

# Value and Importance of Mindfulness: A Study of Graduate Level Social Workers

by

Bridget J. Koenen, LSW

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Committee Members  
Felicia Sy, Ph.D., MSW (Chair)  
Ellen Case, MSW, LICSW  
Kileen Smyth, MSW, LICSW

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.

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By: Bridget Koenen

Research Chair: Felicia Sy, Ph.D., MSW

Committee Members: Ellen Case, MSW, LICSW; Kileen Smyth, MSW, LICSW

Self-care is an essential component to the profession of social work. Introducing mindfulness practices is one way to promote self-care among social workers and social work students. Mindfulness is training your mind to enhance your well-being. This research study utilized a survey of graduate level social workers from the University of St. Thomas in St. Paul, MN who participated and completed a course on mindfulness titled Integrative Psychotherapy. Students answered questions regarding the value and importance of taking a graduate level course on mindfulness. The results of this study support prior research regarding the positive outcomes of mindfulness among various populations. An important finding of this study was that the majority of the students found loving kindness to be the most helpful modality which contradicts prior research indicating the most widely used technique is sitting meditation. The results of this study suggested that a course on mindfulness for graduate level social workers was valuable and important and should perhaps even be offered as a course starting at the undergraduate level.

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## Introduction

Self care is an essential component to the profession of social work. The need for self care is relevant to all social workers in all settings. The profession offers distinctive challenges that are both gratifying and devastating for the professional social worker, so the practice of self care is critical to the survival and growth of social workers (National Association of Social Workers, 2008). It also helps maintain ethical and professional behavior and helps provide competent service to clients (National Association of Social Workers, 2008).

The recognition by social work education programs of their serious role in providing education to student about self care is critical to the development of social work students (National Association of Social Workers, 2008). The education of self care is integrated through various forms including; existing policies, foundation and advance curriculums, field practicum and assignments and projects (National Association of Social Workers, 2008).

The lack of self care among social workers is an occupational hazard. We are prone to take care of others more than ourselves (Fink-Samnack, 2007). A national study of Licensed Social Workers completed by The Work Force Studies found 12% of respondents planned to leave the workforce within two years (National Association of Social Workers, 2008). If healthy self care practices are not implemented social workers and students face multiple consequences like emotional exhaustion including sleep deprivation, reduced morale and feelings of despair and staff turnover (McGarrigle & Walsh, 2011).

Social workers and social work students need to be prepared to give themselves the attention they need to assure they are up for the duration of their career (Fink-Samnack, 2007).

“The Bureau of Labor Statistics Industry Occupation Employment Matrix Report for 2004-2014 reflects a 19.6% increase in those anticipated to seek entry into the social work labor force” (Fink-Samnack, 2007, p.25). If social workers are not prepared to care for themselves and be healthy productive social workers, they have to be concerned about the future of social work and whether there is ample numbers of social workers to meet the needs of humanity (National Association of Social Workers, 2008).

Social workers value to society is apparent so we need to promote self-worth of all social workers, recruit, and retain the social workers we have (Fink-Samnack, 2007). Resources are sparse enough without losing the most precious one of all-the social workers (Fink-Samnack 2007).

The concept of self care among social workers and social work students is important to study because the profession needs competent and healthy social workers and students providing help to disadvantaged and oppressed populations. Healthy social workers and students also help the profession of social work abide by our ethics and values. The Council on Social Work Education (CSWE) defines the profession of social work as “based on the values of service, social and economic justice, dignity, and worth of the person, importance of human relationships, and integrity and competence in practice” (Krogsrud-Miley, O’Melia & DeBois, 2007, p. 9). Upholding and abiding the profession of social work would be very difficult if social workers were not healthy and emotionally ready for the task of being a social worker. Introducing mindfulness practices is one way to promote self care among social workers and students.

Self care practices such as mindfulness may decrease the impacts of stress, promote healthy coping strategies and improve self care habits. The use of mindfulness based practices continues to grow in popularity (Kabat-Zinn, 1990). Mindfulness is non-judgmental, non-reactive, in the moment awareness of mental sensations and cognition.

This research focused on graduate level social work students and mindfulness with the intention of determining the lasting value and importance in taking a graduate level course on mindfulness as a form of self care.

A quantitative research project was completed to identify the lasting value and importance in taking a graduate level social work course on mindfulness. This course was offered in spring 2012. A survey was sent to all students who took and completed this course. This study is hopeful to demonstrate the importance of mindfulness practice as an intervention for healthy self care practices for graduate level social workers. It is important to promote self care and self care practices through the use of mindfulness. It not only helps the social worker be a better clinician but practices can be taught to clients.



## Literature Review

Mindfulness is training your mind to enhance your well-being. According to James Baraz & Shoshana Alexander (2010),

Mindfulness is commonly described as nonjudgmental awareness and refers to a specific practice of consciously paying attention to what is happening in the mind and body in the moment without judging it, without getting tangled up in a commentary about the experience, without wishing it were different (p. 31).

The concept of mindfulness has been around for a long period of time beginning with Shakumani Buddha (Lynn, 2010). The Buddhist tradition of mindfulness is a way of being and seeing that is obtained through mediation and practiced in daily life (Lynn, 2010). Mediation is the technique the Buddhist used to cultivate mindfulness (Lynn, 2010). The use of mediation continues to be used today as the main technique for mindfulness practice, but other techniques have also emerged. The traditional use of mindfulness has expanded and emanated into different areas and fields.

The power of mindfulness is widely recognized today. It is being increasingly integrated into healthcare systems (Baraz and Alexander, 2010) and mental health clinics (Vollestad et al.). It is also being used on a wide range of people including people with chronic pain diseases such as cancer, fibromyalgia, and heart failure (Bohlmeijer, Prenger, Taal & Cuijers, 2010) and various mental health disorders (Vollestad, Sivertsen & Nielsen, 2011). This program is now offered worldwide to various patients and non-clinic populations (Dobkin & Zhao, 2011).

The use of mindfulness on non-clinic populations, especially social workers, is only just beginning (Goh, 2012). The use of mindfulness is being recommended at the start of a social

workers career especially during the academic years (Goh, 2012 & Mensinga, 2011).

Mindfulness is used on social workers and social work students to enhance self awareness and increase emotional support while handling work and academic stressors (Lynn, 2010).

Techniques such as gentle relaxation, mindfulness meditation, and guided meditation are used to develop social worker's capacity to become observers of self and view self as a tool in the therapeutic relationship (Lynn, 2010). Mindfulness in social work helps develop the practitioner's resilience and well-being which improve practitioner's empathy, compassion and listening (Lynn, 2010).

The use of mindfulness has expanded far beyond its traditional use to include a broad range of disciplines; humanities, law, philosophy and physics (Lynn, 2010). Along with a broad range of disciplines there are multiple ways to practice mindfulness.

