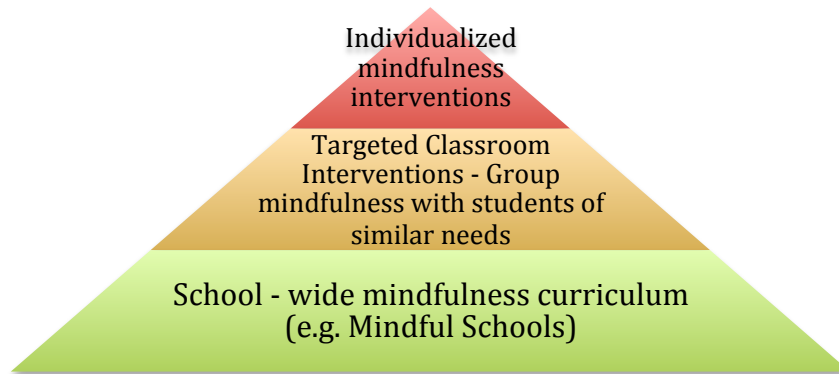


A Three Tiered Prevention-Intervention School Based Mindfulness Program



Tier 1: Universal Interventions

- Incorporating mindfulness into new or existing school-wide social-emotional learning curricula including self-awareness, self-management, social awareness, relationship skills, responsible decision making.
- Stand-alone mindfulness programs
 - Mindful Schools

Tier 2: Targeted Interventions

- Small group interventions tailored to the student's needs
 - Internalizing problems
 - Externalizing behaviors
 - Executive Functioning problems
 - Learning disabilities
- Targeted classroom interventions
 - Skills building based on the needs of the student
 - Prompting

Tier 3: Intensive Interventions

- Appropriate for students with high level needs:
 - Aggressive behavior
 - School refusal
 - More intense internalizing problems
 - ADHD
 - PTSD
 - Trauma
- Implemented by School Psych or other mental health provide/one on one support
- Pull out services individually tailored to presenting concern
- Intensive mindfulness-based psycho-education and interventions
- Experiential practice, role-play, and feedback
- Research-based curriculums
 - *Soles of the Feet
 - Acceptance and Commitment Therapy
 - Mindfulness Based Cognitive Therapy

Mindful Activities

- Breathing activities
- Listening activities
- Exploration of the senses
- Mindful walking
- Heartfulness activities
- Gratitude lessons

***Soles of the Feet: a mindfulness-based self-control intervention for aggression by an individual with mild mental retardation and mental illness.**

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Abstract

Uncontrolled low frequency, high intensity aggressive behavior is often a barrier to community living for individuals with developmental disabilities. Aggressive behaviors are typically treated with psychotropic medication, behavioral interventions or their combination; but often the behaviors persist at a level that is problematic for the individual as well as care providers. We developed a mindfulness-based, self-control strategy for an adult with mental retardation and mental illness whose aggression had precluded successful community placement. He was taught a simple meditation technique that required him to shift his attention and awareness from the anger-producing situation to a neutral point on his body, the soles of his feet. After practice he applied this technique fairly consistently in situations that would normally have elicited an aggressive response from him. The data show that he increased self-control over his aggressive behaviors, met the community provider's requirement for 6 months of aggression-free behavior in the inpatient facility before being transitioned to the community, and then successfully lived in the community without readmission to a facility. No aggressive behavior was seen during the 1-year follow-up after his community placement. Mindfulness-based intervention may offer a viable alternative to traditional interventions currently being used to treat behavioral challenges in children and adults with mild mental retardation.