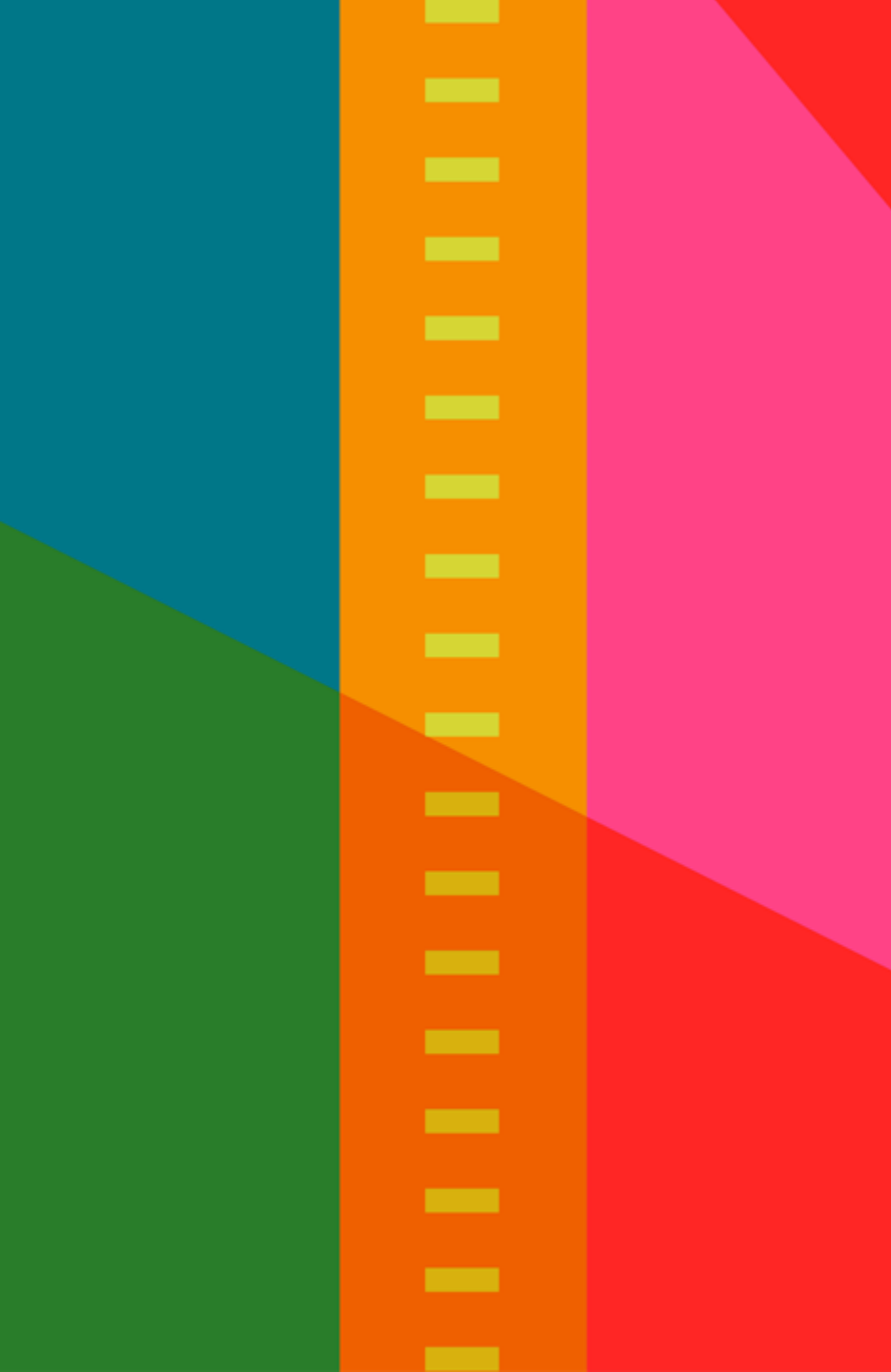




FY 24–25 Training Series

Focus Today: Self–Care and
Lifestyle Medicine

*In partnership with
Pajaro Valley Prevention and
Student Assistance, Inc.*

Presented by:

Oscar Flores, M. Ed., ACC, CMT–P, IFEC–TMHP

www.respondmindfully.com

Disclaimer about Training & Meditation Practices

- I am a coach and educator, not a mental health therapist. I am trauma and healing-informed practitioner. This workshop is therapeutic in nature, but not therapy.
- Stop any practice if it's not helpful to you.
- Education can be an important complement to medical care; however, it is never a substitute for diagnosis, treatment, or care of disease by a medical provider.