There are many different modalities used to incorporate mindfulness practice; mindfulness based stress reduction (MBSR), mediation, loving kindness, mindful eating and the creative arts just to name a few.

Mindfulness based stress reduction (MBSR) is a program designed to address stress using a mindful approach. It helps people reduce stress by changing their awareness (Dobkin & Zhao, 2011). These programs are typically 8 weeks long and consist of 45-60 minutes of practice per day outside of class (Dobkin & Zhao, 2011 & Irving et al., 2009). MBSR is an important modality of mindfulness, but the most widely recognized is mediation.

Mediation is the most widely used technique to practice mindfulness (Lynn, 2010). It involves sitting in a comfortable position, focusing the mind on your body, breath or an object in

order to quiet the mind and bring attention back to the object when thoughts and feelings appear (Lynn, 2010). There are multiple types of mediation; sitting mediation, walking mediation, standing mediation and lying-down mediation (Kabat-Zinn, 1994).

Sitting mediation involves sitting upright in an erect posture (Kabat-Zinn, 1994).

Walking mediation is commonly interspersed with sitting mediation (Kabat-Zinn, 1994). Some people find sitting for periods of time difficult, so walking mediation is practiced. In walking mediation you are not walking to a location, it usually consists of walking back and forth.

Formal walking mediation is focusing on the walking itself (Kabat-Zinn, 1994). Sitting mediation and walking mediation are the same practice and both work equally well (Kabat-Zinn, 1994). Another type of mediation is standing or lying down. Standing mediation is learned best from the trees (Kabat-Zinn, 1994). It is described as becoming one with the trees, standing tall, growing roots into the ground and swaying with the breeze (Kabat-Zinn, 1994). If a person does not like standing mediation try the opposite type of mediation. Lying down mediation is wonderful if you do not fall asleep (Kabat-Zinn, 1994). It is easier to relax and let your body go while lying down (Kabat-Zinn, 1994).

Loving kindness is inviting a sense of kindness and acceptance into our hearts (Kabat-Zinn, 1994). It needs to be repeated over and over again because the mind will not take easily to it because we carry a lot of wounds (Zabat-Zinn, 1994). In our society we have an epidemic of low self-esteem, so loving kindness might be difficult to practice (Zabat-Zinn, 1994). Loving kindness needs to start with you and through your kindness resonate to other people (Zabat-Zinn, 1994).

Creative expression like singing, writing, drawing, playing an instrument or dancing help lift your state of mind and build a cultivating environment for mindfulness (Bartz and Alexander, 2010). Music appears especially helpful (Bartz and Alexander, 2010). It can be creative, fun, silly and uplift your spirits (Bartz and Alexander, 2010). What do you do when your favorite song comes on in the car? A song can instantly change your mood and spirit and promote well being. Creative expression is just one way to practice mindfulness another suggestion is creating a nourishment list.

One way to support your well being is to find ways to nourish your spirit (Bartz and Alexander, 2010). It is important to create a list of things you enjoy and that bring happiness to your life (Bartz and Alexander, 2010). Once a list is created, this list needs to be nourished three or four times a week, daily if possible (Bartz and Alexander, 2010). Nourishing this list involves fun and healthy activities like going for a walk in nature, taking a hot bath and listening to peaceful music. Along with a nourishment list self care and taking time for yourself is also important in mindfulness.

Taking time for your self is an important part of self care. Self care is an individual's ability to balance all components of life in order to live a balanced life with day to day stressors (McGarrigle & Walsh, 2012). Wellness and well-being is establishing through self care (McGarrigle & Walsh, 2012). One way to promote self care is taking time for yourself everyday. If you don't meditate just try sitting with a cup of tea for five to ten minutes and look out the window (Bartz and Alexander, 2010). What does it feel like to be alone in your quietness? Self care practices should also be written in a journal.

Keeping a joy journal is a supportive practice for mindfulness (Bartz and Alexander, 2010). At the end of the day you might write down what brought you joy and happiness that day. It helps reflect on those moments throughout your day and brings them to life (Bartz and Alexander, 2010). It can be very small joyful parts of your day because even small things bring joy.

Mindfulness promotes a healthy relationship with your body (Baraz and Alexander, 2010). All of these modalities are part of mindfulness practice. Some people practice all of them while others just practice some of them. This is just an overview of the more popular forms. There are many other mindfulness practices out there. Along with having multiple mindfulness practices, mindfulness is used for multiple reasons on various populations.

#### *Effectiveness of Mindfulness with Stress and Burnout*

Due to the nature of their work, human service workers deal with a lot of challenges, so the use of mindfulness is starting to emerge as one form of stress management for human service workers (McGarrigle & Walsh, 2011). A study completed by McGarrigle and Walsh (2011) used a multi-method study to examine the effectiveness of eight weeks of contemplative practice training in increasing self care and coping strategies on human service workers. This study had twelve practitioners; eleven were female (McGarrigle & Walsh, 2011). Out of the twelve practitioners 9 were social workers, 1 counselor and 2 support workers (McGarrigle & Walsh, 2011). Quantitative analysis showed a significant increase in mindfulness and a significant decrease in stress pre to post training (McGarrigle & Walsh, 2011). Another study completed by Irvin, Dobkin and Park (2009) examined the potential benefits of MBSR programs at reducing

stress and burnout for health care professionals. This study used a review of empirical studies of mindfulness-based stress reduction and found mindfulness training can serve as a viable tool for the promotion of self-care and well-being for health care professionals (Irvin et al., 2009).

Health care workers also face high levels of stress and burnout due to their work demands (Irvi et al., 2009). According to Irving, Dobkin and Park, “Burnout is endemic in health care professionals with over 40% of nurses reporting general occupational burnout, 28% of physicians.....and up to 60% of psychologists” (p.61). High levels of stress and burnout have been linked with various physical health problems including: fatigue, insomnia, heart disease, depression, obesity, hypertension, infection, carcinogenesis, diabetes and premature aging (Irving et al., 2009). It has also been linked to anxiety, depression, substance abuse, and heightened rates of suicide (Irving et al., 2009). Burnout has also been associated with decreased patient satisfaction, longer patient stays, decreased ability to communicate effectively with patients, to convey empathy and build meaningful relationships with patients (Irving et al., 2009). Stress and burnout in health care professionals has been shown to reduce attention and concentration of the professional (Irving et al., 2009).

The studies completed by McGarrigle and Walsh (2011) and Irvin, Dobkin and Park (2009) both used some type of eight week mindfulness program to help reduce stress and burnout among service care workers. Both studies found benefits for clinicians including increased self care and physical and mental health benefits (McGarrigle and Walsh, 2011 & Irving et al., 2009). McGarrigle and Walsh (2011) also found positive outcomes of mindfulness training being directly translated into improved patient care. The study completed by Irving,

Dokin and Park (2009) encouraged the use of MBSR as a prevention intervention to promote wellness and self care strategies before stress and burnout set in.

