

ABSTRACT

Title of Dissertation: HABITS OF MIND: A CASE STUDY OF THREE TEACHERS' EXPERIENCES WITH A MINDFULNESS-BASED INTERVENTION

Molly S. Dunn, Doctor of Philosophy, 2016

Dissertation Directed By: Dr. Robert Croninger
Department of Teaching and Learning, Policy and Leadership

K-12 teachers encounter numerous occupational stressors as part of their profession, and these stressors place them at risk of job-related stress and burnout (Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001). Given the prevalence of stress and burnout among school personnel, concrete interventions designed to address the unique demands of teaching are necessary (Jennings & Greenberg, 2009; Jennings, Snowberg, Coccia, & Greenberg, 2011). This dissertation examined one mindfulness-based intervention (MBI) for teachers, Cultivating Awareness and Resilience in Education (CARE). The study employed a qualitative case study methodology; data sources included in-depth interviews, field observations of CARE, and analysis of documents such as the CARE Facilitator Manual and Participant Handbook. The current study investigated how participants perceived the MBI immediately after the completion of the intervention and how they utilized experiences from the intervention at a five-

month follow-up point. This study reveals that participants identified immediate and longer-term benefits from participating in this MBI, with aspects of compassion, adaptability, and community emerging as important factors in MBI interventions for teachers. Subsequent follow-up interviews suggested that participants, to varying degrees, incorporated aspects of the intervention into their daily and professional lives. The study concludes with recommendations on how to strengthen MBIs as a professional development protocol and identifies areas for future research on how MBIs might influence teacher performance.

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WITH A MINDFULNESS-BASED INTERVENTION

By
Molly S. Dunn

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Advisory Committee: Dr. Robert Croninger, Professor
Dr. Betty Malen, Professor
Dr. Linda Valli, Professor
Dr. Jing Lin, Professor
Dr. Laura Gould, Minds, Inc.

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CHAPTER 1: INTRODUCTION

Introduction to the Study

Teachers play an important role in creating classrooms that foster student learning and school success. However, teaching can be a stressful occupation and the various tasks of managing classroom dynamics can be taxing. As a profession, teaching is plagued by significant turnover, often attributed to stress, with documented rates of teacher turnover occurring most especially in public schools (Ingersoll, 2001). Multiple sources of teaching stress exist; this introduction to my study will distill some of those causes. Suffice it to say, teacher stress has been an ongoing challenge in education and likely will continue. Providing professional development to increase teachers' stress management and sense of efficacy might be part of the formula for promoting healthy teachers and classroom environments.

Over the past 15 years, investigators have explored the potential efficacy of utilizing mindfulness-based interventions with classroom teachers (Meiklejohn et al., 2012). Mindfulness is a particular way of arraying attention and awareness without emotional reaction or judgment. Several published interventions, such as the Mindfulness-Based Wellness Education program (MBWE, Poulin, Mackenzie, Soloway, & Karayolas, 2008), Cultivating Awareness and Resilience in Education (CARE, Jennings, Snowberg, Coccia, & Greenberg, 2011), and Stress Management and Relaxation Techniques in Education (SMART, Benn, Akiva, Arel, & Roeser, 2012) have demonstrated promising effects for a variety of teachers. The review of the literature for this study will delve further into the various forms of mindfulness-based interventions (MBIs) for teachers and the numerous outcomes from each.

However, despite some promising early evaluations of interventions, we know very little about the feasibility of mindfulness as a professional development protocol. We know even less about teachers' perceptions of and assumptions about these interventions. This study positions itself at the intersection of all three phenomena: a significant problem, a new type of intervention, and a way to research the issue. Absent in the literature is an in-depth analysis of teachers' experiences with these forms of professional development protocols. Hence, this study fills that gap by utilizing a well-established MBI to study teachers' expectations, experiences, and evidence of use, and then uses this information to reflect back on key assumptions of MBIs. In so doing, the study carries implications for both future research and practice.

Statement of the Problem

According to Maslach, Jackson, and Leiter (2001), teaching is a profession that has always been characterized by high levels of stress, burnout, and emotional exhaustion. Indeed, for teachers in K-12 schools across the United States, the career is often marked by an insular focus on day-to-day events, a separation from other adults, and limited opportunities for reflection (Chang, 2009). Even in the best of teaching environments, these types of stressors can take their toll on the health of the teacher. Similarly, due to the isolated nature of teaching, teachers are at a risk of feeling frustrated, bored, and depleted as they privately struggle with their anxieties (Dussault & Deaudelin, 1999, in Chang, 2009). Further, Geving (2007) tells us that teachers often feel drained intellectually and emotionally when they are forced to deal with student misbehavior. Any one of the aforementioned stressors can negatively affect a teacher.

The fact that so many teacher-specific stressors can compound in one school setting, over the course of one school day, serve to make the workplace even more troublesome.