Thanks for signing the electronic waiver.

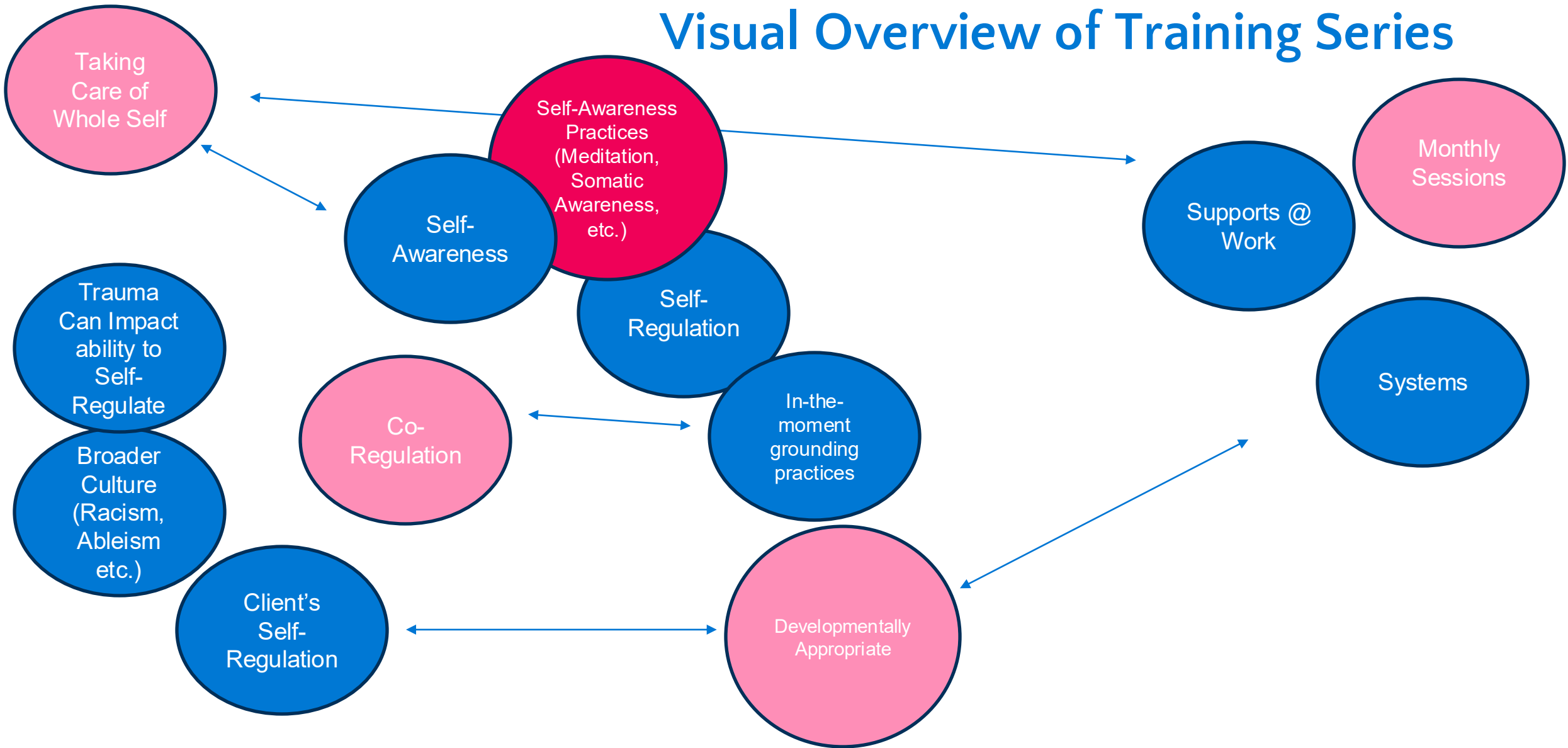


Community Vibe and Learning Space

Any new folks?