One strength with the empirical review of studies conducted by Irving, Dokin and Park (2009) was the use of 10 different quantitative and qualitative studies on MBSR. This seems like a large number of studies to compare and contrast to find the strengths and weakness of MBSR. One strength of the study completed by McGarrigle and Walsh (2011) was the use of looking at MBSR in 3 different venues. They looked at stress reduction, accountability to self and clients and workplace (McGarrigle & Walsh, 2011). Accountability to self, clients and workplace all carry different stressors which all lead to negative affects when unmanaged (McGarrigle & Walsh, 2011). McGarrigle and Walsh (2011) discussed the possible stressors in all these contexts and discussed how MBSR is being used.

Both studies felt small sample sizes were a limitation or weakness in their studies (McGarrigle & Walsh, 2011 & Irvin et al, 2009). After reviewing multiple studies on MBSR Irving, Dokin and Park (2009) felt a striking limitation was the absence of research on the harmful or negative effects of mindfulness practice. McGarrigle and Walsh (2011) felt one limitation of their study was all of the participants practiced mindfulness in some form in the past. If mindfulness was found beneficial for stress and burnout among clinicians maybe it would also be helpful for our clients especially those who suffer from mental health disorders and/or chronic illness.

*Effectiveness of Mindfulness with Mental Health Disorders*

If social workers do not practice healthy self care it could lead to mental illness and even chronic illness. The use of mindfulness practice is effectively being used with people who suffer various anxiety disorders. The use of mindfulness practice is effectively being used with people who suffer various anxiety disorders. All people struggle from anxiety in some way and it usually affects our daily lives. Mindfulness practice is being practiced for anxiety by minimizing the stressor, escaping the stressor or avoiding what triggers the stressor (Ursula & Roemer, 2011). The use of mindfulness increases awareness to cues of anxiety and allowing us to apply new skills before our emotions get the best of us (Ursula & Roemer, 2011). By increasing awareness we can react with intentional actions and clarity and not mindlessly out of habit (Ursula & Roemer, 2011).

The study completed by Vollestad, Sivertsen and Nielsen (2011) looked at the potential of MBSR as an intervention for people with various anxiety disorders; social anxiety (SAD), generalized anxiety (GAD) and panic disorder (PD). Seventy-six self referred patients were randomized to MBSR or a wait list control group (Vollestad, Sivertsen and Neilsen, 2011). This study found the people who completed the study versus the control group had moderate to large effects on measures of anxiety and symptoms of depression (Vollestad et al., 2011). It also found mindfulness training reduced insomnia (Vollestad et al., 2011). These improvements were maintained at follow up assessments completed 6 months after treatment (Vollestad et al, 2011). Along with anxiety disorder mindfulness is being used on a variety of other mental health disorders.

The application of mindfulness on mental health disorders is a more recent phenomenon



(Keng, Smoski & Robins, 2011). An empirical study review on the effects of mindfulness on psychological health was completed by Keng, Smoski and Robins (2011). The review looked closely at mental health disorders such as attention deficit disorder hyperactivity disorder, bipolar disorder, panic disorder, generalized anxiety disorder and eating disorders (Keng et al., 2011). It compared eighteen studies by reviewing 3 areas of empirical research: cross-sectional correlational research, interventional research and laboratory-based experimental research (Keng et al., 2011). It found increased subjective well-being, reduced psychological symptoms and emotional reactivity and improved regulation of behaviors for people with heterogeneous anxiety disorders (Keng et al., 2011).

The study completed by Vollestad, Sivertsen and Nielsen (2011) and the empirical review completed Keng, Smoski, and Robins (2011) both found mindfulness oriented interventions have shown to improve psychological health in nonclinical populations and effectively treated a range of psychological and psychosomatic conditions. A difference with these studies is Vollestad, Sivertsen and Nielson (2011) only used one intervention which included MBSR. The empirical review completed by Keng, Smoski and Robins (2011) compared studies that used all different types of interventions including; MBSR, Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavioral Therapy (DBT) and Acceptance and Commitment Therapy (ACT). Due to limited project funds, the use of a diagnostic clinical interview to examine change in diagnostic status at post treatment and follow up was not available (Vollestad et al., 2011) The reliability and validity could not be properly evaluated with the use of a single assessor (Vollestad et al., 2011). Another limitation found was the challenge

of defining mindfulness (Keng et al., 2011). Since mindfulness originates in Buddhism and only has a brief history in Western Science it is not surprising that defining, operationalizing and quantifying it is a struggle (Keng et al., 2011).

### *Effectiveness of Mindfulness with Chronic Disease*

Due to the inherent stress of living with chronic pain and other illnesses, mindfulness is being used to help people with chronic disease live better (Dobkin & Zhao, 2011). According to Bohlmjer, Prenger, Taal and Cuijers (2011), “Many chronic somatic diseases are highly prevalent in industrialized countries. About 45% of healthy 40-year-old men and 30% of healthy 40-year-old women will develop coronary heart disease later in life” (p. 529). Heart disease will affect a large number of older adults in the United States.

A study by Bohlmjer, Prenger, Taal and Cuijers (2011) examined the effects of MBSR on depression, anxiety and psychological distress in people with chronic disease by conducting a meta-analysis of eight randomized control trials. The chronic disease conditions included; fibromyalgia, cancer, back pain, rheumatoid and heart disease (Bohlmjer et al.). The analysis from this study concluded MBSR has a small effect on depression, anxiety and psychological distress in people with chronic disease (Bohlmjer et al.).

Dobkin and Zhao (2011) completed a study using MBSR on 83 patients who had just finished medical treatment for breast cancer or a chronic illness. Breast cancer patients who just completed treatment and chronically ill patients were grouped together because they are both learning to live with stress related medical conditions and undergoing medical treatment (Dobkin and Khao, 2011). Multiple questionnaires were used to compare pre and post MBSR data

(Dobkin and Khao, 2011). This study found a reduction in depressive symptoms, medical symptoms and an overall sense of coherence.

The analysis completed by Bohlmeijer, Prenger, Taal and Cuijers (2011) and the study completed by Dobkin and Zhao (2011) both used MBSR as the intervention for chronically ill patients and both found a reduction in depressive symptoms among this population, but the meta-analysis completed by Bohlmeijer, Prenger, Taal and Cuijers (2011) found a very small effect on depression, anxiety and psychological distress in people with chronic disease. All eight studies used in the Bohlmeijer, Prenger, Taal and Cuijers (2011) study and Dobkins and Zhao (2011) study used pre and post data to compare their findings. The two studies all used different outcome measures (Bohlmeijer et al., 2011 & Diking & Zhao, 2011). Dobkins and Zhao (2011) used the following measures; mindfulness attention awareness scale (MAAS), center for epidemiologic studies depression scale (CES-D), medical symptom checklist (MSCL), perceived stress scale (PSS) and sense of coherence (SOC). All of the outcome measures in the Bohlmeijer, Prenger, Taal and Cuijers (2011) study included; Beck Depression Inventory (BDI), Symptom Checklist-90-revised (SCL-90-R), Hospital Anxiety and Depression Scale-Anxiety (HADS-A), Hospital Anxiety and Depression Scale-Depression (HADS-D), Profile of Mood States (POMS), State Trait Anxiety Inventory (SOSI) and Symptoms of Stress Inventory (STAI). These studies were both completed in the same year and only one outcome measurement is similar and that measures symptoms (Bohlmeijer et al., 2011 & Dobkins and Zhao, 2011).

