heard doesn’t necessarily mean we agree with everything they say.)

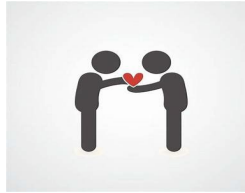
The Mindful Support Group Process



The Mindful Support Group protocol has six basic steps:

- 1. Greetings**
- 2. Celebration**
- 3. Mindfulness/Self-Regulation Practices**
- 4. Concerns of the Person**
- 5. The Compassionate Behavioral Inquiry**

- a. Establishing a Clinical Narrative
 - b. Creating a Behavioral Agreement
- ## 6. Partings and Closure



1. Open the meeting with Greetings Not Agendas:

Meetings often begin with agendas. For people with challenging behavior, the agenda is usually their behavior. Any of us would experience a sense of judgement and threat should a group gather to talk about our behavior. The mindful support group is a meeting about how to help people with their behavior by shutting down their distress response system and helping them feel safe, accepted, and respected.

Greetings set the emotional tone for the meeting and help the person recognize the state and intentions of group members. A few minutes of friendly greetings help the person feel safe and anticipate a positive, supportive experience. In the first few minutes of the meetings, we greet each other warmly, inquire into the activities and happenings since we last met, and find things to laugh and smile about. This establishes a sense of safety and kinship in the group. We remove any sense of threat, judgement, or evaluation, as that turns on the person's distress response system and shuts down their ability to engage and benefit from the group. Greetings are a brief period in which we "experience" each other, our states, agendas, and priorities. This helps us anticipate how safe (or threatening) the experience will be and what we can anticipate from others. It is an opportunity to express our intentions and communicate safety, trust, and nonjudgemental compassion for all group members.



2. Celebrate Their Accomplishments:

Concentrate on the person's successes over the week and over time, not their setbacks. When people are complimented and celebrated on something they did, they will do more of it. When a whole group of people celebrate their successes, that will increase their behavior even more.

Celebrate those things that support the person's ability to feel safe and "reach out" when distressed.

Share "positives" and compliment the person on things that shut off their distress response system, such as taking care of themselves and others, exploring new activities, and managing their body and arousal. Express gratitude for their efforts, the skills and strategies they have practiced or used, and the mini goals they have accomplished. Celebration is about uncovering the authentic self, those core positive qualities of the person that are often overlooked due to their challenging behavior. Taking the time to celebrate those qualities helps highlight and bring forth these positive parts of the self. Here's an example. One of the most powerful ways to shut off the distress response system and challenging behavior is to turn on the care-taking system. Celebrate and show gratitude for any of the person's attempts to help us or others over the week. The simple and positive acknowledgements of their efforts will dampen down their reactivity and improve their behavior. There are many small accomplishments in the journey to better behavior. Celebrate each success, and you will see more of them.



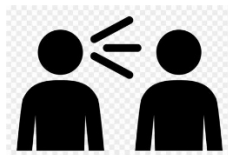
3. Develop Mindful Regulation Practices: Do Them Together as Often as Possible.

The pathway to recovery from trauma (and challenging behavior) is to improve the person's ability to manage their reactivity. The ability to manage reactivity is based on regulating the brain, body, and central nervous system (the embodied brain). We need practices that affect our physiology and moderate our arousal to regulate the embodied brain. The research-based practices used in the mindful support groups lower blood pressure and heart rate, divert blood from large muscles, decrease arousal, change brain wave frequencies, and lower stress hormones. This minimizes challenging behavior since the underlying physiology required to support explosive or avoidant behavior is deactivated. Our goal is to help all group members feel safe in their bodies, relationships, and the world. We practice together, doing things like breathing, tapping, and power posing, to regulate ourselves and be regulated together. These mindfulness/self-regulation practices shut off the brain's alarm/threat detection system, allowing the reasoning and language centers to turn on and guide behavior. That helps us feel safe and behave better.

These practices can help the person prepare for situations they anticipate may be difficult for them (challenging meetings, discussing problems, etc.), situations in which they find themselves dysregulated (when frustrated, annoyed, etc.), or to recover from distressing experiences. People may be resistant to these practices at first. The best approach is to practice together in the group and to invite the person to join in. (Invitations without expectations.) Don't pressure them to join in. Follow the sneaker company Nike's advice and "Just do it!" Thanks to mirror neurons, everyone will benefit from just watching and listening. (Neurons fire in the brain in a specific pattern when we do things. Mirror neurons fire in the same pattern when we watch others do the same thing. In other words, thanks to mirror neurons, we get similar effects from watching someone do something as doing it ourselves! So, people experience the regulating impact of these practices by just being present).