Anyone who has spent time in front of a classroom knows the myriad stressors that can affect a teacher. According to Lambert, O'Donnell, Kusherman, and McCarthy (2006), one common teacher stressor is the lack of parental and administrative support that exists in many school buildings. Since teaching children requires a village of support structures, a teacher may become stressed when forced to manage students' academic, social, and emotional development solely on her own accord. Similarly, Brown's (2005) research found a significant stressor in the form of a lack of task management for new teachers who dealt with copious paperwork and extracurricular duties outside the classroom. These task management challenges included, but were not limited to, parent conferences, field trips, cafeteria supervision, and hallway duty, along with a plethora of other non-academic chores. Indeed, the American education system asks a great deal of teachers beyond what is expected in the classroom, and these tasks further compound the stress embedded in classroom teaching.

Geving (2007) also suggests student behavior is often a source of teacher stress. In her study of secondary school teachers, she found 10 specific student behaviors to be statistically significant contributors to stress. From the most stressful to the least stressful, the behaviors include: hostility towards the teacher, not paying attention in class, noisiness, lack of effort, coming to class unprepared, hyperactivity, breaking school rules, harming school property, hostility toward other students, and lack of interest in learning (Geving, 2007). Here we are reminded that teachers do not simply instruct in a vacuum, but rather attend to a wide array of student behaviors along the way. In other

words, a teacher's well-prepared lesson may fall flat when eclipsed by student hostility and inattention. Geving (2007) also points out that school systems often ask teachers to attend to these types of student behaviors without the proper support or preparation to handle them.

Finally, teacher stress is situated within an era of high-stakes accountability. Berryhill, Linney, and Fromewick (2009) discovered that elementary school teachers perceived their district's accountability measures as having unintended consequences on their wellbeing. The new policy directives led to a myriad of negative stress consequences on account of their high-stakes nature. Similarly, Valli and Buese's (2007) research echoed these results. In their study of the impact of high-stakes accountability, they found that teachers' work increased, intensified, and expanded in response to federal, state, and local policies aimed at raising student achievement. They also found that such "rapid-fire, high-stakes policy directives" (p. 520) promoted an environment in which teachers experienced high levels of stress and discouragement, but where student improvement remained largely unaffected. These findings are important since they situate themselves within the current accountability movement and layer on an additional level of educator stress.

It stands to reason that heightened occupational stress may impact the teaching profession. Survey data over the past few years corroborate these findings. According to results of the most recent Metlife study (2013), teacher stress levels have increased sharply in the last 30 years. In 1985, more than one-third (36%) of teachers said they felt under great stress at least several days a week. Today, that number has increased: over half (51%) of all teachers feel under great stress at least several days a week.

Additionally, the survey reported that elementary school teachers experienced stress more frequently. These teachers were more likely than middle school or high school teachers to say they feel under great stress at least several days a week (59% vs. 44% vs. 42%, respectively). The increase since 1985 in the number of elementary school teachers who experienced significant stress at least several days a week is also noteworthy—59% today compared to only 35% in 1985 (Metlife, 2013). The data also showed that this uptick in stress is paralleled by a dissatisfaction with the teaching profession overall. According to the same survey, teacher job satisfaction has fallen to its lowest level in 30 years, with the most noticeable decline in the last four years. The latest data report that teacher job satisfaction fell from 62% in 2008 to 39% in 2012, for a total of 23 percentage points lost in just four years alone (Metlife, 2013).

These results are important to consider because stress can affect not only the teacher personally but also the overall educational workforce. The harm to the teaching workforce is measurable through teacher attrition and teacher shortage statistics. While not all teacher departures are due to stress alone, in the United States, up to 25% of beginning teachers leave the teaching profession before their third year, and over 40% leave the profession within the first 5 years of teaching (National Center for Education Statistics, 2004). According to Jennings and Greenberg (2009), stress consistently ranks as the primary reasons teachers become dissatisfied and leave the profession altogether (citing Darling-Hammond, 2001, and Montgomery & Rupp, 2005). Moreover, for those teachers who choose to remain in the profession, stress may lead to classroom ineffectiveness and eventual burnout. These resulting costs have far-reaching

implications for not only the teacher, but for her students, school, district, and community as a whole.

These attrition statistics are troubling and perhaps more so when compared against other careers. According to Fisher (2011), the rate at which teachers leave their profession is significantly higher than the departure rate for other professions. The departure rate in non-teaching professions remains at around 11% each year. This percentage is lower than the over 16% of public school teachers who, on average, leave the teaching profession or change schools each year (Ingersoll, 2002). Not all teacher departures are a bad thing; perhaps due in part to this high attrition rate, the field may naturally “recalibrate” itself and slough off those who were never meant to teach in the first place. However, when over half of teachers report they feel under great stress (Metlife, 2013), when nearly half leave within the first five years (National Center for Education Statistics, 2004), and when stress tops the list as primary reasons they leave (Darling-Hammond, 2001, Montgomery & Rupp, 2005), stress appears to be a real problem in teaching.

According to Blazer (2010), to the extent possible, district and school administrators have a responsibility to support teachers in their occupational stress reduction. Stress, as we know, is inevitable. Some amount of school stress may be normal, and some amount may be beneficial, if it incentivizes the teacher to perform well. Too much stress, however, can bring about the negative consequences detailed above. The positive news, however, is that some responses are being taken to ameliorate it. The next section will discuss those responses.