One limitation in the Bohlmeijer, Prenger, Taal and Cuijers (2011) study is the large

number of different instruments and lack of criteria for severity in some instruments. This limited their ability to study whether baseline levels of psychological distress and depression were linked with outcomes (Bohlmeijer et al., 2011). Dobkins and Zhao (2011) feel one limitation with the study is the lack a control group and follow up data that goes beyond the end of the program needed to determine if changes were maintained.

### *Relevance to Social Work Practice*

There is a growing body of literature on the use of mindfulness. It is a commonly used intervention among clinical and non clinical population with positive outcomes. Given the advances that have been made this far with the use of mindfulness this review of the literature suggests that mindfulness will continue to grow as a useful intervention for stress and burnout, mental health disorders and chronic diseases. The literature reports positive outcomes that may have benefits for a variety of distinct populations.

Though the literature focuses on the use of mindfulness among specific populations, little to no literature was found on the use of mindfulness among social work graduate students. The current study will focus on the value and important of mindfulness among graduate level social work students.

Mindfulness is also a way to promote self care among social workers and social work students. If social workers are healthy, we are more prepared to be competent social workers and abide by the core values of social work. The core values include; service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence (National Association of Social Workers, 2009).

This may be important to the professional of social work because the education of mindfulness practices supports the values and principles of social work for both social workers and our clients. The use of mindfulness helps promote the service we provide for our clients. Social workers' primary goal is to help people. With the use of mindfulness social workers are more likely to provide healthier interventions and address social issues with a mind and body approach.

The education of mindfulness practice among social workers also supports the value and principles of dignity and worth of the person and importance of human relationships. Mindfulness enhances your well being which resonates out word. Through the use of mindfulness it only promotes social workers need to be mindful of individual differences and cultural and ethnic diversity (National Association of Social Workers, 2009). Mindfulness is in the moment nonjudgmental awareness. It is accepting it without judgment and without wishing it were different (Bartz and Alexander, 2010). The use of mindfulness among social workers should help promote and strengthen one of our established core values, dignity and with of the person.

The use of mindfulness should also help build and strengthen relationships. Social workers recognize that relationships between people are a critical part for change (National Association of Social Workers, 2009). Mindfulness starts by strengthening your inner core which enhances your well being. Loving kindness is one type of mindfulness which focuses on kindness to others and acceptance into our hearts (Kabat-Zinn, 1994). Loving kindness starts with you and through kindness is spread to others (Kabat-Zinn, 1994). Through the use of loving

kindness relationships are strengthened and enhanced among social workers and the clients and their families, social groups, organizations and communities.

The use of mindfulness promotes the mission of social work because it is a concept of care which can be used to help social workers and the clients we work with. The use of mindfulness can be taught to all people including the vulnerable and oppressed and used as a valuable tool to help with distress.

## Conceptual Framework

Strengths perspective in social work dates back to 1982, emerging from various faculty and staff members at the University of Kansas School of Social Welfare (Kim, 2008). The school was awarded a grant to provide case management services, the staff at the University of Kansas decided to take a different approach and focus on their client's strengths and abilities to function in the community (Kim, 2008). Results from this project were successful and the strength based case management approach was implemented. Prior to 1982, social workers primarily focused on client's problems and their dysfunctions, but with the introduction of strengths perspective the shift changed (Kim, 2008). Social workers began to focus on helping clients by recognizing their strengths (Kim 2008).

Strengths perspective serves a number of functions for clients. It is not a theory but a set of principles and ideas that require social workers to help clients recognize their own worth (Kim, 2008). The basic assumption about strengths perspective is all clients possess talents and skills which can be drawn on (Kim, 2008). It is also assumed that growth is more likely to occur if attention is being placed on their strengths rather than their deficits (Kim, 2008). This perspective not only uses the client's strengths and resources, but draws upon the family and community strengths and resources (Kim, 2008). Finally this perspective views the clients as an equal and expects them to help identify the problem and trouble shot solutions (Kim, 2008).

The use of strength based perspective appears to be a common perspective used among social workers. This perspective continues to grow in popularity and its use continues to expand

into many different aspects of social work practice (Kim, 2008). Over the years strengths perspective has been applied to a wide variety of client populations and problems both domestically and internationally (Kim, 2008). The central concept of focusing on client's strengths in this approach has been identified and discussed in other disciplines and practice models (Kim, 2008).

The conceptual framework of strengths based perspective was used in this study for the primary reason that mindfulness helps us recognize our strengths and builds on them. Mindfulness practices help develop resilience and well-being (Lynn, 2010) through nonjudgmental awareness.

As discussed in the literature review mindfulness is being successfully used to treat stress, burnout, mental health and chronic diseases. Struggles with these issues can be consuming and it is easy to lose sight of some of the inner strengths we already hold to help overcome times of distress (Orsillo & Roemer, 2011).

Mindfulness helps people by changing their awareness (Dobkin & Zhao, 2011). With increased awareness we can react to moments of misfortune with intentional actions and clarity (Orsillo & Roemer, 2011) and draw on the skills which we already possess (Kim, 2008). The use of mindfulness increases cues and allows us to apply new skills before our emotions get the best of us (Orsillo & Roemer, 2011).

The strengths perspective assumes that growth is more likely to occur if attention is placed on strengths which correlates to mindfulness practices which uses intentional awareness



to build well-being. Both these perspectives use some type of a conscious process to obtain a better outcome.

## Methodology

The following sections describe the methodology of this research. The areas explored include the research design, sample, protection of human subjects, data collection, data analysis and strengths and weakness of the study.

### *Research Design*

This study used a cross-sectional survey to investigate what graduate social work students' attained from a course on mindfulness. It is cross-sectional because it only collected data at one point in time on several different variables. A quantitative approach was used to analyze data from the survey.

### *Sample*

The population studied for this research was advance standing social work students at the University of St. Thomas in St. Paul, MN. The students were enrolled in a class titled Integrative Psychotherapy instructed by Merrra Young, MSW, LICSW, LMFT. The sampling strategy used for this study was convenience sampling. This researcher is a graduate student at this university who took this class in spring 2012. The researcher used access to this class as a means to gain respondents. The survey was administered to 18 students who took this class. The class had a total of 19 people, but the researcher was one of the students, so she did not be complete the survey. Graduate students were used as participants for this study because previous research indicates this population has not been studied extensively on their use of mindfulness techniques (Mensinga, 2011, Lynn 2010 & Goh, 2012). These students were uniquely positioned to offer

feedback about the lasting effects of mindfulness training for social workers because they are among only 3 graduate courses in the country to offer mindfulness training to graduate social work students. This is unique population and gaining access to similar populations may prove extremely challenging.