- No advice giving from others (*we are here to primary learn about ourselves*). *If you want advice, please ask. If you want to comment, pause.*
- Speak up or take a step back.
- What is said here, stays here. Learning can move beyond this space.
- Expect non-closure. Good news: we have monthly sessions!
- Keep in mind that there is a difference “knowing” something and following through with a new habit or practice. Approach this training from a curiosity stance, and with humility.
- As it relates to self-awareness and mindfulness, it’s learned best by practicing and modeling – we’ll get more into that later. Notice if you are trying to over-intellectualize.
- This is your training. Your experience is more important than slides; *I will move us forward, if needed.*

Visual Overview of Training Series



Transition Practice

(Self-Awareness & Self-Regulation)

Leaving what is not serving us, calling it what is supportive.

How was that practice? What did you notice?

Any "ahas" or insights since last session?



Developmentally Appropriate

"...methods that promote each child's optimal development and learning through a **strengths-based, play-based approach to joyful, engaged learning...**"

"...recognizing the multiple assets all young children bring to the early learning program... Building on each child's strengths—and taking care to not harm any aspect of each child's physical, cognitive, social, or emotional well-being—educators design and implement learning environments to help all children achieve their full potential across all domains of development and across all content areas."

Source; National Association for the Education of Young Children



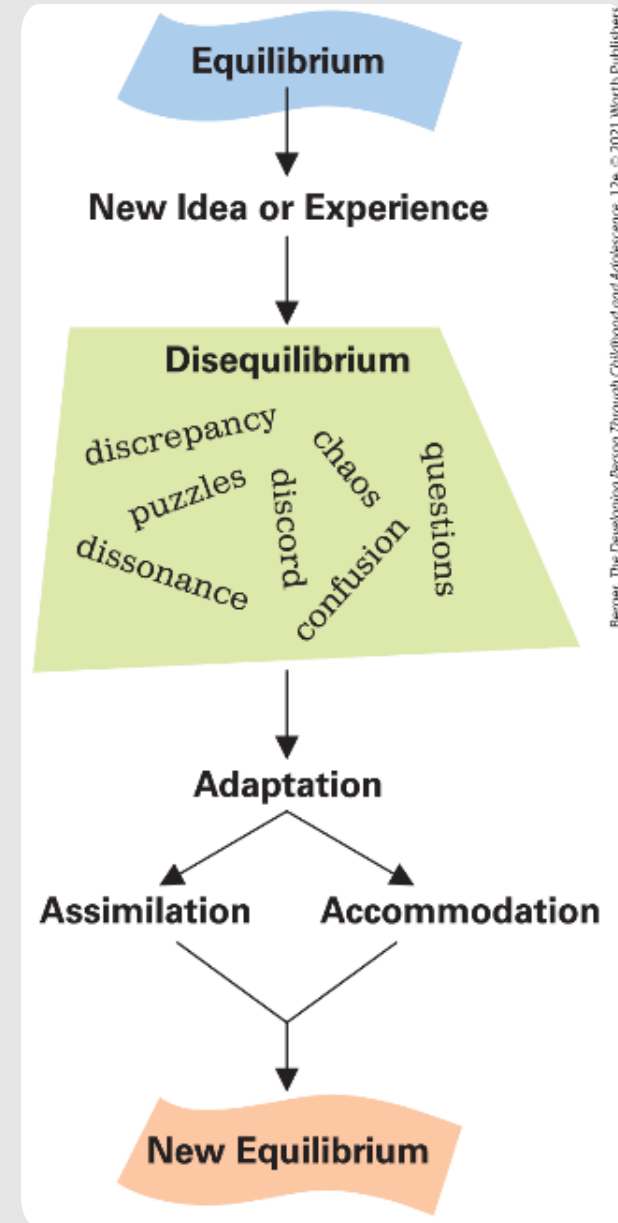
PSYCHOSOCIAL THEORY

Erikson's Psychosocial Stages	Emphasized family and culture
Approximate Age	Erikson (psychosocial)
Birth to 1 year	<i>Trust vs. Mistrust</i> Babies either trust that others will satisfy their basic needs, including nourishment, warmth, cleanliness, and physical contact, or develop mistrust about the care of others.
1–3 years	<i>Autonomy vs. Shame and Doubt</i> Children either become self- sufficient in many activities, including toileting, feeding, walking, exploring, and talking, or feel shame, or doubt their own abilities.
3–6 years	<i>Initiative vs. Guilt</i> Children either try to undertake many adult-like activities or internalize the limits and prohibitions set by parents. They feel either adventurous or guilty.
6–11 years	<i>Industry vs. Inferiority</i> Children busily practice and then master new skills or feel inferior, unable to do anything well.
Adolescence	<i>Identity vs. Role Confusion</i> Adolescents ask themselves “Who am I?” They establish sexual, political, religious, and vocational identities or are confused about their roles.
Adulthood	<i>Intimacy vs. Isolation</i> Young adults seek companionship and love or become isolated from others, fearing rejection. <i>Generativity vs. Stagnation</i> Middle- aged adults contribute to future generations through work, creative activities, and parenthood or they stagnate. <i>Integrity vs. Despair</i> Older adults try to make sense of their lives, either seeing life as a meaningful whole or despairing at goals never reached.