Policy Response to the Problem

Of course, one policy response to stress reduction is to promote practices that eliminate the sources of stress for teachers or at least minimize the stress created by some of these sources. Crowded classes, under-resourced schools, and unprepared administrators can all create stressful environments in schools, which can also compromise teacher performance and lead to eventual burnout. Other sources, such as high-stakes accountability policies, particularly when teachers have limited power to influence student outcomes, and public disparagement of teaching as a profession by policymakers, also helps to create stress in the workplace for teachers. Implementing policies and practices to address these sources of stresses is the most direct way to improve the professional lives of teachers, but other, more indirect policies may also be warranted, especially if these policies improve teachers' capacity for coping and potentially enhance their performance in their classrooms and schools. Mindfulness professional development may be such a policy.

For teachers, practicing mindfulness as a professional development intervention may be an effective means of reducing stress, promoting wellbeing, and promoting self-awareness and self-regulation (Jennings et al., 2013). Mindfulness-based interventions may also be well-suited to promote the development of a certain "mental set" associated with effective classroom management (Marzano et al., 2003). Furthermore, this "mental set" of dispositions is starting to make its way into teaching standards. Teacher educators and professional development specialists have long identified key domains of professional knowledge necessary to improve classroom teaching, such as content knowledge, pedagogy knowledge, and pedagogical content knowledge (Shulman, 1986).

However, researchers have advanced a fourth skill domain relevant to effective teaching known as “professional dispositions” (National Council for the Accreditation of Teacher Education, 2006). These professional dispositions include non-textbook life skills such as reflection, respect for others, compassion, and dedication.

Roeser Skinner, Beers, and Jennings (2012) call these professional dispositions “habits of mind” (p. 167). Habits of mind are defined as “those professional dispositions toward behaving intelligently when confronted with problems, the answers to which are not immediately known” (Costa & Kallinick, 2011, p. 1, in Roeser et al., 2012). Such habits include tendencies to gather data through all senses, to be aware of and to reflect on experience in a nonjudgmental manner, to be flexible when problem solving, to regulate emotion and be resilient after setbacks, and to attend to others with empathy and compassion (National Council for the Accreditation of Teacher Education, 2006). These habits of mind are necessary for effective teaching because of the profession’s high levels of uncertainty, emotion, and attention to others. Furthermore, given that social relationships inevitably engender conflict, teachers also require habits of mind associated with working creatively with conflict, being resilient after setbacks, and practicing forgiveness and relationship reengagement after struggle (Roeser et al., 2012).

One way the policy world could augment the “professional dispositions” mentioned above is through programs that support and enhance these more intangible yet necessary skills of reflection, respect, compassion, and dedication. As mentioned earlier, growing interest surrounds applying mindfulness-based approaches to supporting teachers’ overall wellbeing. Mindfulness can be conceptualized as a way of paying attention and as the practice of paying attention in a particular way. Research on the

effects of mindfulness with adults outside of teaching has shown numerous positive effects including enhanced body awareness (Lazar et al., 2005), improved attention, and improved working memory (Jha, Kropinger, & Baime, 2007; Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2012; Tang et al., 2009; van der Hurk, Gionmi, Gielen, Speckens, & Barendregt, 2010; all cited in Jennings et al., 2013). Other benefits include increases in positive mood and immune system response (Davidson et al., 2003), empathy (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007), improved emotion regulation, and reduced stress (Chiesa & Serreti, 2009; Eberth & Sedlmeier, 2012; Jimenez, Niles, & Park, 2010, all cited in Jennings et al., 2013).

Furthermore, wellness in the workplace in general has received growing attention in recent years. Employers are starting to see it as an important cost-cutting prevention model for their employees (Rossi, 2010). According to the National Institutes of Health, nearly 60 percent of prescription benefit plans attribute wellness as the single most important influence on healthcare cost containment over the next three to five years. And while 65 percent of polled organizations engaged in these types of activities in 2008, participation in 2009 rose to 76 percent (Rossi, 2010). What's more, Baicker's (2010) meta-analysis of the literature on savings associated with these programs found that medical costs actually fell by about \$3.27 for every \$1 spent on wellness in the workplace, and that absenteeism costs fell by about \$2.73 for every \$1 spent. Typical services offered by wellness programs can include nutrition education, fitness instruction, and stress management in the form of meditation and movement. Mindfulness is a growing piece of these wellness protocols.

A professional development approach to supporting teachers is arguably needed. Perhaps social and emotional competencies, or “habits of mind,” developed through mindfulness are critical contributors to what makes a teacher highly successful. If so, promoting these in professional development may improve teaching and, as an added benefit, promote classroom efficacy and teachers’ overall commitment to the profession. Given the stress and high burnout rates of educators, school personnel seem to be in dire need of stress reduction; hence, MBIs seem to be a promising approach for educators. Few studies explore the impact of MBIs for teachers, and such research tends to be quantitatively focused. Since research exploring how teachers are qualitatively impacted by their participation in MBIs is lacking, deep-dive, descriptive qualitative methodologies offer one way to gain insight. These methodologies can examine how “habits of mind” are impacted and delve more fully into how mindfulness may counteract educator stress and burnout, which still remains unclear (Schussler, Jennings, Sharp, & Frank, 2015).