### *Protection of Human Subjects*

Participation in the survey involved minimal risk. No questions of a sensitive nature were asked. This survey was administered online by a survey generator which ensured respondents' confidentiality and anonymity. The use of this online survey generator assured that research participants would remain anonymous and their responses would remain confidential. The participants were not be given a consent form. It stated on the top of the survey that by filling out the survey, they were consenting to participate in the study by completing the survey.

The respondents were informed that their participation in the study was completely voluntary and would not affect their relationship with the University of St. Thomas. The participants were also informed of the option to withdraw at any time. Any incomplete surveys were not used in this study. Survey results were stored under the Qualtrics program which required a password to access. The researcher was the only one to have access to the password in order to view survey results. All other research documents were kept in a locked file desk drawer at the researcher's home. Research documents including survey results and written notes will be destroyed on May 20, 2013 by shredding them.

### *Data Collection*

The data collection instrument used was titled *Lasting Value and Importance of*

*Mindfulness* which was developed by this researcher. The researcher created this survey for the current study based on the literature review (see Appendix A for a copy of the survey). The survey asked respondents to provide their opinions on the value and importance of mindfulness education while taking a graduate level course on mindfulness (Appendix A).

The survey was administered online using an online survey generator called Qualtrics (HYPERLINK "https://www.qualtrics.com" <https://www.qualtrics.com>).

The survey was sent eight months after completing the Integrative Psychotherapy course. The survey was sent out on January 28, 2013. Respondents were given two weeks to complete the survey online with the deadline for completion on February 11, 2013. A reminder to complete the survey was sent one week after the initial survey was sent.

The survey consists of 10 total questions. It contained three demographic questions along with two likert scales and one multiple choice question related to the participant's reason for taking the course (see Appendix A). The remainder of the questions were yes/no questions to help gauge the value and importance of this course. The first likert scale used extremely not helpful, not helpful, neutral, helpful and extremely helpful to measure how helpful each modality taught in the class was for the participant (see Appendix A). The second likert scale used strongly disagree, disagree, neutral, agree and strongly agree to measure different aspects of the course (see Appendix A).

### *Data Analysis*

The data from the online survey was retrieved from Qualtrics in an Excel spreadsheet. The data was analyzed using descriptive statistics. The descriptive statistics allowed the

researcher to describe students' perceptions on the value and importance of a graduate level social work course on mindfulness titled Integrative Psychotherapy.

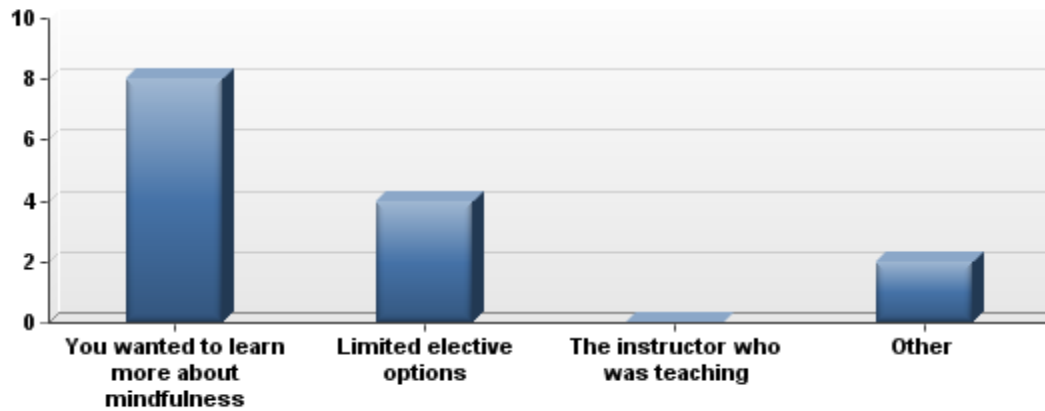
The multiple choice question related to the participants' reason for taking the course was analyzed by the use of a histogram and a frequency distribution table (question #1, Appendix A). The likert scale questions were analyzed by the use of histograms and frequency distribution tables which identified the mean (questions #4 and #5, Appendix A). The yes/no questions were analyzed by the use of pie charts and frequency distribution tables (questions #2, #3, #6 and #10, Appendix A).

## *Results*

The following paragraphs will discuss the results of the statistical analysis described above. The survey was started by 15 people, but only completed by 14 people with a responsive rate of 93%. There were 10 total questions and the survey participants took between 41 seconds-3 minutes and 13 seconds to complete the survey. The majority of the surveys were completed between 3-7pm.

The following is a summary of the demographic characteristics of the respondents who participated in this study. For the characteristic of gender, 100% were women and 0% were male. For the characteristic of age, 14% were between 18-30, 71% were between 31-45, 0% were between 46-55, 7% were between 56-65 and 7% were between 66 or older. For the characteristic of practice setting, 7% were county, 14% were private practice, 0% were nursing home, 7% were hospice, 7% were hospital, 21% were school and 43% were other.

Respondents were asked why they took the course Integrative Psychotherapy? The majority of the respondents took the class because they wanted to learn more about mindfulness (57%) followed by limited elective options (29%). No respondents took the class because of the instructor who was teaching the course. See Figure 1 and Table 1 for a summary of these findings.

**Figure 1: The Reasons for Taking Integrative Psychotherapy****Table 1: The Reasons for Taking Integrative Psychotherapy**

#	Answer	Response	%
1	You wanted to learn more about mindfulness	8	57%
2	Limited elective options	4	29%
3	The instructor who was teaching	0	0%
4	Other	2	14%
	Total	14	100%

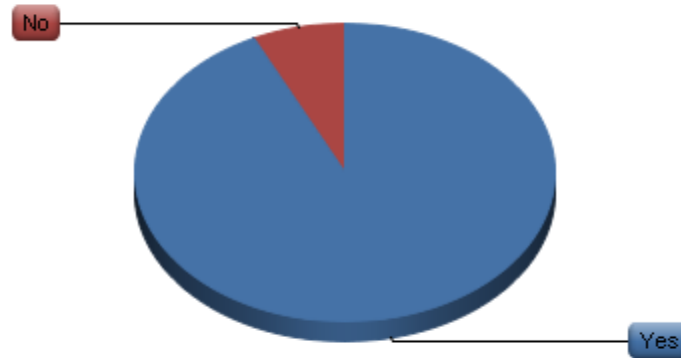
Respondents were asked if they practiced mindfulness before this course? More than half of the respondents had not practiced mindfulness before this course (71%). See Figure 2 and Table 2 for a summary of these findings.