The key to the effectiveness of these mindfulness tools is to practice them together regularly. That leads to several positive outcomes. First, our bodies learn to anticipate the effects of these practices and get into calm and grounded states as soon as we begin the practice. Second, feeling calm and regulated together is at the root of positive relationships. When we practice together and are used to being regulated together, our presence will have a calming effect on the other person. Never miss the opportunity to regulate and practice together so that our bodies will anticipate the physiological, emotional, and behavioral effects of trusting relationships. So, the more we practice together, the more effective our practices will be. And finally, we are much more likely to do these practices if we develop a routine and do them together. They need to fit into our day, not interrupt it. We could do them right before or after meals, right before or after class, when we get up in the morning, just before we go to bed, or any other time that provides a little space for them.

(For more information, research and video demonstrations of these mindful body-based techniques go to [body-based techniques](#).)



4. Welcome the Concerns of the Person: Listen, Don't Correct Them

Following celebration and mindful regulation activities with the opportunity to express concerns makes it much more likely people will be able to share their thoughts, feelings, and worries with us. Expressing concerns creates the opportunity to "verbally reach out" and get an accepting and positive response for doing so. Think of this step as "reach out practice." Providing a positive response to their concerns will make it more likely that they will reach out in the future rather than "act out" or "check out."

This step aims to ensure that the person has the opportunity to share their feelings, thoughts, concerns, and worries without fear of dismissal or criticism. Once the person feels calm and engaged, we inquire into what they have on their mind without interruption or judgment. We accept and acknowledge their thoughts and feelings. It is important to go slowly and allow the person to feel their feelings, which is often something people with challenging behavior find difficult. This is an opportunity for support staff to practice active listening skills, express empathy, validate the person's feelings, and demonstrate understanding and compassion for them.

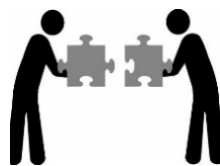
Once they have had the opportunity to express themselves, feel their feelings, and share their thoughts, we can help them reframe their concerns or help them find solutions to their problems. We often jump ahead to find solutions to problems or attempt to help people see things differently before allowing them to express themselves and feel heard. That can feel entirely invalidating for them and cause people to withdraw, feel ignored, or even get angry.



5. Conduct a Compassionate Behavioral Inquiry:

Once we have settled our bodies down, created a sense of safety, and built trust in our relationships through the mindful support group process, we can tackle more complex issues together. A compassionate behavioral inquiry is a safe space where we can look at the challenging behaviors for what they are: responses to past adverse experiences triggered by a sense of threat or danger in the present. These behaviors were necessary in the past to maximize survival (freeze, flight, fight) and minimize suffering (avoidance, shut down, dissociation), but they don't serve the person in the present. This approach allows us to bring curiosity rather than judgment to our inquiry.

When conducting a compassionate behavioral inquiry, we look for the story of how their life experiences led to the development of the behavior we currently find challenging. We create a compassionate understanding of their story, where they and their behavior have come from. Then, we create a shared behavioral agreement on how best to react to their difficulties and support them in being the person they want to be.



5a. Creating a Shared Understanding of the Behavior: Establishing and Maintaining the Clinical Narrative

The clinical narrative is the history and story of the person. It is how the self was assembled and includes all the things that have happened to the person throughout their life that explain who they are and why they behave the way they do. For people with challenging behavior, the story we are often told is a pathography. A pathography (the combination of biography and pathology) is the story of everything they have done wrong and leaves out all their positive attributes. The true story is based on positive qualities and negative experiences. When we establish the clinical narrative, we focus on the question, “What happened to you?” versus “What’s wrong with you?”.

Once we have established the story, we create a clinical framework for understanding and guiding treatment. There are multiple systems that drive our behavior. Advancement systems help us get ahead in the world, and distress response systems help us survive when we are threatened. The distress response systems drive challenging behavior. Our distress response system turns on when we are fearful, feel threatened, or are in danger. The distress response system is limited to three behavioral responses, “reach out,” “act out,” or check out.” Whatever has been successful for us in the past will be repeated in the present, all unconsciously. If people were available in the past and could soothe us when we were distressed, we would reach out for help. If no one was available or we could not be soothed, we would either act out (become explosive) or check out (become avoidant).