Purpose of the Study

The purpose of this study is to examine in depth the experiences and evidence of use of teachers who participate in a mindfulness-based intervention. While mindfulness training has been identified as a promising means for cultivating social and emotional competencies and reducing stress, fairly little research has investigated this approach with teachers and its impact on their personal and professional lives (Flook, Goldberg, Pinger, Bonus, & Davidson, 2013). My literature review demonstrates how the current scholarship captures findings in a heavily quantitative format and from a primarily educational psychology perspective. In so doing, it highlights a dearth of qualitative data that examines teachers’ perspectives. This study will thus add to the literature in its use

of an in-depth multiple case study design within and across the experiences of three teachers who participated in an intervention.

Overview of Research Questions

This study builds on the existing research of mindfulness-based interventions for teachers. It will take a different approach from much of the extant literature by focusing on a mindfulness intervention as it is perceived by three teachers and the factors that influence those perceptions. By focusing on teachers' in-depth perspectives, I propose we can build a stronger foundation for future research on how facilitators help teachers develop skills of mindfulness, social and emotional competency, and habits of mind. Such an understanding will enrich the mindfulness-based interventions (MBI) research, and may build theory to support more studies of its kind. To that end, this study investigates the following research questions:

- 1. How do teachers in a mindfulness-based intervention (MBI) perceive the intervention?*
- 2. How do teachers describe the influence or consequence of participation in the intervention?*

The intervention I investigate is “CARE for Teachers: Cultivating Awareness and Resiliency in Education,” known simply as CARE hereafter. Since the mindfulness field does not possess an orienting theoretical framework, I instead use the conceptual framework that undergirds the CARE intervention to articulate key assumptions of these types of professional development protocols. The CARE intervention posits a conceptual framework with hypothesized outcomes similar to other MBIs (see also Roeser et al., 2012, and Jennings & Greenberg, 2009). CARE is unique in that it has a nine-year track

record in the field and is known to produce positive outcomes for teachers. Because it is a well-developed professional development model, it provides a distinct opportunity to examine underlying assumptions of mindfulness training, particularly as it relates to teacher expectations, experiences, and evidence of influence. I will discuss in greater detail the conceptual framework for this study in my Methods Chapter.

Potential Significance of the Study

This study may make potential contributions that will help clarify and refine the concept of mindfulness-based interventions as a professional development protocol. This research contributes to our understanding of how mindfulness training is perceived by participants immediately after the intervention and at a five-month follow-up. It also shines a light on teacher voices and explores more comprehensively some of their expectations and experiences. Additionally, this study reflects back on an existing conceptual framework for analyzing mindfulness as a professional development program, along with factors that may facilitate or inhibit it.

This research may have programmatic implications as well. It seeks to provide a clearer picture of what mindfulness-based intervention facilitators and professional development specialists have to work with as they attempt to improve teacher habits of mind and professional dispositions in the future. Understanding teachers' perceptions toward mindfulness and the factors that shape these perceptions may help facilitators document best practices moving forward. Whether permanent or simply a passing trend, mindfulness has emerged as a professional development strategy for addressing teacher stress in the workplace and addressing dispositions consistent with new teaching

standards. A deeper delve into this phenomenon is warranted and may benefit teachers and the teacher professional development community.

Organization of the Study

The case study is organized into eight chapters. In this chapter, I have provided a brief overview of the dissertation study. Chapter Two offers a review of the relevant literature and positions the study within the current research base. Chapter Three describes the case study methods utilized and discusses the research design, data sources, and data collection and analysis procedures. Chapter Four provides an observational look at the CARE intervention, along with an overview of the characteristics of high-quality professional development. Chapters Five through Seven provide an in-depth case of each of the three teachers' experiences with CARE. Chapter Eight provides cross-case analysis, conclusions, and implications for future research.

CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this chapter is to evaluate the literature that guides this case study research. First I put forth the definition and theory of mindfulness. Then I discuss the methodology used to conduct this systematic literature review. Next, I distill the empirical findings on the impact of teacher mindfulness-based interventions into three main categories: impact on physical wellbeing, impact on job performance, and impact on emotional wellbeing. Finally, I discuss the findings in light of their evolution and limitations and situate my study within recommendations for future research.

In the last decade, interest around mindfulness in schools has grown, with theory, practice, interventions, and conferences proliferating both in the United States and abroad (Weare, 2014; Zenner, Herrnleben-Kurz, & Walach, 2014). However, according to Albrecht, Albrecht, and Cohen (2012), research in the area of teacher mindfulness is in its infancy with the majority of studies directed towards understanding the impact of mindfulness interventions for students. Nonetheless, mindfulness programs that focus on teachers—either alone or as part of a school-wide initiative—are increasing in number and quality (Albrecht et al., 2012). As indicated earlier, even with a growth in programs for teachers, the research base is quite sparse. Therein lies the purpose of this literature review: I examine the growing field of teacher-based mindfulness interventions and analyze their influence upon teachers.