**Figure 2: Mindfulness Practice Before This Course****Table 2: Mindfulness Practice Before This Course**

#	Answer	Response	%
1	Yes	4	29%
2	No	10	71%
	Total	14	100%

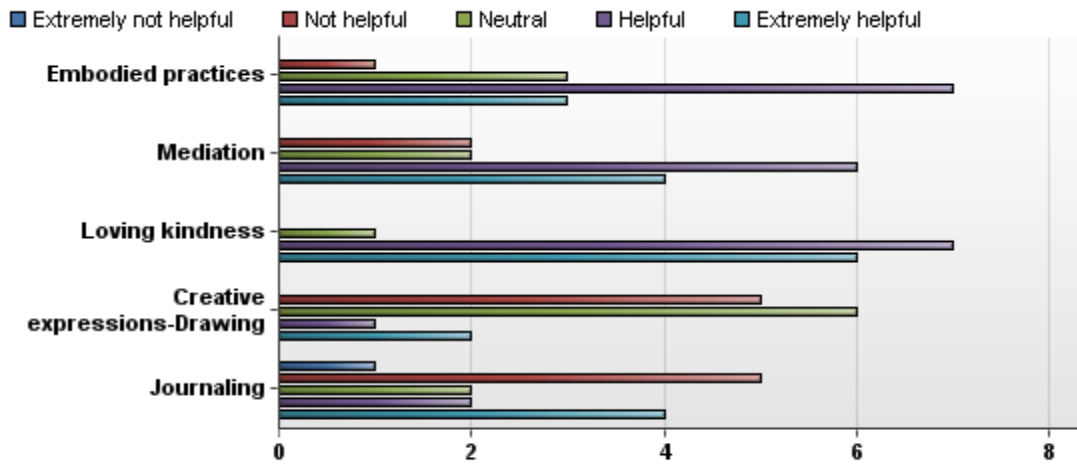
Respondents were asked if they continued to practice mindfulness after the course? All respondents except one continued to practice mindfulness (93%). See Figure 3 and Table 3 for summary of these findings.



**Figure 3: Continued Practice of Mindfulness After Course Completion****Table 3: Continued Practice of Mindfulness After Course Completion**

#	Answer	Response	%
1	Yes	13	93%
2	No	1	7%
	Total	14	100%

Respondents were asked to rate how helpful each modality was using a likert scale; 1 being extremely not helpful, 2 being not helpful, 3 being neutral, 4 being helpful and 5 being extremely helpful. The modality of loving kindness was found to be the most helpful with a mean of 4.36 compared to the least helpful modality of creative expression-drawing with a mean of 3.00. See Figure 4 and Table 4 for a summary of these findings.

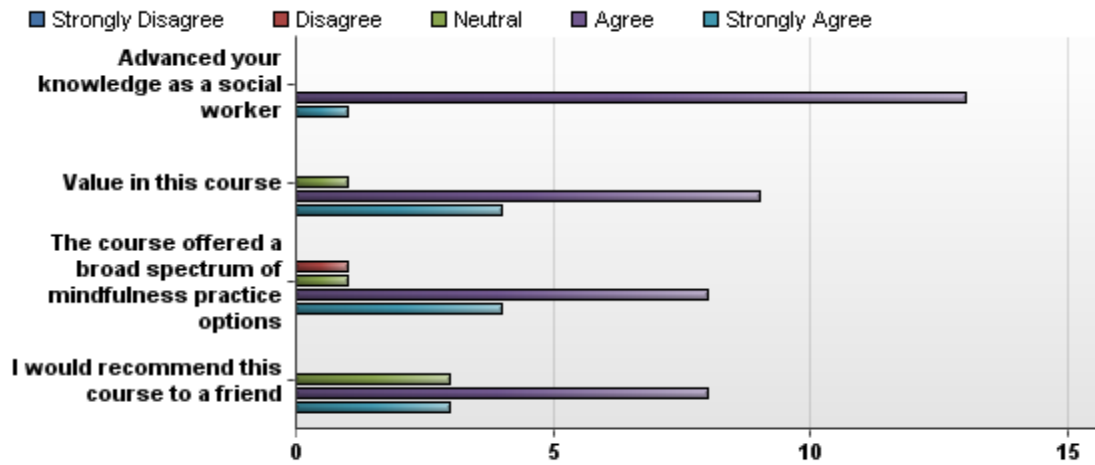
**Figure 4: Integrative Psychotherapy Helpfulness of Modalities****Table 4: Integrative Psychotherapy Helpfulness of Modalities**

#	Question	Extremely not helpful	Not helpful	Neutral	Helpful	Extremely helpful		Mean
1	Embodied practices	0.00%	7.14%	21.43%	50.00%	21.43%	14	3.86
2	Meditation	0.00%	14.29%	14.29%	42.86%	28.57%	14	3.86
3	Loving kindness	0.00%	0.00%	7.14%	50.00%	42.86%	14	4.36
4	Creative expressions-Drawing	0.00%	35.71%	42.86%	7.14%	14.29%	14	3.00
5	Journaling	7.14%	35.71%	14.29%	14.29%	28.57%	14	3.21

Respondents were asked to rate their agreeableness to some course objectives using a likert scale; 1 being strongly disagree, 2 being disagree, 3 being neutral, 4 being agree and 5 being strongly agree. Value in this course was rated the highest with a mean of 4.21 compared to the lowest I would recommend this course to a friend with a mean of 4.00. See Figure 5 and

Table 5 for a summary of these findings.

**Figure 5: Integrative Psychotherapy Course Objectives**

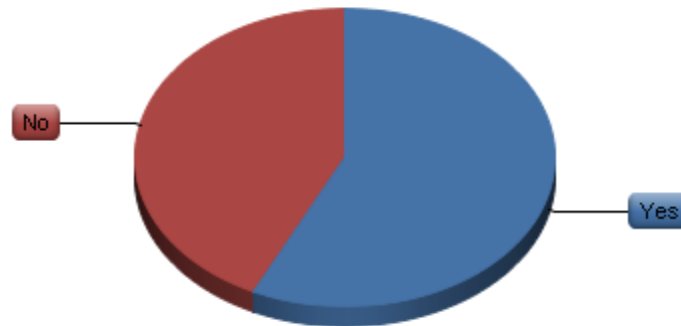


**Table 5: Integrative Psychotherapy Course Objectives**

#	Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Mean
1	Advanced your knowledge as a social worker	0.00%	0.00%	0.00%	92.86%	7.14%	14	4.07
2	Value in this course	0.00%	0.00%	7.14%	64.29%	28.57%	14	4.21
3	The course offered a broad spectrum of mindfulness practice options	0.00%	7.14%	7.14%	57.14%	28.57%	14	4.07
4	I would recommend this course to a friend	0.00%	0.00%	21.43%	57.14%	21.43%	14	4.00

Respondents were asked if they would take another mindfulness course. More than half of the students (57%) would take another mindfulness course if it were offered. See Figure 6 and Table 6 for a summary of these findings.

