

5-2016

What is the Meaning of Mindful Practice Among Practitioners?

Andrea K. Jensen

St. Catherine University, jens1157@stthomas.edu

Recommended Citation

Jensen, Andrea K., "What is the Meaning of Mindful Practice Among Practitioners?" (2016). *Master of Social Work Clinical Research Papers*. Paper 603.

http://sophia.stkate.edu/msw_papers/603

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact ejasch@stkate.edu.

What is the Meaning of Mindful Practice Among Practitioners?

by

Andrea K. Jensen, B.S.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in partial fulfillment of the Requirements for the Degree of
Master of Social Work

Committee Members

Catherine L. Marrs Fuchsel, Ph.D., LICSW (Chair)
Gretchen Vanderlinden-Wang, LISW
Rev. Pauline Kaplan, M.S., L.P.

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

MEANING OF MINDFUL PRACTICE

Abstract

This study explored the meaning of mindful practice and the influences practitioner's personal use and training had in the therapeutic setting, as well as with client outcomes. Qualitative methods were used to recruit and interview licensed practitioners with a personal practice of mindfulness. Six participants responded to interview questions in person, over the phone, or by email. Using grounded theory and open coding, six themes were identified: (a) Definitions of Mindful Practice; (b) Practitioner's Training and Personal Use of Mindful Practice: The Effects on Client Outcome; (c) Practitioner's Personal Mindful Practice: The Effects on Client-Centered Presence; (d) Practitioner's Support of Client in Mindful Practice; (e) Positive Effects of Therapeutic Mindful Practice; and (f) Insights and Concerns. A discussion of how these themes relate back to literature is presented. The implications for social work practice, research, and social policy are: (a) Mindful practice training and education for social work students, (b) Insight into the uses and benefits of therapeutic mindful practice, (c) Preservation of the integrity of mindful practice, (d) Upholding ethical principles of mindful practice, (e) Understanding the significance mindful practice has with the practitioner and client, and (f) Requiring mindfulness skills to be taught in health and physical education classes from preschool through high school.

Keywords: mindful practice, mindfulness, client-centered presence, therapeutic mindful practice, client, practitioner

MEANING OF MINDFUL PRACTICE

Acknowledgements

I would like to show my appreciation to the following people for their support, encouragement, and guidance throughout the completion of this research study:

Thank you, Catherine Marrs Fuchsel, Ph.D., LICSW, my amazing research chair for your endless encouragement and faith in me as a researcher and a writer. I am grateful for you sharing your profound passion of research and writing with me, as it was not always my most favorite quest. Your enthusiasm and optimism kept me afloat! I thank you for that.

Thank you to my committee members, Gretchen Vanderlinden-Wang, LISW, and Rev. Pauline Kaplan, M.S., L.P., for your knowledge, wisdom, and insight into my research and writing of the meaning of mindful practice among practitioners. I appreciate your time and effort in reading my paper and offering me valuable suggestions and advice.

Thank you to Merrra Young, LICSW, LMFT, for your support and helpful hints in the search for finding research participants. I truly appreciate it.

Thank you to my children, Julianna, Nathaniel, and Naomi, who although struggled at times, were truly patient with my never-ending researching, writing, more researching, rewriting, and on and on I love you!

Thank you to my family and friends for having faith in me and knowing in your hearts that I really could do this! Especially, thank you to my mom who listened to me read my paper over and over again to make sure it was written to perfection.

And dear participants: Thank you for taking time out of your busy lives to participate in my research. Your passion and understanding of mindful practice was, and is, invaluable to me and is of great worth to the future of clinical social work. Thank you!

MEANING OF MINDFUL PRACTICE

Table of Contents

What is the Meaning of Mindful Practice Among Practitioners?	1
Literature Review	3
Conceptual Framework	15
Methods	17
Findings	21
Discussion	34
Conclusion	41
References	43
Appendix A: Informational Cover Letter	47
Appendix B: Information and Consent Form	48
Appendix C: Interview Questions	50
Appendix D: Demographic Questions	51
Appendix E: Phone Script	52
Appendix F: Mental Health Resources	53

What is the Meaning of Mindful Practice Among Practitioners?

Mindful practice is important to the well-being of each and every individual. Mindful practice on its own and in conjunction with other types of therapy with or without the use of pharmacology, has been shown to reduce episodic relapse in depression, empower those struggling with anxiety, promote beneficial physical changes in heart rate and blood pressure, increase tolerance of chronic pain, and alleviate distress caused by past trauma (Beckerman & Corbett, 2010; Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Kohls, Sauer, & Walach, 2009; Rosenzweig, Greeson, Reibel, Green, Jasser & Beasley, 2010; Wall, 2008). Examined in this literature review are the effects mindful practice has on individuals struggling with depression, anxiety, tolerance to chronic pain, past trauma, as well as other mental health afflictions.

Mindful practice defined is focusing attention on the present moment and experiencing it in a non-judgmental and accepting way (Bell, 2009; Cheng, 2013; Epstein, 2003; Epstein, 1999; Hall-Ren, 2006/2007; Hosking, 2000; Kohls, Sauer, & Walach, 2009; Trammel, 2015). Experiencing the present moment in a non-judgmental way allows people to let go of the negativity of their past and worries of the future, solely focusing on his/her present moment thoughts and feelings (Bell, 2009; Epstein, 1999; Hall-Ren, 2006, 2007; Kohls, Sauer & Walach, 2009; Kuboy, 2015; Rosenzweig, Greeson, Reibel, Green, Jasser & Beasley; 2010; Trammel, 2015; Wall, 2008).

A practitioner is a professional who seeks to train others in becoming grounded in the present moment, while improving the overall well-being of individuals integrating mindful practices into their daily lives. The practitioner who lives mindfully is one who better teaches the methods of mindful practice, listening to her/his clients more attentively and without judgment or

bias (Epstein, 1999). "Mindfulness enables the practitioner to use a wider set of perceptual resources" (Epstein, 1999, p. 836), allowing clients to receive ultimate care for their whole being.

There are many types of mindful practice. Meditation and yoga are commonly known forms of mindful practice. Mindfulness imagery, expressive arts, eye movement desensitization and reprocessing (EMDR), loving-kindness meditation, walking meditation, eating meditation, and body scans are others. Mindful practice is also incorporated into forms of therapy. Practitioners incorporate mindful practice through mindfulness based cognitive therapy (MBCT), mindfulness-based stress reduction (MBSR), mindful psychotherapy and mindful music listening (MML) therapy (Beckerman & Corbett, 2010; Bell, 2009; Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Rozenzweig, Greeson, Reibel, Green, Jasser, Beasley, 2010).

Mindful practice is shown to help those struggling with depression. Depression is one of the most common mental health issues. According to Beckerman and Corbett (2010), cognitive therapy (CT) and psychopharmacology have been foundations in the treatment of depression and relapse prevention. Though, these two therapies alone have not been shown to have significantly helped clients decrease relapse of mental illness (Beckerman & Corbett, 2010). Mindful practices in addition to these therapies are the new accompaniment that seems to prevent relapse (Eckhardt & Dinsmore, 2012).

Practitioners of mindful practice have found that mindful practice in addition to therapy help individuals in tolerating chronic pain (Rosenzweig et al., 2010). An estimated one in three people suffer from chronic pain. Chronic pain frequently is associated with a decrease in health-related quality of life (HRQoL) and high levels of psychological distress (Rosenzweig et al., 2010). In using mindfulness-based stress reduction (MBSR), participants described significant changes in pain intensity, decreased medical symptoms and psychological symptoms, increased

coping ability, and inhibition of daily activity by pain.

Mindful practice is found to attribute to self-healing and recovery when in conjunction with past trauma (Wall, 2008). Practicing mindfulness changes the stress-response of the human body and aids in regulating the emotional areas of the brain, contributing to the resolution and healing of traumatic thoughts and memories (Wall, 2008). Mindful practice does not process information in the language center of the brain like in cognitive therapy. Mindful practice bypasses the language center and works directly on the central nervous system (CNS) activation (Duros & Crowley, 2014). The process promotes self-healing in people struggling with mental health issues, as it uses the CNS in addition to the language center of the brain while using cognitive therapy.

The purpose of this research is to further study the meaning of mindful practice among practitioners. Mindful practice has been found to help people come to peace with the past trials and tribulations of life's experiences (Duros & Crowley, 2014; Wall, 2008), as well as decrease anxiety and depression (Beckerman & Corbett, 2010; Eckardt & Dinsmore, 2012; Kohls, Sauer & Walach, 2009), and increase tolerance of chronic pain (Rosenzweig, Greeson, Reibel, Green, Jasser & Beasley, 2010). Following you will find the literature review discussing my findings on the importance of further researching, "What is the Meaning of Mindful Practice Among Practitioners?"

Literature Review

The following literature review explores the importance of mindful practice. Mindful practice has been shown to have many long-term positive therapeutic effects on a person's mental, as well as physical well-being. The concept of using mindful practice in a therapeutic setting is a fairly recent one. Most of the reviewed literature on the effects of mindful practice

have taken place within the last decade. The following: (a) Definition and history of mindful practice; (b) Forms of mindful practice; (c) Psychotherapy and mindful practice interventions; (d) Therapeutic relationship of mindful practice on psychological and physiological symptomology; and (e) Practitioners' training and personal use of mindful practice are discussed.

Definition and History of Mindful Practice

Although the history of mindful practice originates in the religious practices of Buddhism, this literature review will focus on the current secular practices and meanings of mindful practice. The scope of practitioners' training and personal use of mindful practice will also be taken into consideration while reviewing the effects of mindful practice in therapeutic use with clients.