Mindfulness Definition and Theory

Mindfulness can be a difficult concept to comprehend. It is described as “the awareness that emerges through paying attention on purpose, in the present moment, and

nonjudgmentally to the unfolding of experience moment by moment” (Kabat-Zinn 2003, p. 144). It is a form of contemplation that slows practitioners down and encourages them to attend to the present moment. It is a fundamental component of human consciousness and a mental capacity that can be strengthened through training methods. One such method is known as mindfulness meditation. Although mindfulness meditation has its roots in Buddhism, teachers of mindfulness in the West have adapted traditional mindful awareness practices into a secular discipline for the psychological and medical benefits they provide.

The practice of mindfulness meditation typically consists of directing attention to a specific focus. This focus can include the breath, a feeling (e.g., loving kindness), or any other attentional “anchor.” As one practices, the mind will repeatedly drift off into spontaneously arising and habitually recursive thoughts, memories, or judgments. Upon noticing this drift, the practitioner brings his attention back to the “anchor.” The intent is not to get rid of the very human experience of thoughts or emotions. Rather, it is to cultivate a clearer awareness of moment-to-moment experience with greater acceptance and curiosity. Noticing whatever arises with a growing degree of acceptance may lead to increased clarity and reduced reactivity in the body’s physiological response to stress (Meiklejohn et al., 2012).

According to Brown, Ryan, and Creswell (2007), the overlapping and mutually supportive trademarks of mindfulness include: a clarity of and nondiscriminatory awareness, a flexibility in the moment, a present-oriented consciousness, and a continuity of attention. The authors purport that such a “mindful mode of processing” (p. 212) leads to a more receptive state of mind, which permits the individual to be present to reality as

it is rather than to habitually process it through preconceived lenses. When the practitioner steps back and allows a new cognitive space to emerge, an openness follows that allows for greater choice in reaction. Because mindfulness permits an immediate contact with events as they occur, consciousness takes on a clarity that permits more flexible and objectively informed responses (Brown et al., 2007).

How exactly, then, is mindfulness practiced and learned? Through the years, many interventions have been applied to achieving this state of mindful being (Gold et al., 2010). Popular approaches include, but are not limited to, cognitive behavioral therapy (CBT; Bulter & Hope, 2007; Gyllensten & Palmer, 2005), physical relaxation-based interventions (Ponce et al., 2008), and exercise-based regimes (Johansson et al., 2008, all programs cited in Gold et al., 2010). Mindfulness practice can also be formal or informal. Informal mindfulness practices refer to the merging of mindful awareness into activities of everyday life, such as showering, walking, eating, and interpersonal interactions. One of the most popular forms of formal mindfulness training is Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990), a widely disseminated and frequently cited exemplar. MBSR is typically taught to adults as a short course, for three to four hours a week for eight weeks. The program ends with a daylong retreat and follows a tested pattern developed by Kabat-Zinn. This pattern includes meditation techniques, scans of the body, walks in nature, and mindful physical movements such as yoga. Indeed, notes Meiklejohn et al. (2012), “with over 250 stress reduction clinics now established at hospitals and medical centers worldwide, and hundreds of peer-reviewed studies on a wide variety of populations, the MBSR model of mindfulness training for adults can accurately be said to be a proven and accepted intervention for stress reduction

and mood problems” (p. 13). Kabat-Zinn developed the technology in the 1980s at a University of Massachusetts medical center as a way to help patients cope with debilitating and chronic health conditions. Through the years, the program has increased its scope and is now offered to general populations.

These mindfulness practices initially seem quite basic, but they actually purport to carry great benefits. One very important area in which the practice benefits the individual is in how he or she handles stress. According to Grossman, Niemann, Schmidt, and Walach (2004), mindfulness can lead to enhanced emotional processing and coping regarding the effects of chronic stress. Recall the ability of mindfulness to break repetitive actions and thoughts. Rather than reacting habitually to a stressful situation, the mindful individual creates space and acceptance for new patterns and reactions to emerge. Stress still exists, but how the person views and processes it has changed through the use of mindfulness. Grossman et al. (2004) sees this new mode of processing as embodying improved self-efficacy and self-control. This shift in perception, accompanied with better self-efficacy and self-control, leads to a “differentiated quality of life” (p. 429) in which stress plays a natural role but allows for enjoyment of life as full and rich.

Methodology of the Literature Review

To gather data for my literature review, I conducted systematic searches in February 2015 on the following eight databases: Academic Search Premier, ERIC, Education Source, Education Index Retrospective (EBSCO), PsycARTICLES, PscyCRITIQUES, and PscyINFO, and ProQuest. I used *mindfulness* as the key word, joined with *teacher education*, *education*, and *professional development* in various

combinations. Before selecting the literature to review, I established both analytical methods and inclusion/exclusion criteria. I document these criteria in the protocol below.