**Figure 6: Would Take Another Mindfulness Course**

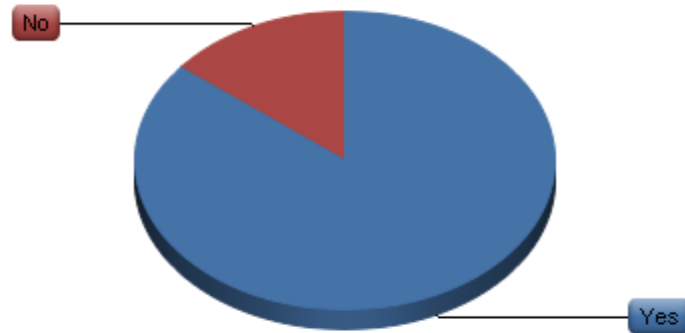


**Table 6: Would Take Another Mindfulness Course**

#	Answer	Response	%
1	Yes	8	57%
2	No	6	43%
	Total	14	100%

Respondents were asked if a class on mindfulness should be offered as an under graduate social work course. A high percentage of students (87%) indicated yes. See Figure 7 and Table 7 for a summary of these findings.

**Figure 7: Recommend a Course on Mindfulness be Offered as an Under Graduate Course**



**Table 7: Recommend a Course on Mindfulness be Offered as an Under Graduate Course**

#	Answer	Response	%
1	Yes	12	86%
2	No	2	14%
	Total	14	100%

## Discussion

This research study was designed to determine the value and importance of mindfulness training for graduate level social workers. The prior research on mindfulness reports positive outcomes among various populations which this study substantiated. The difference with the previous research and this study is the fact that no previous research was found on the value and importance of mindfulness on graduate level social workers. The following section will discuss the results of the present research study in comparison to previous research done, implications the results have on social work practice, limitations of the study and finally suggestions for future research.

The majority of people had not practiced mindfulness before the course and took the course to learn more about mindfulness. The participants were all females with the majority of them between 31-45 years old.

### *Different Mindfulness Practices*

This study found the majority of the participants found loving kindness (42.86%) as the most helpful modality learned in class with mediation (28.57%) and journaling ( 28.57%) following second and third. This is different than prior research because the most widely used mindfulness technique is sitting mediation (Lynn, 2010). In our society we have an epidemic of low self-esteem, so loving kindness might be difficult to practice for some people (Zabat-Zinn, 1994). In this study graduate level social workers found it to be the most helpful. This finding could be linked to a very common approach in social work called strengths based perspective. The modality of loving kindness seems to correlate closely to the idea that all people have self-worth and need to accept the talents and skills which they already possess. These talents and

skills need to be drawn on to help clients accept their self-worth in a loving and kind way.

Loving kindness also mirrors basic concepts in the Social Work Code of Ethics. The concept of loving kindness is parallel to some of the core values of social work; social justice, dignity and worth of person and importance of human relationships. Loving kindness starts with you but through kindness resonates to other peoples (Zabat-Zinn, 1994) while mediation is about you and you only.

### *Value and Importance of mindfulness*

The participants in this research agree (64.29%) and strongly agree (28.57%) that they found value in this course with 57.14% agreeing and 21.43% strongly agreeing they would recommend this course to a friend. This seems to correlate with the previous research regarding the positive outcomes of mindfulness practice among various populations. Prior research on various groups found mindfulness helpful with stress, burnout, mental health disorders and chronic disease. Graduate level social worker's found mindfulness valuable, but this research did not focus on when, where and how mindfulness was used.

The value and importance of mindfulness can be viewed in two ways; the benefits for social workers which this study focused on and the benefits for various populations which could include our clients. This study found 93% continued to practice mindfulness after completing the course. The use of mindfulness among graduate level social workers can promote self care and helps support the basic social work Code of Ethics. Healthy social workers along with the concept of mindfulness should help nurture the Code of Ethics. Social workers need to be culturally competent, socially diverse, respectful, non discriminator and politically involved (National Association of Social Workers, 2008). The use of mindfulness for social workers is multidimensional in nature because it promotes self care which helps support the Social Work

Code of Ethics. It not only help supports the Code of Ethics, but it promotes healthier social workers providing client care.

Social work is a challenging profession, but with the use of mindfulness social workers and social work students can learn and practice better self care. Healthier social workers provide competent services to our clients. The profession needs healthy and competent social workers and students so the future of social work lives on and the most vulnerable populations get the help they need.

The value of mindfulness is not only evident among social workers and social work students but other populations as well. Prior research supports positive outcomes of mindfulness practice among human services workers (McGarrigle & Walsh, 2011), health care professionals (Irvin et al, 2009), people with various anxiety disorders (Orsillo & Roemer, 2011), people with a variety of mental health disorders (Keng et al., 2011) and people who suffer from chronic pain and other illnesses (Vollestad et al., 2011).

The value of mindfulness is consistent with basic social work ideologies. The use of mindfulness supports the strength based perspective which is a popular approach used in social work practice. This set of principles and ideas mirrors the value of mindfulness. Mindfulness is training your mind to enhance your well-being. It is used to help develop resilience (Lynn, 2010). Through building well-being and resilience, people's strengths and talents should naturally emerge. This is could be true for social workers and clients.

Mindfulness supports the primary mission of social work. According to the Social Work Code of Ethics (2008), "The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people (para. 5). The primary mission of mindfulness is training



your mind to enhance your well-being. Both of these concepts of care strive to enhance your well-being. It seems incorporating the use of mindfulness into the primary mission of social work should only promote and help achieve the final outcome.

### *Growth of Mindfulness*

The positive outcomes and power of mindfulness is widely recognized. The participants in the study agree (92.86%) and strongly agree (7.14%) that this course advanced their knowledge as a social worker. Along with 57.14% agreeing and 21.43% strongly agreeing they would recommend this course to a friend and over half the participants (57%) agreeing they would take another course on mindfulness. The literature also supports the growth of mindfulness and indicates various mindfulness programs are now being offered worldwide to various clientical and non-clinical populations (Dobkin and Khao, 2011).

The use of mindfulness among social workers is only just beginning (Goh, 2012). It is being used on social workers and social work students to promote self awareness and increase emotional support while handling work and academic stressors (Lynn, 2010). This research study found 86% of the participants feel a mindfulness course should be offered as an under graduate social work course. Mindfulness continues to be recognized as a useful tool. It has expanded and emanated into different areas and fields. It is expanded into a broad range of disciplines including humanities, law, philosophy and physics (Lynn, 2010).