According to Kabat-Zinn (2003) mindful practice can be practiced among each and every person no matter what religious or spiritual affiliation he or she is associated with. Kabat-Zinn (2003) stated all people have the opportunity of applying mindful practice into their lives and benefitting from it. Although, according to Fedorowicz (2012) there is risk to separating mindful practice from its origination in Buddhist practice. The thought that there is risk by separating the religious aspects of mindfulness from mindful practice is supported by Dimidjian and Linehan (2003) and Lau and Yu (2009), who are concerned that an important part of the mindful practice process is taken away when practitioners remove Buddhist theology.

The therapeutic use of mindful practice is still crucial to many practitioners and their clients. Researchers have found that secular mindful practice when used in conjunction with traditional therapy is more effective in improving overall well-being of people than the sole use of traditional therapy (Adkins, Singh, Winton, McKeegan & Singh, 2010; Beckerman & Corbett, 2010; Bell, 2009; Cheng, 2013; Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Epstein,

2003; Epstein, 1999; Hall-Ren, 2006/2007; Herndon, 2008; Hosking, 2000; Kohls, Sauer & Walach, 2009; Kuboy, 2015; Rosenzweig, Greeson, Reibel, Green, Jasser & Beasley, 2010; Savageau, 2013; Steiner, 2014; Trammel, 2015; Wall, 2008). Mindful practice is defined differently by various researchers and practitioners, yet they follow a similar philosophy. Hall-Ren (2006, 2007) defined it as:

Becoming mindful involves the cultivation of present-moment-attention, a type of awareness that helps us to tune into our present experience and accept it for what it is, gently, and without judgment (p. 3).

Bell (2009) defined mindful practice as an awareness and enhanced clarity of thoughts without the existence of reactivity. This definition explains the empowerment individuals can create for themselves in taking responsibility of their actions, while taking a step back to think first and then respond to adverse stimuli. Fedorowicz (2012) expressed that mindful practice "is a metacognitive skill" (p. 5), training people in retaining inquisitiveness and in maintaining a positive belief in relationship with their thoughts. This metacognitive skill creates an expansion in how people relate to everyday experiences, thoughts, feelings, and body sensations (Fedorowicz, 2012).

Hall-Ren (2006, 2007) stated, "Journeying through life in a mindful way means that each experience is encountered with all of the senses, and viewed with openness and awareness of its transience" (p. 4). Though when in opposition to this concept of mindful practice, when we are centering ourselves on past experiences and worrying about the future, we create a decreased use of our physiological senses of sight, sound, smell and touch of current experiences (Hall-Ren, 2006, 2007). This contrasting viewpoint is exhibited in the following definition of the 'lack of mindful practice'.

While defining mindful practice is important, defining the lack of mindful practice is equally important in understanding the true meaning of the theory. The lack of mindful practice in one's life can create the reliving of unpleasant memories, keeping the perpetual cycle of anxiety and worry ongoing (Hall-Ren, 2006, 2007). The perpetual cycle of negative thoughts and feelings takes us out of the present moment of awareness and places us in a situation of continual judgment of ourselves and others.

Mindful practice establishes a person's feeling of centeredness and creates a person's sense of reality and feeling of being internally grounded (Kuboy, 2015). In the following section, a discussion of the forms of mindful practice used in therapeutic practice is examined.

Forms of Mindful Practice

There are many forms of mindful practice. Mindful practice is studied independently, as in attending a class, workshop, or training, as well as incorporated into traditional therapeutic treatment. In conjunction with traditional therapeutic treatment, mindful practice supports individuals in regulating their mind to body relationship (Adkins, Singh, Winton, McKeegan, Singh, 2010; Beckerman & Corbett, 2010; Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Herndon, 2008; Rosenzweig, Greeson, Reibel, Green, Jasser, & Beasley, 2010; Wall, 2008). Yoga, meditation, expressive arts, imagery, eye movement desensitization, music, awareness of breathing, storytelling, acupuncture, tai chi, and qi gong all have a mind to body relationship.

Some practitioners may incorporate the use of yoga, meditation, or expressive arts in conjunction with traditional therapy, whereas some may use imagery, eye movement desensitization, music, awareness of breathing, storytelling as healing, acupuncture, tai chi, or qi gong (Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Rosenzweig et al., 2010; Wall,

2008). Regulation of the mind to body relationship promotes the well-being of the entire person. When in concordance with cognitive therapy and pharmacology if necessary, mindful practice promotes the well-being of the whole person, decreasing future relapses in mental illness (Duros & Crowley, 2014). In the following section, the relationship of traditional psychotherapy and its incorporation with mindful practice interventions is discussed.

Psychotherapy and Mindful Practice Interventions

Traditional psychotherapy intertwined with the strategies of mindful practice has been shown through research to be beneficial to a clients' overall well-being. Kuboy (2015) stated there is a universal nature of mindful practice in regards to the improvement in a person's self-concept and psychic process no matter their bio-psycho-social-spiritual status. This statement supports the thought that mindful practice assists people in whatever challenges they have been experiencing and wherever they are in life's journey. Mindful practice is critical when thinking about successfully treating a person who has experienced trauma, is struggling with depression or anxiety, has maladaptive behaviors, as well as when suffering from chronic pain (Adkins, et al., 2010; Beckerman & Corbett, 2010; Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Hall-Ren, 2006/2007; Hysjulien, 2013; Kohls, Sauer & Walach, 2009; Kuboy, 2015; Rivord, 2012; Rosenzweig et. al., 2010; Wall, 2008). In the following section, the conventional treatment of medication and cognitive behavioral psychotherapy in regards to those struggling with anxiety is contrasted to the more current theory, the combination of mindful practice and cognitive behavioral psychotherapy.

In a qualitative study, Steiner (2014) interviewed six therapists using mindful practice in their work with clients. Three of the therapists incorporated mindful practice into their therapy with clients since the beginning of their professional practice, with an average of 18 years or

longer. Steiner (2014) found that conventional treatments for anxiety usually have combined medication and cognitive behavioral psychotherapy. Solely using medication with psychotherapy may not be the most promising combination when treating anxiety, as psychotherapy focuses primarily on a person's thoughts. Mindful practice places emphasis on the emotional areas of the brain, which often drive our behaviors (Steiner, 2014), thus supporting the importance of the mind-body connection. The body's physiological symptoms are linked directly to activity in our brains, demonstrating the importance of mindful practice in treating anxiety, depression, chronic pain, trauma, as well as other mental illnesses (Duros & Crowley, 2014).

There are two main traditional therapeutic systems using mindful practice methodology. These current therapeutic systems are: (a) Mindfulness based stress reduction (MBSR) and (b) Mindfulness based cognitive therapy (MBCT). In the following section, these two mindful practice methods are examined.

Mindfulness Based Stress Reduction Therapy

Mindfulness based stress reduction (MBSR) is a program developed by Jon Kabat-Zinn in 1979 (Fedorowicz, 2012). MBSR therapy has appeared to be a promising strategy in treating chronic pain. Kuboy (2015) added that mindful practice training and regular use is valuable in supporting a person's awareness of the mindful tools he/she has readily available, as well as discovering new tools to use during life's challenging experiences.

Trammel (2015) finds that using mindfulness in therapy assists anxious individuals in going beyond their emotional suffering with breathing exercises, meditation, observing themselves from within, and concentrating on thought and attention. MBSR also improves the many characteristics that accompany depression, such as sleeping issues, feelings of stress and fatigue, chronic pain, and high blood pressure (Baer, 2003; Eckardt & Dinsmore, 2012).

Mindfulness Based Cognitive Therapy

Mindful practice imbedded in cognitive therapy (MBCT), and pharmacology if necessary, promotes the well-being of the whole person, decreasing future relapses in mental illness (Beckerman & Corbett, 2010; Duros & Crowley, 2014). Cognitive Behavior Therapy (CBT) used alone, according to Beckerman and Corbett (2010) and Eckardt and Dinsmore (2012), is not effective in preventing depression relapse. Prevention of relapse is created when mindful practice is incorporated into the traditional therapy of CBT (Beckerman & Corbett, 2010; Eckhardt & Dinsmore, 2012). Eckhardt and Dinsmore (2012) believed that mindful music listening (MML) when used with CBT, strengthened a person's self-awareness and assisted in emotional regulation. The strengthening of self-awareness and higher emotional regulation allow a person to stay in the present moment with acceptance and non-judgment of self.

In a case study explored by Beckerman and Corbett, a research participant, a thirty-six year old male diagnosed with Major Depressive Disorder, was receiving cognitive behavioral therapy while being treated with an anti-depressant with minor improvement. When the participant began the mindful practice of meditation, he started to perceive his negative feelings in a different way. He was able to halt the perpetual thoughts of negativity that had previously brought him back into his major depression (Beckerman & Corbett, 2010).

Beckerman and Corbett (2010) describe MBCT as a combination of "meditation and psychoeducation on cognitive processing" (p. 219). In a qualitative case study conducted by Beckerman and Corbett (2010), a participant diagnosed with major depressive disorder significantly improved symptoms of mood with the regular use of meditation for nearly two years post individual psychotherapy.

As current research has shown, mind-body techniques can be exceedingly powerful in

treating anxiety and depression, chronic pain, trauma recovery, post-traumatic stress disorder (PTSD), as well as maladaptive behaviors (Beckerman & Corbett, 2010; Eckhardt & Dinsmore, 2012; Kuboy, 2015; Rosenzweig et al., 2010; Wall, 2008). In the following section, the therapeutic relationship between mindful practice and these psychological and physiological symptoms is examined.

Therapeutic Relationship of Mindful Practice and Psychological and Physiological Symptomology

Mindful practice has been shown to improve and even stop symptoms of mental illness (Adkins, Singh, Winton, McKeegan, & Singh, 2010; Beckerman & Corbett, 2010; Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Herndon, 2008; Rosenzweig et al., 2010; Wall, 2008). Beckerman & Corbett refuted this as they found mindfulness training did not appear to have a significant impact on those who had later onset of depression and fewer childhood stressors (2010).