Inclusion Criteria

Criteria for the inclusion of studies in this review included the following:

1. Published between 2000-2015.
2. Peer-reviewed and published in scholarly journals.
3. A copy that existed in English.
4. Study emphasized a mindfulness-based intervention (MBI).
5. Study emphasized teachers and staff, not parents and students.
6. Study was group taught and took place in a K-12 school setting.
7. Study provided quantitative and/or qualitative outcome measures.

I targeted studies between 2000-2015 for a few reasons. The mindfulness movement in schools is nascent, as the research cited above has indicated, and as the studies reviewed below will reveal. Meikeljohn et al. (2012) writes “Interest in the benefits of mindfulness practice have grown rapidly over the past 15 years” (p. 2). Hence, I went back 15 years to allow for a robust extraction of data within a manageable time frame. However, I wanted to ensure that I was not missing any studies that might have occurred prior to 2000, so I went back and ran the same literature search without a start date. This second literature search, however, did not yield any additional studies. Finally, I selected only peer-reviewed and published investigations in order to increase the rigor of my review.

As this review will highlight, many of the studies hailed from different parts of the world, and so I set a requirement that the research, at a minimum, be available in English. I sought MBIs based on the concept of mindfulness, with classical mindfulness

practices such as breath awareness, meditation, and emotional regulation as core elements. I excluded studies of already branded “mindful teachers” or “mindful schools” if they did not speak of a particular MBI since the intervention and its effects were what I was interested in. I chose only studies that administered an MBI to teachers and support staff and excluded ones that targeted children and parents because I was most interested in the intervention for teachers. Similarly, I sought interventions that occurred within a K-12 setting, as opposed to a higher education environment, since I was most interested in this group of instructors. I accepted multi-method measures and multi-disciplined researchers from many different fields, not just education, to widen my understanding of the phenomenon.

I also utilized connections within the MiEN (Mindfulness in Education Network) listserv to locate literature reviews and meta-analyses on teacher MBIs. This search yielded two studies (Weare, 2014, and Meiklejohn et al., 2012), which I read to situate myself within the literature, learn of leading researchers, and identify key terminology related to the phenomenon. Finally, I culled the references list of each meta-analysis for additional studies pertaining to my research question and inclusion protocol.

After removal of duplicates and the arrival of a saturation point in recursive runs of the search, I retrieved full-text articles of relevant studies for examination and coding. I coded studies for their research question, design, theoretical framework, study population, and findings. By utilizing my original research question and the inclusion rules stipulated above, I arrived at the following 32 sources listed in Table 1.

Table 1

Focus of MBI Research Articles

Focus	Number	Primary Sources
MBI Theory	5	Brown et al., 2007; Kabat-Zinn, 2003; Kabat-Zinn, 1990; MacDonald & Shirley, 2009; Stahl & Goldstein, 2010.
MBI Meta-analyses	5	Baer, 2003; Zenner et al., 2014; Grossman et al., 2004; Weare, 2014; Meiklejohn et al., 2012
MBI for Teachers	22	Albrecht et al., 2012; Benn et al., 2012; Roeser et al., 2013; Roeser et al., 2012; Flook et al., 2013; Franco et al., 2010; Sherretz, 2011; Napoli, 2004; Poulin, 2008; Gold et al., 2010; Soloway et al., 2011; Howard & Johnson, 2004; Frank et al., 2013; Kemeny et al., 2012; Schure et al., 2008; Newsome et al., 2006; Flook et al., 2013; Singh et al., 2013; Burrows, 2011; Hoy, 2003; Jennings & Greenberg, 2009; Jennings et al., 2013.

Throughout this extraction process, I encountered a veritable “goulash” of studies. These studies hailed from different fields, including education, psychology, human development, contemplative health, psychosomatic research, child development, and educational psychology, just to name a few. In addition, the studies originated from many different parts of the world, with researchers from the United Kingdom, Germany, Spain, Australia, and Canada all proffering their take on the phenomenon of mindfulness mediation for teachers. Furthermore, the research I located showcased several types of

methodologies, from phenomenology to randomized controlled trials, though the vast majority of studies maintained a quantitative focus. The next section will synthesize this mix of research findings into discernible themes, conclusions, and recommendations.

Overview of Key Findings

In this literature review I focus on examining how teachers are trained in the practice of cultivating a more mindful way of being and what impact the practice has on their professional and personal lives. In so doing, I found several themes that I will speak to below. First, MBIs impact teachers' *physical wellbeing*. I will speak to the findings on teacher physical health and highlight the MBIs impact on stress, physical manifestations such as blood pressure and sleep quality, and the executive functioning of the brain. Second, MBIs impact teachers' *efficacy within the classroom*. Here I will highlight themes that emerged with regard to MBI impact on classroom effects, curriculum management, and student behavior. Third, MBIs impact teachers' *emotional wellbeing*. Here I will examine the "softer" side of mindfulness; that is, its impact upon a teacher's emotional wellbeing in the form of quality of life, kindness and compassion, and social and emotional competency. At the end of my review, I provide critical commentary and synthesis on the studies reviewed, speak to their limitations, and provide recommendations for future research.