### *Negative Aspects of Mindfulness*

Not all people who took this survey found the class helpful. A little under half of the class (43%) indicated they would not take another mindfulness course if it were offered. Another area of potential negative outcomes relates to the question of recommending this course to a friend. It had the largest number of neutral responses (21.43%). It is difficult to know but

these negative responses could be related to their interpersonal struggles with mindfulness concepts. It can be a frightening concept to become consciously aware to what is happening.

### *Implications for Practice*

The purpose of this study was to find out the value and importance of mindfulness training for graduate level social workers. Social workers who responded to the survey indicate positive outcomes associated with taking the course on mindfulness. This is important to the field of social work because it advances and broadens the professional knowledge of social workers. It benefits the profession of social work, it benefits the social worker directly and it indirectly or directly affects the clients. The concept of mindfulness mirror social work ideologies and seems to fit well with the values and goals of social work. It seems this evolving concept of mindfulness will continue to benefit the profession of social work for years to come.

This study along with many other studies support the positive outcomes with mindfulness training so it seems a mindfulness course should be offered in undergraduate social work. Exposure to the concept of mindfulness earlier in your social work career would expand ones knowledge quicker. It also seems a mindfulness course needs to be offered in all social work graduate programs. It appears some thought needs to be given the possibility of changing academic requirements for the field of social work to include a course on mindfulness in both under graduate work and graduate work.

Social workers could advocate for policy change related to protected time for self care. This study could help support this request. This study identifies why self care is important and needed and how it can be established through the use of mindfulness. This is why social worker research such as this study is important to the profession of social work. Social work research such as this study can establish new social work policies for social workers and/or our clients.

The use of mindfulness as a helpful self care tool needs to be promoted and education needs to be implemented to all social workers, social work students, organizations, and legislation. People need to understand and know about the positive outcomes of mindfulness as a form of self care. This could have implications on social work policy and practice.

Another area of importance is the possibility of using mindfulness with clients. This study and other studies support positive outcomes with the practitioners so it only seems natural to expand and explore the use of mindfulness with our clients. This would give social work another treatment option and bring depth into the use of self as a treatment tool.

#### *Strengths/Weakness*

The greatest strength in completing this research study is it helps answer the question of what is the lasting value and importance in taking a graduate level social work course in mindfulness.

The focus on mindfulness among graduate social workers might unveil new information for social workers to improve their practice. This study has strength because of the potential to add to the research that has already been conducted previously on mindfulness topics. This research will enhance the social work profession by providing social work practitioners with further information on social work and mindfulness.

Another strength is the growing popularity of alternative medicine options including mindfulness. Mindfulness is being recognized as a helpful and beneficial method to promote self care and help manage stress and burnout among social workers and social work students.

A weakness with this research design is the sampling strategy. The sample is limited to graduate level social work students at one private university. This makes the results that were

compiled unable to be generalized to all graduate level students. Another weakness is the small sample size.

#### *Future Research*

This study found mindfulness valuable and important for graduate level social workers, but it did not research when, where and how mindfulness was used. It seems additional research is need to explore when, where and how social worker's use their mindfulness training.

The respondents in this study were all females. The results may have differed if more males were studied. This course on mindfulness has been offered at the University of St. Thomas for approximately 10 years. It would have been nice to have studied more than just one class.

#### *Conclusion*

This study found positive outcomes associated with mindfulness training for graduate level social work students. The students found this course valuable and would take additional courses on this topic or recommend a friend to take the course. A large number (93%) of students continued to practice mindfulness after the course ended.

The use of mindfulness seems beneficial to the profession of social work and should continue to be used to further the growth of social workers at all stages of their careers. Mindfulness has been around for a long period of time. It continues to evolve as does the profession of social work. The use of mindfulness seems necessary in the profession of social work.

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### Value and Importance of Mindfulness

**This survey is voluntary. Your decision to participate or not will not affect your current or future relationship with the University. If you decide to participate, you are free to withdraw at any time without affecting this relationship. Any incomplete surveys will not be used in this research.**

**I understand that by completing this survey I am giving consent to participate in this research. I understand no indentifying information will be obtained.**

**If you chose not to participate in the study please delete this survey and do not respond.**

**Please answer the following questions to the best of your ability by placing an X next to the response that best fits your response.**

1. Why did you take the course Integrative Psychotherapy?
  - A. You wanted to learn more about mindfulness \_\_\_\_\_
  - B. Limited elective options \_\_\_\_\_
  - C. The instructor who was teaching \_\_\_\_\_
  - D. Other \_\_\_\_\_

2. Did you practice mindfulness before this course?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. Did you continue to practice mindfulness after the course?  
Yes \_\_\_\_\_ No \_\_\_\_\_

4. The following is a list of different mindfulness practices learned in the class. Please rate how helpful each modality was by circling the number that corresponds to your answer.

	Extremely not helpful	Not helpful	Neutral	Helpful	Extremely helpful
Embodied practices	1	2	3	4	5
Mediation	1	2	3	4	5
Loving kindness	1	2	3	4	5
Creative expression- Drawing	1	2	3	4	5
Journaling	1	2	3	4	5



5. The following is a list of questions regarding the course Integrative Psychotherapy. Please rate the following questions based on how much you agree by circling the number that corresponds to your answer.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Advanced your knowledge as a social worker	1	2	3	4	5
Value in this course	1	2	3	4	5
The course offered a broad spectrum of mindfulness practice options	1	2	3	4	5
I would recommend this course to a friend	1	2	3	4	5

6. Would you take another mindfulness course if it were offered?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Please indicate your gender.

Male \_\_\_\_\_ Female \_\_\_\_\_

8. Please indicate your age range.

A. 18-30 \_\_\_\_\_

B. 31-45 \_\_\_\_\_

C. 46-55 \_\_\_\_\_

D. 56-65 \_\_\_\_\_

E. 66 or older \_\_\_\_\_

9. Please indicate your practice setting.

A. County \_\_\_\_\_

B. Private practice \_\_\_\_\_

C. Nursing home \_\_\_\_\_

D. Hospice \_\_\_\_\_

E. Hospital \_\_\_\_\_

F. School \_\_\_\_\_

G. Other \_\_\_\_\_

10. Do you think a course on mindfulness should be offered as an under graduate social work course?

Yes \_\_\_\_\_ No \_\_\_\_\_

## Appendix B: IRB Letter of Approval

Institutional Review Board - University of St. Thomas  
2115 Summit Ave. - Mail #AQU319  
St. Paul, MN 55105-1078  
Phone: 651-962-5341 - Email: irb@stthomas.edu

DATE: January 16, 2013

TO: Bridget Koenen

FROM: University of St. Thomas Institutional Review Board

PROJECT TITLE: [410854-1] Value and Importance of mindfulness

REFERENCE #:

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: January 16, 2013

EXPIRATION DATE: January 16, 2014

REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # *[enter category, or delete line]*

Thank you for your submission of New Project materials for this project. The University of St. Thomas Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate

reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed. All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of January 16, 2014.

Please note that all research records must be retained for a minimum of three years after the completion of the project.