Many psychological and physiological symptoms have been shown to improve while using mindful practice strategies. Anxiety, stress, depression, chronic pain, trauma-induced distress, such as in post-traumatic stress disorder (PTSD), and the beneficial physical changes in heart rate and blood pressure are all ways in which mindful practice has been shown to improve a person's ability to manage her/his psychological and physiological symptoms in a healthy manner (Eckhardt & Dinsmore, 2012; Kohls, Sauer, & Walach, 2009; Kuboy, 2015; Wall, 2008). Duros and Crowley (2014) expressed the importance of the brain's neuroplasticity and how each person has the ability to change negative thought patterns while building and creating pathways of self-confidence. In permitting the positive change in the brain's pathways, the brain's neuroplasticity allows a person to feel empowered and form a sense of accomplishment.

Anxiety and Depression

In this section, the researcher will explore mindful practice and its relationship with anxiety and depression. Mindfulness-Based Cognitive Therapy (MBCT) places the effects of cognitive therapy with the principles of mindful practice, so that clients interrupt their negative thought cycle perpetuating depression (Beckerman & Corbett, 2010; Eckardt & Dinsmore, 2012). In a qualitative case study conducted by Duros and Crowley (2014), the study participant explained how she felt so much less anxiety with the use of expressive art as her mindful practice.

Chronic Pain

In this section, the researcher will describe pain tolerance in individuals who experience chronic pain. In regards to greater tolerance of pain, mindful practice has been shown to increase tolerance in times of chronic pain (Rosenzweig et al., 2010). In a quantitative study conducted by Rosenzweig et al. (2010), participants of the survey reported that their coping ability for their chronic pain had significantly improved. The next topic reviewed is that of refugee trauma and the effects of mindfulness and storytelling on the trauma of people who have seen and lived through horrific experiences.

Trauma Recovery

Wall's study (2008) explored the aspects of mindfulness and storytelling in healing of refugee trauma, as well as spirituality, work, and altruism in healing. In respect to utilizing mindfulness and storytelling strategies, Wall (2008) discovered that refugees obtained self-healing and recovery from their traumatic pasts. Wall (2008) proclaimed in regard to refugee trauma in Southeast Asians in the U.S. that the "Capacity for self-healing is often buried so deep within that the survivor is unable to feel it is there" (p. 107). Regular personal use of mindful

practice allows a person the opportunity to dig deep into the emotional centers of his/her brain, allowing traumatic experiences to be processed in a healthy manner.

Duros & Crowley (2014) supported this view by stating, "the most effective treatment approaches integrate traditional therapy modalities with those that focus on calming the nervous system such as yoga, mindfulness, imagery, expressive arts, and eye movement desensitization and reprocessing" (p. 237). The incorporation of mindfulness with therapy has been shown in studies to significantly change the stress-response of the body to regulate the emotional center of the brain, then creating a healing resolution of traumatic memories (Duros & Crowley, 2014, Rosenzweig et al., 2010; Wall, 2008). These views continue to endorse practitioners' incorporation of mindful practice in promoting mental health well-being of clients.

Post Traumatic Stress Disorder

Kuboy (2015) discovered that the use of mindful practice among people with PTSD suffering various levels of traumatic brain injury (TBI) was effective in developing an increased quality of life (QOL). Duros and Crowley (2014) noted how stress manifests itself in the body, showing up in physiological symptoms. These physiological symptoms are linked to the activity in our brains. It is important that we stop the psychological to physiological cycle. As stated by Wall (2008), "Reducing the prolonged stress response becomes critical to avoiding disease and promoting healing" (p. 107).

Mindful practice has been shown to block a perpetual negative cycle, preventing further deterioration in psychological and physiological symptoms, even creating improvement and healing (Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Kohls, Sauer & Walach, 2009; Kuboy, 2015; Rosenzweig et. al., 2010; Wall, 2008).

Intellectual Disabilities with Maladaptive Behaviors

Meditation, as in the technique, "Meditation on the Soles of the Feet", studied by Adkins, Singh, Winton, McKeegan and Singh (2010) benefits people with intellectual disabilities to skillfully self-manage perpetual maladaptive behaviors. In a quantitative study conducted by Adkins et al. (2010), findings indicated a negative correlation between the use of mindful practice and aggressive, destructive, and other maladaptive behaviors.

Mindful practice has various meanings among practitioners and it is important that each practitioner utilizes a mindful practice in which he/she is passionate about and trained in, as this enhances the client's mindful practice experience (Duros & Crowley, 2014). Next the researcher discusses the practitioners' training and personal use of mindful practice in relationship to the treatment of clients.

Practitioners' Training and Personal Use in Mindful Practice

Mindful practice training is critical for the practitioner to operate within the highest standards for his/her clients (NASW, 2008). Research has shown a practitioner's training and personal use of mindful practice has a positive relationship with the improvement of a client's psychological and physiological symptomology (Kuboy, 2015; Steiner, 2014). Use of mindful practice by the practitioner increases self-knowledge. Self-knowledge is thought of as crucial in regards to the expression of empathy and compassion toward clients (Epstein, 1999). In a qualitative study conducted by Bell (2009), findings indicated the strong correlation between mindful practice among practitioners and positive experiences in the therapeutic relationship with clients. In support of the findings, Bell (2009) stated, "A regular meditation practice supports clarity of mind that the therapist brings to his or her work and can thus greatly impact both the quality and usefulness of the work, as well as the health of the therapist" (p. 126).

Each practitioner selects an appropriate form of mindful practice to best support the

treatment of each client. The expertise and experience of the practitioner in mindful practice is a valuable tool in working with a client. If a practitioner is experienced in one area of mindful practice, then she/he should only train clients in that form of mindful practice. If a client will benefit from a different form of mindful practice, then the client should optimally be referred to a practitioner with that particular expertise (Bell, 2009; Hall-Ren, 2006, 2007; Steiner, 2014).

In a qualitative study conducted by Duros and Crowley (2014), findings indicated a strong correlation between practitioner training and personal use of mindful practice and successful treatment in clients struggling with past trauma. Duros and Crowley (2014) further stated, "It is imperative that clinicians have the proper training and specialized expertise when incorporating mind-body interventions into their work with traumatized clients. By definition, mind-body techniques can be highly powerful" (p. 242-243).

It has been shown that practitioners who personally practice mindfulness have an increased presence with the client and model the transformation into a state of present mindful thought (Bell, 2009; Kuboy, 2015). A practitioner's personal implementation and passion of the uses of mindful practice allows the client to see the benefits and feel the true essence of mindful practice at work reinforcing her/his continued use of mindful practice strategies in daily life.

Further research on the meaning of mindful practice and its relationship with client symptomology is especially important, as social work is ethically bound to the use of practices that are evidence-based (NASW, 2008). The researcher discovered through the exploration of the literature that the relationship between mindful practice and therapeutic effects on an individual's mental, as well as physical, well-being is one to further study and research. Since the concept of mindful practice in a therapeutic setting is a fairly recent one, this researcher desires to discover a deeper understanding of what it means to clients of various diagnoses when mindful practice is

incorporated into their regular therapy. Diagnoses that this researcher is interested in further studying in regards to the use of mindful practice are: 1) Anxiety and depression, 2) Chronic pain, 3) Trauma and post-traumatic stress disorder, and 4) Maladaptive behaviors in individuals with intellectual disabilities.

Conceptual Framework

After reviewing articles, "What is the Meaning of Mindful Practice Among Practitioners?", I discovered three theoretical perspectives in which this study is based: (a) Bio-psycho-social-spiritual perspective, (b) Strengths-based perspective and (c) Humanistic approach. Each of these theoretical frameworks creates an in-depth evaluation of what mindful practice means to practitioners, as well as to the effects of mindful practice use in therapeutic outcomes of clients. As stated by Corcoran and Walsh (2013), "The social work profession is distinguished by its holistic attention to the biological, psychological, and social influences on the functioning of all people" (p. 26).

Bio-Psycho-Social-Spiritual Perspective

Forte (2007) states, "The biological approach assumes the body, the mind, and the culture influence human action in an interrelated way" (p. 221). Forte's (2007) biological approach leads us to the bio-psycho-social theory, as biology, psychology, and sociological influence are interrelated in the human experience. Corcoran and Walsh (2013) add:

The biopsychosocial emphasis expands one's focus beyond the individual to a recognition of systemic factors that can both create and ameliorate problems. The nature of systems is such that the factors within and between them have transactional and reciprocal influence on one another, with early risk mechanisms setting the stage for greater vulnerability to subsequent risks (p. 12).

In more recent times, the concept of spirituality has come to the forefront. Spirituality has been added as an important factor of the bio-psycho-social theory, transforming it into the bio-psycho-social-spiritual theory. Hutchison (2011) supports the addition of spirituality to the bio-psycho-social theory, as she explains that the core of human experience has a strong basis in psychological and spiritual qualities.

Strengths-Based Perspective

The strengths-based perspective assists social workers in helping "people recognize and build upon strengths they may have so that they may recover from or functionally adapt to any mental health disorders" (Corcoran & Walsh, 2013, p. 21). Corcoran and Walsh (2013) explain an individual's experiences of suffering and pain need to be validated. Strengths-based perspective is crucial in improving the effects of mindful practice, as individuals using mindful practice techniques stay in the present while remaining objective and nonjudgmental to whatever mind or body malady they may be afflicted with.

The strengths-based approach also allows individuals to willfully remain in a therapeutic relationship. Corcoran and Walsh (2013) state that an individual's increased motivation to be involved in the therapeutic process comes from her/his feelings of empowerment and hope.