COGNITIVE THEORY

Proposes thoughts and expectations profoundly affect actions, attitudes, beliefs and assumption

- Assimilation
 - Experiences are interpreted to fit into, or assimilate with, old ideas.
- Accommodation
 - Old ideas are restructured to include, or accommodate.
- Cognitive equilibrium or disequilibrium
 - State of mental balance or imbalance



PERIODS OF DEVELOPMENT

Piaget's Periods of Cognitive Development			
	Name of Period	Characteristics of Period	Major Gains During Period
Birth to 2 years	Sensorimotor	Infants use senses and motor abilities to understand the world. Learning is active, without reflection.	Infants learn that objects still exist when out of sight (<i>object permanence</i>) and begin to think through mental actions.
2–6 years	Preoperational	Children think symbolically, with language, yet children are <i>egocentric</i> , perceiving from their own perspective.	The imagination flourishes, and language becomes a significant means of self-expression and social influence.
6–11 years	Concrete operational	Children understand and apply logic. Thinking is limited by direct experience.	By applying logic, children grasp concepts of conservation, number, classification, and many other scientific ideas.
12 years through adulthood	Formal operational	Adolescents and adults use abstract and hypothetical concepts. They can use analysis, not only emotion.	Ethics, politics, and social and moral issues become fascinating as adolescents and adults use abstract, theoretical reasoning.