MBI Impact on Physical Wellbeing

The four studies cited in this section report findings of mindfulness training on teacher stress levels. The first two demonstrated significant positive impact on stress while the second two studies yielded somewhat mixed results.

Impact on Stress

In order to better understand the impact of mindfulness upon teacher stress, Gold et al. (2010) carried out a study on nine primary school teachers and two teaching assistants in Wales. The team of researchers looked specifically at the impact of an MBSR (Mindfulness-Based Stress Reduction) course upon teacher stress levels. The study found that the MBI impacted teachers' levels of depression, anxiety, and stress, as well as their self-confidence and self-efficacy. Participants experienced reductions in stress, depression, and anxiety as shown by changes in their Depression Anxiety Stress Scales scores (DASS). In interviews afterward, the teachers responded, "The key ideas for me are being accepting and non-judging," and "It is very useful in times of crisis, like an invisible tool box you can carry around with you" (p. 188). They also spoke of the recursive aspects of stress and the ways in which the intervention helped them identify and ameliorate these patterns: "Responding not reacting, it teaches us to take control," and "It has been helpful for me to notice unhelpful thinking patterns and nipping them in the bud" (p. 189). The quantifiable DASS scores lend credibility to MBIs for teachers, and the interview excerpts are helpful in understanding the phenomenon of stress reduction.

Another international study also sought to measure the aforementioned impact MBIs have on teacher stress. Franco et al. (2010) carried out a larger, quasi-experimental study in Spain to examine MBIs used with a group of 68 secondary school teachers, divided equally into experimental and control groups. The research team administered an MBI known as "Flow Meditation" which utilized a mantra meditation to center the attention, rather than the more typical breath awareness. The researchers asked the

placebo group to listen to relaxing music for the same time period. At the end of the study, the researchers reported that psychological distress (as measured by the Symptom Checklist-90-R) showed significant reductions in the experimental group as opposed to the control group, and results maintained themselves four months later (Franco et al., 2010). The researchers also found significant reductions in levels of teacher stress as manifested in number of sick leave days taken, as well as a reduction in feelings of pressure, demotivation, and poor coping in the experimental group as compared with the control. This study is useful because it utilized a different approach to teaching mindfulness, one that involved a mantra for meditation, as opposed to the focus on the breath which many MBSR-influenced interventions utilize. Similarly, its quasi-experimental design utilized a placebo similar to mindfulness meditation (listening to relaxing music), which provided an active control against which to compare the results. While listening to relaxing music is arguably a soothing activity, it did not produce the same types of stress reducing effects that the meditation did. This study suggests that perhaps something unique and useful about mindfulness meditation cannot be replicated with similarly relaxing interventions.

Roeser et al. (2013) conducted two field trials with an even larger sample of 113 elementary and secondary school teachers from Canada and the United States. The teachers self-selected into the no-cost treatment and were compensated monetarily for their time spent completing the assessments. The researchers collected data at baseline, post-program, and a 3-month follow-up and found that teachers in the mindfulness treatment group showed lower levels of perceived occupational stress and burnout at post-program and follow-up than did those in the control condition (Roeser et al., 2013).

In addition to these measures, the data included a health assessment with a registered nurse to measure basic health parameters (blood pressure, resting heart rate, blood oxygen efficiency, balance, and pain level) at all three data collection points. In contrast to its findings of lower levels of perceived occupational stress, this study found that the physiological indicators of stress (blood pressure, cortisol levels, etc.) did not show statistically significant differences between the MBI and control groups. So while teachers reported feeling less stressed and anxious, the health data collected by the nurse did not corroborate their self-report. This study's strengths are its utilization of both perceived and medically-quantifiable indicators of stress.

Another study garnered somewhat similar conflicting results with regard to stress. Poulin, Mackenzie, Soloway, and Karayolas (2008) studied the impact of an MBI on preservice teachers (n=28) as an elective course in a general education program in Canada. Their MBI was an offshoot of MBSR and named Mindfulness Based Wellness Education (MBWE). The researchers found increased mindfulness, life satisfaction, and teaching efficacy in the intervention group, although not a statistically significant change in psychological distress that they had hypothesized as improving along with the aforementioned goals. While the group did not show significant improvements in their distress scale, they did have positive things to say about the intervention's impact on their stress levels. Teachers in this study noted, "I always felt relaxed when I went to class. I left feeling good and energized," and "if I didn't know the mindfulness techniques and all this breathing, I think I'd be more stressed out in general, so I'm really happy that I took the course" (p. 76). Here again we see a mismatch between what the teachers reported and what the quantitative data reveal. This study, along with the Roeser et al. (2013)

study above, cast doubt on intervention's impact on physiological distress and demonstrate perhaps only a perceptual response to stress.