Humanistic Approach

The humanistic perspective understood by Hutchison (2011) is in sync with the social work system of ethics. The social work code of ethics believes in the dignity and worth of all humans (NASW, 2008). The humanistic perspective emphasizes an individual's autonomy of choosing an action while searching for the meaning (Hutchison, 2011). The humanistic approach plays a valuable role in the therapeutic process, as it creates interpersonal conditions of empathy, warmth, and genuineness (Rogers, 1951).

Humanistic philosophy encourages an individual's search for meaning in life's experiences and finds spirituality important in studying human behavior (Hutchison, 2011). The high value of spirituality in the humanistic perspective supports the spiritual aspect of the bio-psycho-social-spiritual perspective noted above. In the next section, the researcher describes the methodology of the study.

Methods

Research Design

The purpose of this study was to gain a greater understanding of the meaning of mindful practice among practitioners and what impact it may have on social work practice. In order to accomplish this purpose, a qualitative, exploratory research study was implemented applying grounded theory. Qualitative methods were used in this study for reason of its subjective nature. Subjective material was obtained through personal interviews with participants.

Mindful practice is a fairly new theory and its use is not widespread. Without a wide base of practitioners' research and use of mindful practice theory, it would be difficult to gather enough data to be useful in quantitative research. Grounded theory, an approach used in qualitative methods, was utilized throughout the research of this study. Grounded theory permits the weaving in of theoretical concepts without allowing them "to drive or constrain the study's emergent findings" (Padgett, 2008, p.32). The current study aimed to bring enlightenment to social work practitioners on the uses of mindful practice in a social work setting.

Sample and Sampling Procedure

The sample population for this study was obtained through criterion and purposive sampling in conjunction with snowball sampling. The sample population was with practitioners who have used mindful practice in sessions with their clients for six months or more. The study

was looking for eight to ten practitioners who were actively using mindful practice personally and professionally. The researcher wrote an informational cover letter and emailed it to key professional practitioners (see Appendix A) as a Word document, whom then distributed it among each of his/her chosen well-respected peers and practitioners of mindful practice. After the potential participants contacted the researcher by phone call or email and accepted the invitation to participate in the research, the researcher reminded the potential participants of the purpose of the study and inquired as to their interest and willingness to participate. When each participant had completed the interview, the researcher requested that if the participant knew of any well-respected peers and practitioners of mindful practice, and was comfortable in doing so, to email them this research study's informational cover letter. This process was the use of snowball sampling, which facilitated the finding of more participants for the completion of this study.

Protection of Human Subjects

Each participant was provided with the consent form (see Appendix B) outlining the purpose of the study, explaining the voluntary and confidential participation. The indication of risks and benefits was noted and each participant was provided with pertinent contact information. Each participant was asked to review and sign a consent form before beginning the interview and a copy of the signed consent form was offered to the participant to save. All data recorded in-person or via phone was kept in a locked file with no identifying information and was destroyed by May 16, 2016. Data gathered via email was kept in a file on the researcher's password-protected private computer with no identifying information and was destroyed by May 16, 2016. The research proposal was reviewed by the St. Catherine University Institutional Review Board (IRB) and the research project did not begin until the IRB formally approved the

research proposal.

Data Collection Instrument and Process

Once the participant contacted the researcher, the researcher set up the time and date of the interview. Upon the signed consent of the six respondents, the data for this study was collected using a nonschedule-standardized interview technique. "The interview is a social relationship designed to exchange information between the respondent and the interviewer" (Monette, Sullivan & DeJong, 2011, p. 182). In "nonschedule-standardized interviews" (p. 178), researchers use specific interview questions that are open-ended and when necessary ask probing questions to gather more in depth data (Monette et al., 2011)

The researcher interviewed the six practitioners while making an audio recording of the interview in a closed room or by telephone in a private room. The researcher had nine interview questions (see Appendix C). A sample of the interview questions are: 1) What are your theoretical approaches in the therapeutic relationship with your clients?, 2) What is the meaning of mindful practice to you?, 3) Please describe your training in mindful practice. The researcher had one 25-35 minute interview with each practitioner.

Through themes based upon the literature review, nine questions were composed that guided each interview (see Appendix C). Optimally, conduction of interviews were held person-to-person in a private room with an audio recording device. In addition to in person interviews, two other forms of interview techniques were offered to the respondents: 1) answering the same interview questions emailed through a Word document and 2) phone interviews, in which the participant was informed that the phone call was being recorded. All research participants were asked to complete a brief demographic questionnaire prior to the interview (see Appendix D), which intended to gather information regarding the participant's biographical details and

professional status. The researcher sent out interview questions and the demographic questions to each consenting participant prior to the scheduled interviews.

Data Analysis Plan

The researcher analyzed data using grounded theory. According to Monette et al. (2011) grounded theory "is a research methodology for developing theory by letting the theory emerge from, or be "grounded" in, the data (p. 225). Content analysis methods were applied with the transcription and analysis of content from the interviews through an open coding process (Padgett, 2008). The interview data was transcribed and then was coded using open coding to find connections and themes throughout the work. These themes helped in building a strong basis to the study's current research.

Validity and Reliability of Data

As stated by Monette et al. (2011), researchers need to "carefully assess our own desires, values, and expectations to see if these might bias our observations" (p. 249) and "make a video or audio recording of the scene" (p. 250). In this researcher's proposed study, she assessed and reflected upon her own possible biases to create an objective lens to view the participants and the collected data with. This researcher documented her research through electronic voice recording devices for in person and phone interviews, or in Word documents for the email interviews. She then transcribed the interview data. This researcher open coded the transcriptions of the interviews and created related themes from the data.

Strengths and Limitations of Study

This study has strengths and limitations. A strength of this study is the value of the additional data it gives to practitioners in the social work field. The study informs social work professionals of valuable practices to use both for his/her self-care, as well as the personal care

of the client. Another strength is the additional knowledge it adds to the limited area of mindful practice research. This new knowledge allows practitioners to make better informed decisions when treating clients.

A limitation of this study is that it has a small sample size, as mindful practice is not widely used personally or professionally among practitioners. Another limitation is the researcher's bias that mindful practice will usually help a practitioner, both personally and professionally, and will usually improve a client's therapeutic outcome.

Findings

A total of six interviews were conducted and analyzed using open coding. Subsequently, six themes emerged relating to the meaning of mindful practice within a therapeutic setting. The themes will be explored in detail in the sections that follow. Themes that were identified include: (a) Definitions of Mindful Practice; (b) Practitioner's Training and Personal Use of Mindful Practice: The Effects on Client Outcome; (c) Practitioner's Personal Mindful Practice: The Effects on Client-Centered Presence; (d) Practitioner's Support of Client in Mindful Practice; (e) Positive Effects of Therapeutic Mindful Practice; and (f) Insights and Concerns.

Several quotes from participants will be incorporated to exemplify the findings. The participants' real names will not be used in order to keep their identities confidential. Instead there are six pseudonyms that will be used: Ann, Betty, Carol, Diane, Emma, and Fiona. In the next section, participants' demographic information will be outlined, followed by the presentation of themes.

Demographic Data

A demographic questionnaire was completed by each participant (see Appendix D) in order to gather data about age, gender, professional degree and licensure, how long personal

mindfulness has been practiced, how long professional therapeutic use of mindfulness has been practiced, the type of therapeutic setting mindfulness has been used, as well as, what population of individuals have been most commonly serviced. Furthermore, during each interview, participants were asked about their theoretical approaches. The information on their theoretical approaches is included in this portion instead of in the following section on themes. Interviews were conducted with a mostly homogeneous sample including 6 female participants ranging from 28-47 years old with an average age of 39.33 years. Two participants held licensure as an LICSW with a Master's in Social Work degree or Master's of Science in Social Work degree; two participants held licensure as an LGSW with a Master's in Social Work degree; and two participants held licensure as a Licensed Marriage and Family Therapist (LMFT) with a Master's of Arts degree.

There was a wide range of experience both in personal practice of mindfulness, as well as professional use of mindful practice in a therapeutic setting. Participants indicated having from 1.5 years to 20 years of personal mindful practice experience with an average of 7.43 years. Participants reported having from 6 months to 10 years experience in exercising mindful practice with clients in a therapeutic setting with an average of 6.67 years. Two participants reported working in outpatient programs with one in intensive outpatient programming. One participant reported working in private practice. One participant reported working in telephonic coaching. One participant reported working in a charitable non-profit program. And one participant reported working in in-home and school-based psychotherapy.

Clientele of the research study participants range from having a mental illness with chemical dependency (dual diagnoses), parents of children experiencing health concerns, individuals with chronic illness and/or their caregivers, individuals struggling with substance

abuse, people who have experienced trauma, adults with borderline personality disorder, bipolar disorder, or major depressive disorder, Caucasian, middle-aged women with anxiety and depression, 12-18 year old children and their families, as well as therapists. Two participants out of the six reported providing group therapy as a therapeutic option. All six participants reported using individual therapy with clients.

Finally, participants recognized several theoretical approaches used in servicing individuals in the therapeutic setting: 1) Relationship approach; 2) In-vivo practice; 3) Therapeutic alliance approach; 4) Cognitive Behavioral Therapy (CBT); 5) Dialectical Behavior Therapy (DBT); 6) Psychodynamic theory; 7) Narrative approach; 8) Systems approach; 9) Strengths-based focus; 10) Buddhist psychology; 11) Existential theory; 12) Humanistic approach; 13) Solution-focused therapy; 14) Motivational interviewing; 15) Client-centered approach; 16) Mindfulness Based Stress Reduction (MBSR) therapy; 17) as well as the use of mindfulness as a therapeutic lens.