SOCIOCULTURAL THEORY

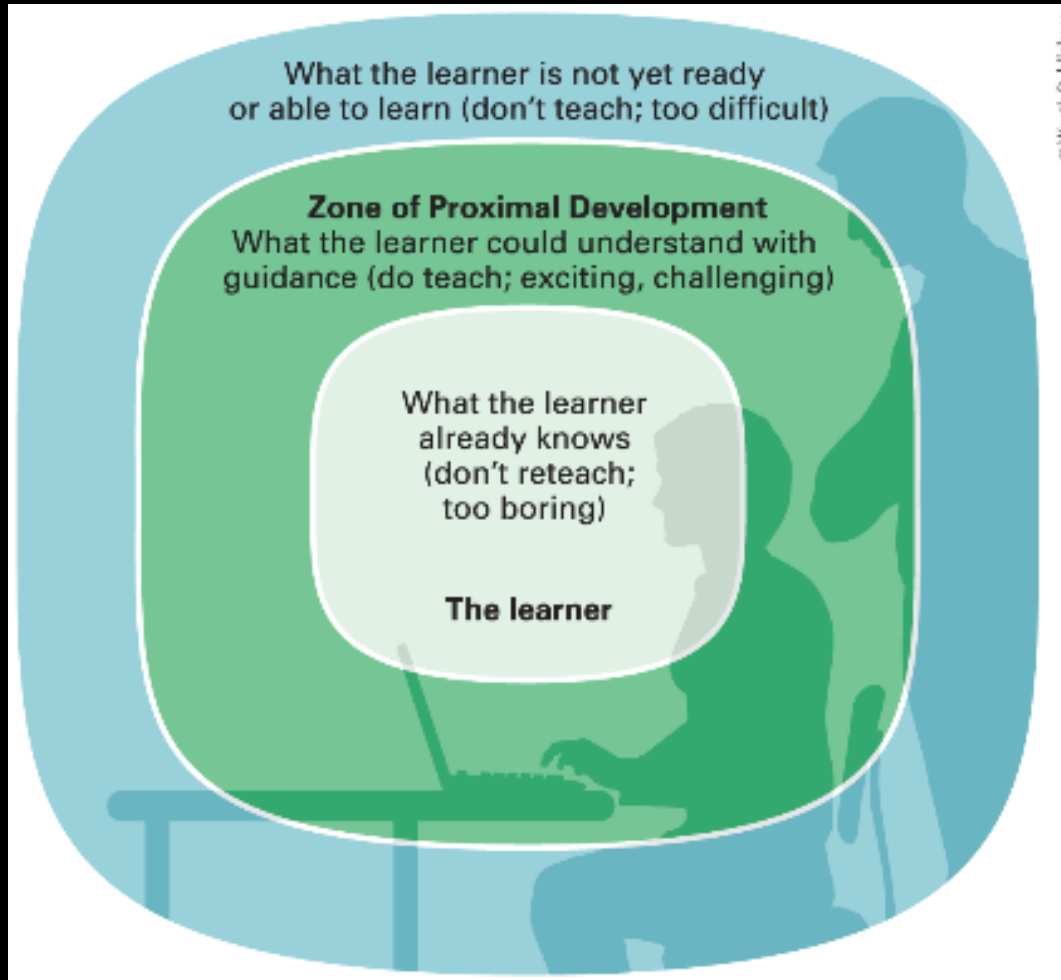
Central thesis of sociocultural theory

- Proposes human development results from the dynamic interaction between developing persons and their surrounding society.
- Contends that most human beliefs are ***social constructions, not natural laws***, and thus societies need to develop and incorporate them, ideally via mutual interaction.
- Focuses on culture as integral to a person's development.

Lev Vygotsky described interaction between culture and education

- Developed concepts of apprenticeship in thinking and guided participation
- Artifacts/cultural tools are important to development and learning

Sociocultural Theory



- **Zone of proximal development** Skills, knowledge, and concepts that learner is close to acquiring but cannot master without help
- **Process of joint construction** New knowledge attained through mentoring
- **Apprenticeship in thinking:** Vygotsky's term for how cognition is stimulated and developed in people by more skilled members of society.
- **Guided participation:** The process by which people learn from others who guide their experiences and explorations.



Thinking During Early Childhood

- Three essential abilities of executive function
- - Short-term or working memory
 - Recently seen and easily brought to mind
 - Inhibition
 - Ability to control responses
 - Flexibility (shifting)
 - Ability to see things from other's perspective



Vygotsky: Social Learning

- Underpinnings of math and physics develop during preschool years.
 - Using one-to-one correspondence
 - Remembering time and dates
 - Understanding sequence
 - Knowing what numbers are higher than others
 - Understanding how to make things move

Many developmentalists believe that play is children's most productive activity; not everyone agrees.

Parten's stages of play

- Solitary, onlooker, parallel, associative, cooperative

Current research finds more age variation.

- Experiences with other children vary.

Social Play

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-

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Sociodramatic Play

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Children's Theories

- Theory-theory
 - Children attempt to explain everything they see and hear.
 - Theories do not appear randomly.
 - Children develop theories about intentions before they employ their impressive ability to imitate.

Self-Awareness as Tools to up our Lifestyle Habits

- What is happening in the moments before, during and after situations are in?
- Healthy versus Unhealthy
- Reacting versus Responding
- What knowledge do I need?
- What is my intention?
- What keeps you from healthy routines?
- Do I need help?



Checking in with our deepest intentions helps us to respond in difficult moments. *Pick on Lifestyle domain.*

*Why do you **really** want to be healthy?*

What do you define as healthy?

Self-Awareness Intentions:

Sharing with others acknowledges that we are inter-connected

When you say things out loud, generate internal and external energy

We all suffer in one way or another (self-compassion)



Goals:

Focus on future, external accomplishments (very specific) and describes what you want to do.

Intentions:

Focus on present, internal state; describes how you want to show up in the moment.

Goals without intentions may backfire

Example:

I want to lose 30 lbs!

Often, goals communicate to us that we don't like where we are, and only until you reach your goal, will things be "okay."

Small moments build momentum!

Intentions are small amount of movement, energy and attention in a certain direction without attachment to the outcome.

Intention example: try to only eat half a bag a chips if I am already eating them. Be kind to myself in the moment, and see if I can stop and take a drink of water.

Self-Awareness:

Do we know reactionary moments vs healthy ones? What is our intention for the moment we reach for chips? What is healthy and what is unhealthy? What is happening before, during and after the moment you ate the chips? Do you need additional support?

Sleep Best Practices

Before Falling Asleep

"Notice" your body's circadian rhythm

Ritual before bed (shower or bath, meditation, etc)

Falling Asleep (Sleep is triggered as the light diminishes)

Cool (60-67 degrees)

Dark

Quiet

Stay Asleep

Don't drink alcohol before sleep (disrupts sleep)

Don't drink liquids two hours before sleep

Caffeine only in the morning

Keep same schedule for going to sleep and waking up

High Quality

If you eat late, keep it light.