These behaviors are all dependent on the underlying physiology to support them. In order to “reach out,” people must be calm in their bodies, feel safe, and be in trusting relationships. In order to “act out,” they must have the resources to do so. Heart rate and blood pressure must increase, blood must flow to the large muscles so people can mobilize, and there must be enough fuel in the blood to sustain their reaction. To “check out,” people’s bodies shut down, heart rate and blood pressure decrease, people become very still, and lose touch with their bodies. These physiological reactions support the types of behavior that have been successful for people in the past when they were threatened. When helping people with challenging behavior, we must help them regulate these body-based responses to threats before we attempt to reason with them.

It is critical to remember that when we see explosive and avoidant behavior, it is a response to a threat, even if there is no apparent threat or trigger that we can see. The best way to respond to these behaviors is to help the person reach out to us by helping them calm their bodies and feel safe. That will build trust in our relationships and increase the chance that, in the future, they will reach out to us rather than act out or check out. Simply adding consequences or threats about what will happen to them if they continue will only drive further challenging behavior.

Effective treatment for challenging behavior is all about helping the person feel safe in their bodies and developing trust in their support people, which enables them to reach out, not act out or check out when they are distressed. Maintaining this narrative is critical for effective treatment. Without it, more pejorative explanations for the behavior, such as the behavior is attention-seeking or manipulative, will dominate the story and drive ineffective interventions.



5b. Creating a Shared Behavioral “Agreement”:

Behavior Support Plans are often written without direct involvement and buy-in from the person. To be effective, they need to be part of helping create the strategies for change that they think might work best for them. Often, people who write the plan don’t know the person and are unfamiliar with their history. In our approach, the person takes a key and central role in helping support people to understand what it feels like in their bodies and what the outward visible signs are when they escalate or shut down. Once we establish the internal and external markers, the person and support people decide what the person needs in different arousal states for support. With the person’s guidance, they decide together what the person should do and how best staff can help them.

Using a trauma-informed, relationship-centered approach, we construct an agreement with the person on how best to support them when things get challenging. That agreement is based on their state of arousal. The agreement is captured on an emotional thermometer, so internal and external signs can be used to indicate where the person is in the escalation cycle. There can also be a journaling component if desired. The agreement is built on the following shared understanding:

1. First, the person identifies what they feel inside their body as their arousal escalates and their behavior deteriorates. This establishes a basic physiological guide and helps build emotional awareness in the person. The person identifies what they feel and where they feel it in their body. (heart races, stomach becomes upset, ears ring, etc.)
2. Next, the person and the team describe what it looks like on the outside. The person and support staff describe visible behaviors that indicate the person’s escalation level. (clenched fists, increased volume of speech, red cheeks, etc.)
3. Once these various states have been identified, we agree on what they should do at different points in the escalation cycle. We identify practices and approaches to help them manage their arousal. (breathing, tapping, power posing, etc.)

4. Finally, we agree on what they would like us to do to help them de-escalate (e.g., walk away, breathe with them, tap together).

This agreement evolves over time and is constructed with the person, making it much more likely to be effective and much more likely to be followed. Once again, this is a relationship-centered approach where we work together to co-regulate. When people encounter difficulties, we don't tell them what to do or inform them of what will happen if they continue; we remind them of the agreement and help them regulate themselves.



6. Partings and Closure:

Closure is similar to greetings. It just takes a minute or two, but it plays a critical role. It helps the group leave the meeting with good feelings and memories. Closing the meeting on a positive note makes the transition to the next activity easier and leaves the person with an emotional memory that will help them positively anticipate the next meeting. Close the meeting with a warm and appreciative goodbye, and the group will leave with positive feelings and look forward to the next session.



And Finally:

Martin Luther King described his church as not only a place you come to but also as a place you go from. I like to think of the mindful support group in a similar way. It is a place you come to for knowledge, nourishment, and kinship. It is also a place you go from and take your knowledge and energy and infuse these ideas and practices throughout your life and the lives of others. It is critical to bring this approach and these practices into the lives of people with challenging behavior. It helps us recognize their suffering and gives us the tools to help them recover from their experiences and be the kind of people they want so desperately to be.