Definitions of Mindful Practice

A question asked of the participants during the interviews was one requesting their personal meaning, or definition, of mindful practice. There were many responses, yet the responses carried similar meaning: (a) It's resting one's mind and focusing on what's taking place in the moment; (b) It's being cognizant of body, sensory and mental awareness and how they are linked together; (c) It's creating the practice of observing one's self and one's experiences in life; and (d) It's being self-aware and in the present moment.

Carol stated mindful practice means the "practices to help us see life with clarity (wisdom and love), and to attend to ethical principles." Diane explained, "mindfulness means developing the practice of observing self, life experiences to gain a wider perspective of what value within

those experiences can be brought to self and others." Diane also explained, "Mindfulness is a practice of in the moment connection to one's own body and sense experience to observe what is happening in the moment to gain awareness of what is and is not a skillful response." Fiona's definition of mindful practice was, "guiding clients to learn to be in the present moment. This is effective in that it decreases the time clients spend in the past as well as the future, which tends to create more anxiety for them."

Betty described how mindful practice is:

. . . a very profound and powerful method for waking up to your own body of knowledge. Your own awakened self. Your true nature. And it's about bringing your awareness to all aspects and dimensions of your existence. And I think there [are] different types of awareness also so you can have body awareness, sensory awareness, mental awareness, and we kind of marry that awareness with, well, first we start with your body and your feelings because that's, that's where I start anyway, because that's an anchorage of the present moment. So, like doing this um, the energy flows and you kind of tune into the wisdom that's just in, that's just in that moment within you.

The participant also reflected on the value of being intentional "and going into direct experience and making intimate contact with the energy within and around us." Ann stated, "so to me, it, it is regular intervals of time where I can rest my mind and focus on what is happening in the moment. That's the meaning of mindful practice to me." Mindful practice to these practitioners meant focusing on the present moment with a body, sensory, and mental awareness, while observing one's self in the experiences of life. Following are the positive effects of practitioners' training and personal use of mindful practice in the treatment of clients.

Practitioner's Training and Personal Use of Mindful Practice: The Effects on Client

Outcome

A second theme revealed in the research data was of the training and personal use of mindful practice by practitioners and the positive effects it had on client outcome. All six participants reported practicing mindfulness on a regular basis through mindful breathing exercises, meditation, yoga, and/or other methods of mindful practice, showing a commitment to the personal use of mindful practice. Three participants have been trained in Mindfulness Based Stress Reduction (MBSR) therapy and another two participants have been trained in Dialectical Behavior Therapy (DBT). One other participant had been formally trained in Buddhist meditation and has studied Buddhist psychology and philosophy in depth. Two participants have extensively participated in yoga teacher training. Three out of the six participants have attended mindfulness retreats lasting for one day, the weekend, a week, and/or up to six to eight weeks in length. Two participants listen to daily Dharma talks.

There is belief among practitioners that personal practice of mindfulness is a critical way in training one's self in therapeutic mindfulness. Ann stated, "I consider all the [mindful] practice [to be] training." Betty explained her training and personal use of mindfulness as an asset in her clients' experiences of their entire therapeutic process:

You know, I think that it's mindfulness, it's, and it's always learning and always going deeper. I don't think I'll ever feel that I'm an expert on the topic. So, that's kind of the fun part about it. That, it's um, is that I'm growing along with my clients! Um, but I think having, ya know, almost ten years of personal practice and training in mindfulness and meditation, I think it's been, I think it's more helpful for me to have more of an intimate knowledge of um, the actual practice of meditation and

mindfulness . . . So I do believe it has an effect on my clients. Um, I think that it effects how they experience the whole therapy process!

Carol also described her extensive training and personal practice in mindfulness as valuable in the therapeutic setting:

I'm able to go deeper with clients, and my practice also positively effects my relationships with clients. Only when I can love *wholeness* in myself, can I hold unconditional friendly space for clients and their difficulties. My clients and I collaborate, and we learn from each other. I am not an expert; just a curious guide. We are all in this messy human life together.

Emma shared her thoughts on the importance of mindfulness training in increasing the positive effects on client outcome:

My training in mindfulness has equipped me to be more present and able to teach about mindfulness to my clients . . . I hope that because I practice mindfulness myself that my clients experience better outcomes . . . I also feel that the longer I practice mindfulness personally, the greater benefit it will have for myself and my clients.

Practitioner's Personal Mindful Practice: The Effects on Client-Centered Presence

Mindful practitioners have revealed that personal mindful practice is a key component in having a strong client-centered presence. Diane indicated:

Personal practice has helped me gain an awareness of what tends to trigger aversion and be more aware when it is happening in the moment which allows for greater insight to how my reaction impacts how and where I navigate within the therapeutic interaction . . . Personal practice has helped cultivate increased

compassion for challenges that clients face.

Betty's viewpoint is similar to Diane's. Her personal mindful practice has been critical in her ability in remaining:

. . . less reactionary, and I give more space to the process of the client's transformation . . . my goal is to heal and release blockages that limit my ability to be with somebody and to expand my energies to include someone else. So I, I try come from a space of openness um and avoid any of my bullshit getting in the way.

The importance of authenticity and genuineness of therapeutic mindful practice is reiterated when Ann reported feeling:

. . . that genuineness . . . is a really good one because I do think somebody could try to, ah, show up and lead, like, ah, a centering exercise, but if it's not something, if it's just something learned to do by a book or something, is just sort of regurgitating, um, that, I do think that there maybe, ah, a lack of genuineness that as, isn't as inviting.

Emma supported this perspective when she wrote:

I think the more you practice meditation and mindfulness, the more it becomes engrained in your way of being. Clients can sense this energy - I believe people consciously or unconsciously know when the person they are talking to is deeply paying attention to them or only hearing what's on the surface. In turn, deep trust isn't built within the therapeutic relationship, and if that's not there, clients are so limited in their growth.

Ann feels centered and remains in the present moment the more regularly she uses

mindful practice on a personal level:

The more that I, ah, am feeling grounded and present, the more that I can be grounded and present when I'm working with a family or a person with [a chronic illness]. Um, so the more that I practice, the more mindful practice that I have, the more ability I have to be able to, um, stay in the moment and, um, sorta be with whatever is there, and so in sitting down with somebody just diagnosed with [a chronic illness], and is reeling from it at a clinic visit, um, I feel like the more grounded I am, the more, ah, because I have been practicing, the more I'm able to ahum, the more I'm able to sit with, um, an individual and ah stay present while they're having a range of feelings or reactions . . .

The other participants concur with Ann's point of view. There is value and importance of a commitment to personal practice of mindfulness and becoming client-centered. A client-centered presence strengthens the client to therapist relationship. A strong client-centered presence is dependent on the practitioner's personal use of mindful practice. Following are the methods practitioners use to support clients in mindful practice.

Practitioner's Support of Client in Mindful Practice

The gathered data exhibited various ways of practitioner support of a client's use of mindful practice. Betty facilitated mindful practice with clients within the therapeutic setting, demonstrating how one's body feels before and after the use of mindful practice:

I, a lot of times, just teach mindfulness and talk about mindfulness um, techniques, and then we do them together in our session . . . One thing I focus on a lot is body awareness and tuning into the sensations of the body . . . When they come to me with a difficult emotion, or something that they are struggling with, a

lot of times I'll ask them to take some calming breaths and tune into their body and tell me what they are experiencing in their body. What that emotion feels like and to notice how it changes and not to judge it. Not to label it. Um, so I, I work on body awareness a lot . . .

Carol supported client's use of mindfulness by holding, "a gentle, curious space for exploration together. We also practice mindfulness and embodiment in sessions." In addition to creating a comfortable and calm space for mindful practice exploration, Carol provided clients, "resources, handouts, and homework." She also encourages and supports, "clients in taking their practices off their mat and into their lives without judgment." Emma supported use of mindfulness of clients, by allowing clients to recognize:

. . . it is [like] learning a brand new skill, and to think of something that took them a really long time to get good at . . . I find that when they look at it like that, their expectations for being 'good' at it right away become a little more realistic. I try to be transparent about my own practice, and that it's difficult to get into a routine of practicing, but the more you do it the easier it gets.

Ann reminded clients that mindful practice is, "something that they can access anytime." Ann has discovered that reminding clients about the use of mindful practice while clients are in a state of feeling centered and in the present moment, creates a connection with the increased use of mindfulness and the feeling of self-acceptance and well-being.

Fiona allowed the client to, "practice without fault and encourage non-judgmentally."

Diane modeled mindful techniques with clients by:

. . . taking time to notice sense experience versus continual multitasking, [using] breath as anchor, to be more aware of the body and what is present now, . . .

integration [of] loving kindness, set intention for self and others, especially when they're in session, and explore with the client ways in which feel manageable to begin to practice personally.

As the participants indicated above, it is essential to emphasize the value of regular use of mindful practice through presenting a calm and accepting presence and therapeutic environment, through modeling mindful behavior, offering mindfulness resources, and through exploring and teaching mindful practice within the therapeutic environment. Following are the positive effects mindful practice has in the therapeutic setting.

Positive Effects of Therapeutic Mindful Practice

Each practitioner agreed that therapeutic mindful practice is valuable in treating clients. One practitioner found mindful practice to alleviate symptoms of anxiety produced by chronic illness. Betty believed mindful practice reduces anxiety and depression, creating "a feeling of calm and being centered and balanced." Carol found her strength and devotion in her personal use of mindfulness transfers into the therapeutic setting and greatly benefits her clients: "It is the ultimate form of self-care, and my presence alone heals." She explained, practice is "all good no matter what. Each of us are on our own path and have our own time, and I believe nothing is broken. Many clients, supervisees, and therapists have shared with Carol, "Our work together, regardless if it was a one day workshop or ongoing work, continues to unfold and be deeply transformational."