30 min of exercise increases blood flow and oxygen

Common Barriers

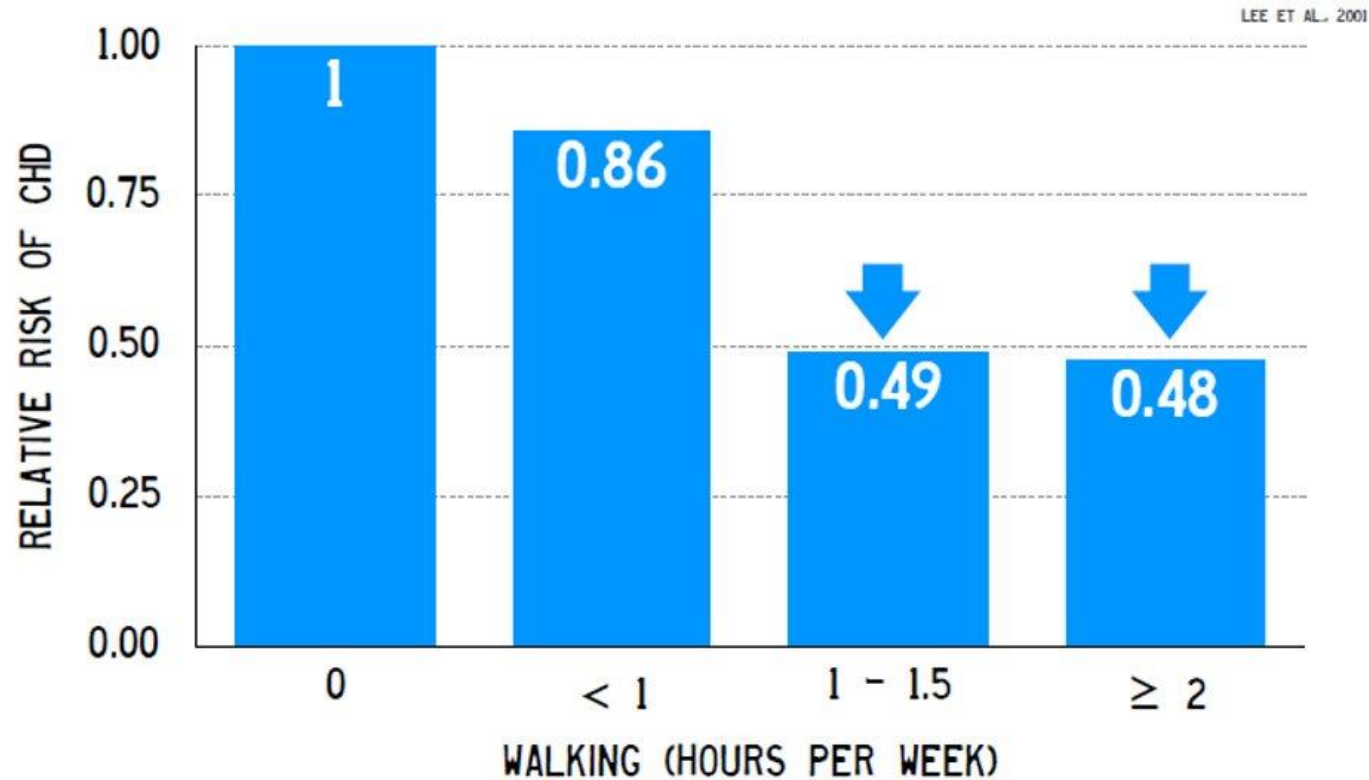
- "I love watching movies at night."
- We are hard workers - "we don't need much sleep"
- So much to do, I can't sleep
- "I'll sleep when I die..."
- Others?

- Get professional help, if need. If sleeping too much or any chronic disordered sleeping.

(Some information from *What is Missing from Medicine* by Dr. Stancic)



Movement is Medicine



Any movement and play is good. What did you do for fun when you were a kid?

Your body was built to move; your body and health suffers and if you don't move. More movement can equal less chronic health conditions.