Diane described therapeutic mindful practice to be an important approach in improving treatment strategies, insight into development, and client outcomes:

. . . the clinician does not stop experiencing challenges personally or professionally and having a clear lens to view situations and knowledge in how

perception is being built in the moment is most valuable. I do feel regular mindfulness practice has been the most effective approach I have used to support ethical practice, insight in development, and delivery of comprehensive treatment approaches along with improved client outcome.

Diane's experiences with therapeutic mindful practice, has led her to believe:

Clients seem to gain a perspective that there is a wider range of responses to challenging situations that include observing and connecting with what is happening in the moment. Clients seem to gain increased insight of their body as a tool to connect with the present and seem to find greater sense of confidence in navigating challenges based in unknowns as they seem to have a greater sense of ability to be there for self through mediation and/or loving kindness practice.

In Ann's work with clients with chronic illness and their families, she noted:

. . . anxiety is huge with this disease, you know anxiety about, you know for the person they lost, you know losing something constantly . . . losing the ability, losing the ability to swallow. It's the slow progression that you know, you know the end result. We don't know exactly how fast it's going to progress . . . and we don't know exactly in what order it will progress, um, so I think that, that, that progression, that process, would be, um, an anxious thing for just about anybody. And then also the not knowing about . . . all the unknowns that comes with it: How fast will it progress? How long do I have to live? It's frustrating and scary for people.

Ann found the use of mindful practice critical in working with clients with chronic illness: "I think that you know mindfulness is extremely helpful . . . with anxiety. I think

focusing on just something [as] simple as focusing on one's breath calms the body and mind pretty quickly." As illustrated above, therapeutic mindful practice is invaluable to clients.

Insights and Concerns

In reply to the interview question, "Do you have other insight into the use of mindful practice not inquired about in previous questions?," five out of the six participants responded with one of the participants responding, "I can't think of anything additional at this time." The four other responses had further insight and concern into therapeutic mindful practice. Carol showed concern:

The ethical principles are not addressed in many versions of mindfulness-based programs in the West. This fact is disturbing for me because, it seems we can be mindful [by] paying moment to moment attention, while doing unethical things. Also, practicing ethical principles allow our minds, bodies, and hearts to rest easily.

Fiona added insight:

Personally, I can say that engaging in some form of mindfulness each day, whether it's a short meditation, a mindful walk, mindful eating, or yoga, etc., has helped me to slow my thoughts and be more focused overall.

Ann discovered personal insight from her mindful practice and training:

I used to give into um, [it] really wasn't productive at all. Um, what is this feeling and what is this feeling and really get into the feeling . . . and oh God, that's just a road to nowhere! . . . Trying to understand . . . where did it come from? Why is it there? . . . Actually, don't have to go that far! . . . With mindful practice, it just helps you to accept that it's there . . .and kinda just move, move it out, ya know.

Betty expressed concerns with psychotherapy's ability to maintain the integrity of mindful practice. She has really tried to be mindful as a therapist in honoring the practice of traditional mindfulness:

The things that concern me about um, mindfulness in, in psychotherapy, is maintaining the integrity of the practice . . . My worry that in, in Western culture, there is a tendency to suppress the mystical or spiritual aspect of something, I find. Very scientific, kind of like, how can we make this practical, and I don't think that's the right road to go down. I think mindfulness could actually be, you know, really enlighten us in our society if we allow it to. Just trusting, you know, being able to connect in a different way . . . with the elements of nature and the universe, and how deeply connected we are . . . I would just hate to see that part of this practice be ignored.

Practitioners shared their insights and concerns in the therapeutic use of mindful practice. Key concerns by two practitioners are the negative effects Western culture has on maintaining the integrity of the practice, as well as the unethical misuse of mindful practice to justify a wrong doing.

Conclusion

Six participants shared their experiences in personal and professional mindful practice and the meaning it brings to themselves and to the therapeutic setting with their clients. Ann, Betty, Carol, Diane, Emma, and Fiona concurred on the value of the personal use of mindful practice and the inherent ability of the practitioner to have a strong client-centered presence with increased effect on positive client outcome. A total of six themes were found throughout the interpretation of interview data. These themes revealed many common attributes participants

communicated in response to interview questions, as well as the additional ideas that surfaced throughout the interviews. Next, the focus turns to discussion of how these findings answer the research question, What is the meaning of mindful practice among practitioners?, and how the themes relate back to the existing literature around mindful practice, the practitioner, and therapeutic use.

Discussion

This research study sought to explore what the meaning of mindful practice is among practitioners. Six participants responded to questions that were based upon themes found in existing literature. Subsequently, several themes that emerged through the interview data related to the previous literature. There were components of the literature that the participants had not considered. Additionally, some participants' responses brought additional information into new areas that deserve to be explored in future studies. The findings of this study offer insight into what the meaning of mindful practice is among practitioners and may prove to impact the future of clinical social work practice.

Mindful Practice Definitions

Mindful practice is similarly defined in both past research and the current study. Past research described mindful practice as focusing attention on the present moment and experiencing it in a non-judgmental and accepting way (Bell, 2009; Cheng, 2013; Epstein, 2003; Epstein, 1999; Hall-Ren, 2006/2007; Hosking, 2000; Kohls, Sauer, & Walach, 2009; Trammel, 2015). Bell (2009) defined mindful practice as an awareness and enhanced clarity of thoughts without the existence of reactivity. Hall-Ren (2006, 2007) stated, "Journeying through life in a mindful way means that each experience is encountered with all of the senses, and viewed with openness and awareness of its transience" (p. 4). Without mindful practice, we create a decreased

use of our physiological senses of sight, sound, smell and touch of current experiences (Hall- Ren, 2006, 2007). Mindful practice establishes a person's feeling of centeredness and creates a person's sense of reality and feeling of being internally grounded (Kuboy, 2015). Comparable in definition, the current study found mindful practice to be: (a) Resting one's mind and focusing on what's taking place in the moment, (b) Being cognizant of body, sensory, and mental awareness and how they are linked together, (c) The creating of the practice of observing one's self and one's experiences in life, and (d) Being self-aware and in the present moment.

One concern shared in past research and supported by the current research is the lack of the religious or spiritual aspect of the traditional mindful practice in Buddhism (Fedorowicz, 2012). This concern is shared by Dimidjian and Linehan (2003) and Lau and Yu (2009) who believe that an important part of mindful practice is taken away when practitioners remove Buddhist theology. Current research concurred with Betty stating, "in Western culture, there is a tendency to suppress the mystical or spiritual aspect of something . . . I think mindfulness could actually . . . really enlighten us in our society if we allow it to." Another current concern identified by a participant is, "The ethical principles are not addressed in many versions of mindfulness-based programs in the West. This fact is disturbing for me because, it seems we can be mindful [by] paying moment to moment attention, while doing unethical things." Although the participant showed concern about the lack of ethical principles being dealt with in Western therapeutic mindful practice, this concern was not addressed in past research.

Practitioner's Training and Personal Use of Mindful Practice

According to past and present research, practitioner's training and personal use of mindful practice is important to the practitioner's therapeutic practices in regards to practitioner health and well-being, client-centered presence, practitioner to client relationship, and optimum client

outcomes in treatment. Duros and Crowley (2014) found that it is important that each practitioner utilizes a mindful practice in which he/she is passionate about and trained in, as this enhances the client's mindful practice experience. Three practitioners in the current study emphasized the value of their mindfulness training and practice to be fundamental in the optimal therapist to client therapeutic experience.

In past research, Bell (2009) found a strong correlation between mindful practice among practitioners and positive experiences in the therapeutic relationship with clients. In addition, Bell (2009) found it true that regular mindful practice benefitted the health of the therapist. He stated, "A regular meditation practice supports clarity of mind that the therapist brings to his or her work and can thus greatly impact both the quality and the usefulness of the work, as well as the health of the therapist" (p. 126). A practitioner in the current study supported the personal use of mindful practice in bettering the health and well-being of the therapist with her statement, "It is the ultimate form of self-care, and my presence alone heals."

Participants in the current study agreed that therapeutic mindful practice is valuable in client treatment. One practitioner found mindful practice to alleviate client symptoms of anxiety produced by chronic illness. Another found mindful practice reduces client anxiety and depression, creating "a feeling of calm and being centered and balanced." The current study also identified the importance and value of practitioner authenticity and genuineness of mindful practice in the therapeutic setting. As Emma described, her personal mindfulness practice increases her client-centered presence: "I think the more you practice meditation and mindfulness, the more it becomes engrained in your way of being. Clients can sense this energy . . . I believe people . . . know when the [practitioner] . . . is deeply paying attention to them or only hearing what's on the surface."

Authenticity and genuineness of the practitioner is crucial in building deep trust within the therapeutic relationship, increasing practitioner's client-centered presence, and in continually improving client progress. Past research literature supports this current belief. It has been shown that practitioners who personally practice mindfulness have an increased presence with the client and model the transformation into a state of present mindful thought (Bell, 2009; Kuboy, 2015). Prior research strengthens the current study's findings in validating the importance of practitioner's training and use of mindful practice to the practitioner's health and well-being, the practitioner's client-centered presence, to the practitioner to client relationship, and to optimize client treatment outcomes.

Integrating Mindful Practice into the Therapeutic Setting

Integrating mindful practice into the traditional therapeutic setting is of great value, as regulation of the mind to body relationship promotes the well-being of the entire person. Previous research has shown mind to body techniques can be exceedingly powerful in treating anxiety and depression, chronic pain, trauma recovery, post-traumatic stress disorder (PTSD), as well as maladaptive behaviors (Beckerman & Corbett, 2010; Eckhardt & Dinsmore, 2012; Kuboy, 2015; Rosenzweig et. al., 2010; Wall, 2008); emphasizing the importance in the use of mindful practice in the therapeutic setting. In conjunction with traditional therapeutic treatment, mindful practice supports individuals in regulating their mind to body relationship (Adkins, et. al., 2010; Beckerman & Corbett, 2010; Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Herndon, 2008; Rosenzweig et. al., 2010; Wall, 2008). One participant in the current study explained, "clients seem to gain increased insight of their body" when practicing mindfulness. Another participant stated, "mindfulness is a practice of in the moment connection to one's own body and sense experience . . ." This data from the current study further demonstrates the value

of mindful practice and the mind to body connection, further accentuating the value of mindful practice within the therapeutic setting.

Some practitioners may incorporate the use of yoga, meditation, or expressive arts in conjunction with traditional therapy, whereas some may use imagery, eye movement desensitization, music, awareness of breathing, storytelling as healing, acupuncture, tai chi, or qi gong (Duros & Crowley, 2014; Eckhardt & Dinsmore, 2012; Rosenzweig et. al., 2010; Wall, 2008). In the current study, the practitioners reported practicing mindfulness on a regular basis through mindful breathing exercises, meditation, yoga, as well as other mindful practices. The practitioners then brought their area of mindful practice expertise into the therapeutic setting. Discovered in past research, mindful practice when in concordance with cognitive therapy and pharmacology if necessary, promotes the well-being of the whole person, decreasing future relapses in mental illness (Duros & Crowley, 2014).

In previous research, treatment for anxiety using cognitive behavioral psychotherapy and pharmacology were not the most promising combination when treating anxiety, as psychotherapy focuses primarily on a person's thoughts (Steiner, 2014). In mindful practice emphasis is placed on the emotional areas of the brain, which often drive our behaviors (Steiner, 2014), thus supporting the importance of making the mind-body connection. The body's physiological symptoms are linked directly to activity in our brains, demonstrating the importance of mindful practice in treating anxiety, depression, chronic pain, trauma, as well as other mental illnesses (Duros & Crowley, 2014). The current study's findings support past research in the integration of mindful practice into traditional therapy practices. Following are the strengths and limitations of the study.

Strengths and Limitations

This study has several strengths and limitations. One strength of the study is that it contributes research findings to the social work field, informing practitioners of valuable practices for personal use, as well as professional clinical use. The research findings also contribute benefits to the clients whose practitioners will now use mindful practice in their therapeutic setting, because of the known benefits to client outcomes. Another strength is the additional knowledge it brings to the limited area of mindful practice. Lastly, the new knowledge of mindful practice will allow practitioners to make better informed decisions when treating clients, because of their personal use of mindful practice and strong client-centered presence, as well as their newly attained knowledge and mindful practice resources which can be shared with their clients.

In terms of limitations to this study, the researcher realizes the small sample size attained affects the amount of data gathered, as well as in generalizing the research findings to all professional practitioners and clients. The sample size of the study was also homogenous with six female participants and no male participants. The researcher acknowledges her own personal biases of the positive effects mindful practice has on herself and others, and therefore may have preconceptions of mindful practice being helpful to all practitioners and clients. The researcher used three forms of interviewing: 1) In person, 2) By phone, and 3) By email, possibly affecting the consistency and quality of the data. More research data was gathered during in-person interviews than phone interviews or email interviews. In addition, two out of the six participants were licensed clinical social workers, while two were licensed graduate social workers, and two participants were licensed marriage and family therapists. This also is limiting to the generalizability of the research findings to the field of clinical social work.

Implications for Social Work Practice

The importance of the therapeutic use of mindful practice is clear in this study. Mindful practice assists practitioners in being more grounded and in the present moment, as well as having an enriched client-centered presence. In turn, the client benefits with the practitioner gaining greater awareness into her/his whole being and striving to create the unique and optimal treatment for her/him. The client also benefits from his/her own personal use of mindful practice, as mindful practice is known to reduce anxiety and depression, depression relapse, as well as help to alleviate symptoms of other mental and physical illnesses. It is necessary for practitioners to be trained in mindful practice and one in which he/she shares a great passion. An authentic and genuine approach is crucial in building a deep relationship between practitioner and client. Regular personal use of the practitioner's chosen mindful practice method is valuable in creating this authenticity and genuineness. In undergraduate as well as graduate social work education, mindful practice learning needs to take a higher stance. It is apparent through this study that clinical social workers and their clients will meaningfully benefit from this transformation in social work education. Mindful practice training is critical for the practitioner to operate within the highest standards for her/his clients (NASW, 2008).

Implications for Social Work Policy

In regards to social policy, education of mindful practice needs to be mandatory in schools. It is essential that mindful practice skills be taught in health and physical education classes in the public school system, so that children of all races, all levels of socioeconomic status, and all religious affiliations have the opportunity to obtain and benefit from these skills. It is important for mindful practice education to begin in early childhood and continue throughout the high school years, so as to establish lifelong healthy habits. Mindfulness will improve the mental health and physical well-being of each and every person, family, friend, co-worker,

teacher, doctor, and community member: Creating a mindful society to live and breathe in.

Implications for Social Work Research

Further research is important to the future of mindful practice in the therapeutic setting. Additional research will bring more insight into the uses of mindful practice into therapy and in servicing individuals. More research may spark the interests of additional clinical social workers and students in attaining education and training in mindful practice and then utilizing these new skills and knowledge in their personal and professional lives. Research is also valuable in exploring the therapeutic applications of mindfulness in regards to preserving the traditional integrity of Buddhist theology within mindful practice, as well as upholding ethical practices of the practitioner and client. When thinking about the spiritual aspects of traditional Buddhist mindful practice, more research is necessary in demonstrating whether the Western use of therapeutic secular mindful practice is as beneficial to the improvement of an individual's mental health and well-being as is the therapeutic use of traditional Buddhist mindful practice. The need for this research becomes even more critical when considering the neuroplasticity of the brain as mentioned by Duros and Crowley (2014). Future research will be of value to the health and well-being of social work practitioners, our clients, our communities, and our society as a whole.

Conclusion

Mindful practice in a therapeutic setting is invaluable. Although mindful practice has been around for thousands of years in Buddhist practices, the concept of using mindful practice therapeutically is a fairly recent one in Western culture. The findings of this study support findings established from past research. Research has found that the use of mindful practice in concordance with traditional psychotherapy is beneficial to practitioner health and well-being, client-centered presence, practitioner to client relationship, and optimum client outcomes in

treatment. It has been revealed in this study the importance of practitioner training and personal use of mindfulness in generating these benefits for practitioners and clients; creating authenticity and genuineness within the therapeutic experience.

*“Stop, breathe, look around
and embrace the miracle of each day,
the miracle of life.”*

— Jeffrey A. White

References

- Adkins, A., Singh, A. N., Winton, A. S. W., McKeegan, G. F., Singh, J. (2010). Using a mindfulness-based procedure in the community: Translating research to practice. *Journal of Child & Family Studies, 19*, 175-183. doi:10.1007/s10826-009-9348-9
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125-143. doi: 10.1093/clipsy/bpg015
- Beckerman, N. L. & Corbett, L. (2010). Mindfulness and cognitive therapy in depression relapse prevention: A case study. *Clinical Social Work Journal, (38)* 217-225. doi:10.1007/s10615-009-0219-z
- Bell, L. G. (2009). Mindful psychotherapy. *Journal of Spirituality In Mental Health, 11*:126-144. doi:10.1080/19349630902864275
- Cheng, F. K. (2013, November). [Review of the book, *The Zen of helping: Spiritual principles for mindful and open-hearted practice*, by A. Bein]. *Journal of Religion & Spirituality in Social Work: Social Thought, 32*(4), 425-427. doi: 10.1080/15426432.2013.839261
- Corcoran, J. & Walsh, J. (2013). *Mental health in social work: A casebook in diagnosis and strengths based assessment, 2nd Ed.* Upper Saddle River, NJ: Pearson Education, Inc.
- Dimidjian, S., & Linehan, M. M. (2003). Defining an agenda for future research on the clinical application of mindfulness practice. *Clinical Psychology: Science and Practice, 10*(2), 166-171. doi:10.1093/clipsy/bpg019
- Dorn, Amy M., (2014). "Mindfulness in traditional psychotherapy: A qualitative study". *Master of Social Work Clinical Research Papers*. Paper 310. http://sophia.stkate.edu/msw_papers/310

- Duros, P. & Crowley, D. (2014). The body comes to therapy too. *Clinical Social Work Journal*, 42:237–246. doi:10.1007/s10615-014-0486-1
- Eckhardt, K. J. & Dinsmore, J. A. (2012). Mindful music listening as a potential treatment for depression. *Journal of Creativity in Mental Health*, 7.176-186.
- Epstein, R. M. (1999). Mindful practice. *JAMA*, 282(9), 833-839. doi:10.1001/jama.282.9.833
- Epstein, R. M. MD, 2003. Mindful practice in action (II): Cultivating habits of mind. *Families, Systems & Health*, 21(1), 11-17. doi.org/10.1037/h0089495
- Fedorowicz, Geraldine, (2012). "The Effects of Mindfulness Meditation on Mental Health". *Master of Social Work Clinical Research Papers*. Paper 124.
http://sophia.stkate.edu/msw_papers/124
- Forte, J. A. (2007). *Human behavior and the social environment: Models, metaphors, and maps for applying theoretical perspectives to practice*. Belmont, CA: Brooks/Cole, Cengage Learning.
- Hall-Ren, K. (2006/2007). Mindful journeys: Embracing the present with non-judgmental awareness. *Journal of Creativity in Mental Health*, 2(2), 3-16. doi: 10.1300/J456v02n02_02 jcmh.haworthpress.com
- Herndon, F. (2008). Testing mindfulness with perceptual and cognitive factors: External vs. internal encoding, and the cognitive failures questionnaire. *Personality and Individual Differences*, 44, 32-41. doi:10.1016/j.paid.2007.07.002
- Hosking, D. M. (2000). Ecology in mind, mindful practices. *European Journal of Work and Organisational Psychology*, 9(2), 147-158. doi.org/10.1080/135943200397914
- Hutchison, E. D. & Contributors (2011). *Dimensions of human behavior: Person and environment, 4th Ed*. Thousand Oaks, CA: SAGE Publications, Inc.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future.