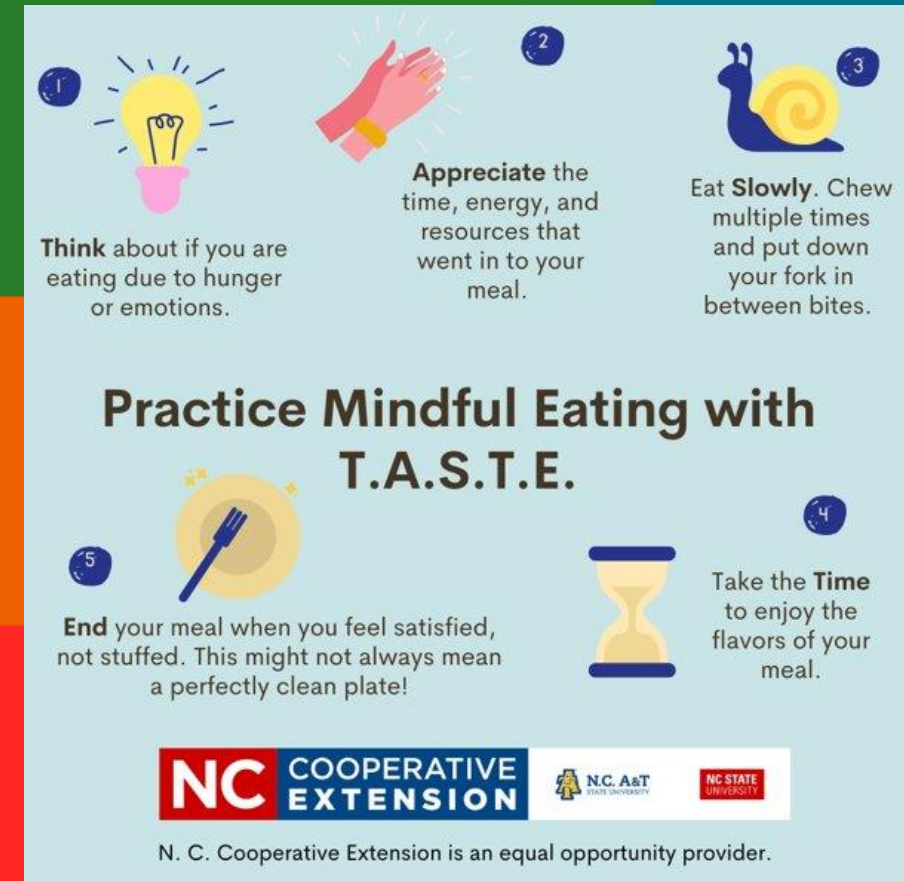
Why do we eat?

1. We don't know the difference between physical hunger and other feelings and emotions
2. We see food and we salivate.
3. Memories
4. Social pressure
5. Talk ourselves into eating
6. Comfort
7. Smelling food
8. Emotional distress
9. Hearing food
10. Habitual activities



What is Mindful Eating? (from Dr. Kristeller and MB-EAT)

- Deliberately paying attention to your experience of food and eating, without judgement.
- Becoming aware in each moment, both internally (your thoughts, emotions, hunger, flavor, fullness) and externally (nutritional value of various foods).
- Appreciating the differences between physical hunger and other triggers for eating, such as strong emotions, thoughts, and social pressures.
- Choosing to eat foods as much as possible that you enjoy and that nourish your body.
- Experiencing the flavor of food as it shifts and evolves from one bite to the next.
- Noticing how fullness develops in your stomach and how you feel once you've enough.
- Using information about the nutritional value and energy of food to meet your personal needs and inform your choice of what and how much to eat.
- Freeing energy from worries about food and giving it to other important areas of your life.



It all goes back to Self-Awareness

- Resist the urge to go fast --- you'll miss what is actually happening and notice how you can respond with intention
- Small steps are BIG steps
- Lean on self-compassion (covered in previous sessions)



For Upcoming Sessions

- Today: Mindfulness Meditation 202
- Lifestyle Medicine Science (Today)
- Somatic Awareness (Friday)
- Co-Regulation
- Developmentally Appropriate Practice:
- Early Childhood/Preschool-Focused
- Developmentally Appropriate Practice:
- Middle Childhood
- Developmentally Appropriate: Adolescence
- Social-Cultural Awareness
- Equity, Ableism and Neurodivergence
- Mindful Communication
- Conflict and Difficult Conversations



Transition & Goodbye

What is sticking with you?
What will you try to practice?

Questions: Oscar@RespondMindfully.com

Resources: www.respondmindfully.com/pvpsa