Clinical Psychology: Science and Practice, 10(2), 144-156.

Kohls, N., Sauer, S., & Walach, H. (2009). Facets of mindfulness - Results of an online study investigating the Freiburg mindfulness inventory. *Personality and Individual Differences*, 46, 224-230. doi:10.1016/j.paid.2008.10.009

Kuboy, Marcus, (2015). "Impact of Traumatic Brain Injury on Mindfulness in Veterans who have PTSD". *Master of Social Work Clinical Research Papers*. Paper 469.
http://sophia.stkate.edu/msw_papers/469

Lau, M. A. & Yu, A. R. (2009). New developments in research on mindfulness-based treatments: Introduction to the special issue. *Journal of Cognitive Psychotherapy*, 23(3), 179-184.
doi:10.1891/0889-8391.23.3.179

Monette, D. R., Sullivan, T. J., & DeJong, C. R. (2011). *Applied social research: A tool for the human services, 8th Ed.* Belmont, CA: Brooks/Cole, Cengage Learning.

National Association of Social Workers (2008). *Code of ethics*. Washington D.C.:
NASW.

Padgett, D. K. (2008). *Qualitative methods in social work research, 2nd Ed.* New York
University, NY: Sage Sourcebooks for the Human Services.

Punkanen, M., Eerola, T., & Erkkilä, J. (2011). Biased emotional recognition in depression: Perception of emotions in music by depressed patients. *Journal of Affective Disorders*, 130, 118-126. doi.org/10.1016/j.jad.2010.10.034

Rogers, C. (1951). *Client -centered therapy*. Boston: Houghton Mifflin.

Rosenzweig, S., Greeson, J. M., Reibel, D. K., Green, J. S., Jasser, S. A., & Beasley, D. (2010). Mindfulness-based stress reduction for chronic pain conditions: Variation in treatment outcomes and role of home meditation practice. *Journal of Psychosomatic Research*, 68,

29-36. doi.org/10.1016/j.jpsychores.2009.03.010

Steiner, Amy G., (2014). "A Qualitative Investigation of Mindfulness Practice with Clients Suffering from Anxiety". *Master of Social Work Clinical Research Papers*. Paper 394.

http://sophia.stkate.edu/msw_papers/394

Trammel, R. C. (2015). Mindfulness as enhancing ethical decision-making and the Christian integration of mindful practice. *Social Work & Christianity*, 42(2), 165-177.

Wall, R. B. (2008). Healing from war and trauma: Southeast Asians in the U.S. *Human Architecture: Journal of the Sociology of Self-Knowledge*, VI (3)

Appendix A
Informational Cover Letter

Hello,

My name is Andrea Jensen and I am a student seeking my Master's degree in Social Work at St. Catherine University and the University of St. Thomas School of Social Work in St. Paul, MN.

The purpose of this letter is to invite your participation in my research. You were selected as a potential participant for this study because you are a professional practitioner of mindful practice who also personally practices mindfulness.

The purpose of this study is to explore what mindful practice means among professional practitioners. Research has shown psychological and physiological benefits with the use of mindful practice. Practitioners are beginning to understand the importance of using mindful practice both personally and professionally. This research may help to support and inform practitioners who are exploring the therapeutic effects of personal and professional use of mindful practice.

If you decide to participate in this study, you will first be asked to complete a seven item demographic questionnaire. You will then be asked to complete an interview with me through one of the following methods: (a) A 45-60 minute audio-recorded, in-person interview at the location of your choice; (b) A 45-60 minute audio-recorded phone call; or (c) responding to all interview questions via email, 30-45 minutes. The method depends upon your personal preference and what is most convenient for you. Prior to the interview, you will receive a copy of the interview questions for your reference.

The records of this study will be kept confidential. No identifying information will be available to the public at any point in the research process. Participation in this study is completely voluntary. If you decide to participate in this study, you may choose to withdraw from participation at any time.

Questions about this study can be directed to me any time at 612-XXX-XXXX. You may also contact Dr. Catherine Marrs Fuchsel, Clinical Research Chair at 651-690-6146 or Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board at 651-690-7739 or jsschmitt@stkate.edu.

I will contact you by telephone to inquire about your interest in participating in this study and to answer any further questions you may have.

Sincerely,
Andrea K. Jensen

Appendix B

What is the Meaning of Mindful Practice Among Practitioners? INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating "What is the Meaning of Mindful Practice Among Practitioners?". This study is being conducted by Andrea Jensen, a graduate student at St. Catherine University and the University of St. Thomas under the supervision of Dr. Catherine Marrs Fuchsel, a faculty member in the School of Social Work. You were selected as a possible participant in this research because you are an expert in Mindful Practice. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to learn what mindful practice means to professional practitioners. Research has shown psychological and physiological benefits with the use of mindful practice. Practitioners are beginning to understand the importance of using mindful practice both personally and professionally. Approximately 8-10 practitioners are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to engage in an interview with the researcher through one of these methods, depending on your preference: in person, over the phone, or via email. You are provided the consent form to review prior to the interview, and upon your consent, the interview will be scheduled. Also upon your consent, you will be given a brief demographic questionnaire that is to be completed prior to the scheduled interview. The interview will consist of nine questions that will be presented in one session. If the interview is conducted verbally, by phone or in-person, it is expected to take approximately 45-60 minutes. If you choose to respond via email, you can expect it to take 30-45 minutes. Each verbal interview will be recorded via an audio-recording device. Phone interviews will be recorded using Google Voice software that informs both parties the call is being recorded. The audio recording on Google Voice Software will be encrypted with the SIGNAL encryption application and will be stored on a password protected audio recording device. Email responses will, by nature, be recorded on the researcher's computer. There are no expected time commitments following the completion of the interview. The applicable quotations to the researcher's study will be used without any identifying information in the researcher's final paper and presentation.

Risks and Benefits of being in the study:

The study has minimal risks to its participants. This research study may bring up an upsetting case or previous painful memories of the participant's personal life. The study has benefits that will further the knowledge base of mindful practice in the clinical social work practice.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. I will keep the research results in a locked file cabinet in my home and only my chair, 2 committee members, and I will have access to the records while I work on this project. I will finish analyzing the data by May 16, 2016. I will then destroy all original reports and identifying information that can be linked back to you.

I will audio record our in-person and phone interviews and only I will have access to the recordings while I work on this project. I will finish analyzing the data by May 16, 2016, and will then destroy all

recordings and identifying information that can be linked back to you. The email interviews will be permanently deleted by May 16, 2016.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University and the University of St. Thomas in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

New Information:

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

Contacts and questions:

If you have any questions, please feel free to contact me at 612-XXX-XXXX. You may ask questions now, or if you have any additional questions later, the advisor, Catherine Marrs Fuchsel, 651-690-6146, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than Catherine or I, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate in the study, "What is the Meaning of Mindful Practice Among Practitioners?" Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study.

I consent to participate in the study and I agree to be audio-taped.

Signature of Participant

Date

Signature of Researcher

Date

Appendix C
Interview Questions

1. What are your theoretical approaches in the therapeutic relationship with your clients?
2. What is the meaning of mindful practice to you?
3. Please describe your training in mindful practice?
4. How has the length and quality of your training effected your client outcome?
5. How has personal use of mindful practice effected your client-centered presence?
6. What are your thoughts of practitioner's regular use of mindful practice and client outcome?
7. How do you support a client in mindful practice?
8. In your experience with the clients you serve, what are the differences in the short-term effects; two to three months, versus the long-term effects: a year or more, with the incorporation of mindful practice into their therapy?
9. Do you have other insight into the use of mindful practice not inquired about in previous questions?

For email survey questionnaire: By completing and returning this survey, you give your consent for your responses to be used for research purposes.

Thank you for your willingness to participate.

Appendix D
Demographic Questions

Please take a few minutes to briefly answer the following questions:

1. Age:

2. Gender:

3. What is your professional degree and licensure?

4. How long have you been using mindful practice on a personal level?

5. How long have you been using mindful practice on a professional level?

6. In what type of setting do you currently work?

7. What population of individuals do you most commonly work with?

Thank you for your willingness to participate.

Appendix E
Phone Script

*This script will be used as a general guide in calling or receiving calls from prospective participants:

Hello. Thank you for taking the time to discuss my research with me. I look forward to answering any questions that you may have, yet first I will tell you briefly about my research and myself. I am in my third year at St. Catherine University and the University of St. Thomas Master in Social Work program. I am conducting my research to complete my final clinical research project. Throughout my personal experience, as well as through the process of my current research, I have discovered the importance and value of mindful practice. The hope I have through my research, is to learn from practitioners like you, as well as to contribute increased knowledge regarding mindful practice into clinical practice.

If you decide you would like to participate in my research, I will ask to set up an interview with you at a time convenient in your schedule. I will ask you questions relating to your personal and professional practice of mindfulness. The interview can be in-person, 45-60 minutes, in a private space in a public location; over the phone, 45-60 minutes; or via email, 30-45 minutes, according to your preference. Your verbal responses will be audio-recorded and kept confidential for the duration of my data analysis. The written responses will be kept on my password protected computer in my locked home.

Thank you for your willingness to participate.

Appendix F
Resources
Mental Health 24 Hour Crisis Response Lines

Hennepin County: 612-596-1223

Ramsey County: 651-266-7900