MBI's impact upon teachers' perceived and actual stress seems to warrant further consideration. When relying upon self-report data, what a teacher says may not match what is happening on a physiological level. However, such a discrepancy calls to mind the very definition of stress. Kyriacou and Sutcliffe's (1978a) propose a model of teacher stress that states that the experience of stress resulted from the teacher's *perception* that (a) demands were being made; (b) she was unable to or had difficulty in meeting those demands; and (c) failure to do so threatened her mental and/or physical wellbeing. The teacher's perception, then, is crucial in understanding the definition of stress, and thus the teacher's perceptions are vital to understanding the nature of the intervention's intended consequence.

Impact on Physical Health

MBIs also appear to impact upon the overall physical health of the teacher. The following three studies will discuss how MBIs impact upon three specific physical health concerns: chronic conditions, sleep quality, and blood pressure levels.

Grossman et al. (2004) analyzed 20 studies that utilized a spectrum of both clinical as well as nonclinical populations. They found the usefulness of MBSR as an intervention for a broad range of chronic disorders and physical problems. In their analysis, they found that:

the consistent and relatively strong level of effect sizes across very different types of samples indicates that mindfulness interventions might enhance general

features of coping with distress and disability in everyday life, as well as under more extraordinary conditions of serious disorder or stress. (p. 40)

This analysis gives a robust picture of the impact MBIs may have upon an individual's physical health as well as their ability to cope with distress and/or disability. Since coping with the symptoms and uncertainty of a chronic condition is a harrowing situation for a good portion of the population, these results help to understand how mindfulness might impact upon physical health with regard to chronic conditions. This study's strength is in its robust extraction of data from over 20 different studies. This study also lends itself to a greater understanding of mindfulness upon chronic physical conditions.

Frank, Reibel, Broderick, Cantrell, and Metz (2013), in a study of 36 suburban high school teachers who participated in an MBSR in Pennsylvania, found significant improvements in dimensions of sleep quality, a key indicator of physical health. Specifically, the treatment group reported significant improvements in duration of sleep, level of sleep disturbance, and daytime dysfunction due to sleep quality. A particularly noteworthy finding was the substantial decrease in teachers' reported use of medication for sleep: 100% of participants in the treatment group who reported taking medication to sleep at baseline (39%) discontinued this practice after participating in the intervention (Frank et al., 2013). The strengths of this study are that it included a comparison group and utilized a well-established MBI program (MBSR).

Another study found impacts on physical health by utilizing an MBI that included protocols for both meditation and emotional regulation (Kemeny et al., 2012). In this study, 82 female schoolteachers received the intervention. Teachers in the intervention group demonstrated increased mindfulness, improved ability to recognize others'

emotions, as well as greater sensitivity to compassion-related words in a behavioral task. With regard to physical health, the training group demonstrated lower diastolic and systolic blood pressure (DBP and SBP) at follow-up as compared with the control (Kemeny et al., 2012). The intervention group was also characterized by accelerated recovery from autonomic arousal due to threats, and also, for those who meditated more in the treatment group, even greater diminished reactivity. This study is helpful for its follow-up nature, and the fact that it found lower blood pressure levels in the treatment group at follow-up five months later. Where many studies lack a follow-up, this study includes one and highlights continuing physical effects. It is also helpful for its study of an MBI that extends beyond the MBSR model and includes emotional regulation training.

The Kemeny et al. (2012) findings leave one wondering about the effects such “diminished threat reactivity” might have upon the functioning of the brain. Can a more relaxed approach to threats aid a teacher in the most critical aspect of her job; that is, the organization and dissemination of knowledge? This next section will discuss the final portion of the literature that pertains to physical wellbeing: the impact MBIs have upon executive functioning.

Impact on Executive Functioning

Weare (2014) evaluated 13 peer-reviewed studies that researched mindfulness programs for school staff. In addition to impacting stress levels and physical wellbeing, MBIs were shown to enhance “executive function,” or a cluster of cognitive processes that include focus, attention, problem solving, planning, and self-management (Elliott, 2003, in Weare, 2014). These studies suggest mindfulness meditation may reshape

neural pathways and increase the density of connections in areas associated with cognitive abilities such as attention, self-awareness, and introspection, as well as emotional areas such as kindness, compassion, and rationality (Davidson et al., 2003; Davidson and Lutz, 2008; in Weare, 2014). What's more, mindfulness meditation decreases activity and growth in areas of the brain involved in anxiety, hostility, worry, and impulsivity (Holzel et al., 2011a and b, in Weare, 2014). This meta-analysis is helpful in our understanding of teacher MBIs for the detailed research it includes on the neuroscience backing mindfulness meditation.

Others researchers spoke to the brain-based research in their review of the intervention's impact on teachers. Meiklejohn et al. (2012), in their review of three specific MBIs for teachers (Mindfulness-Based Wellness Education (MBWE); Cultivating Awareness and Resilience in Education (CARE); and Stress Management and Relaxation Techniques (SMART)), highlighted the brain-based research behind mindfulness as follows:

Two decades of neuroscientific, medical, and psychological research with adults provide accumulating evidence that, like other individuals, teachers can benefit personally and professionally from the reflective discipline of mindfulness. The research effects are wide-ranging and involve measurable physiological and psychological benefits through a reduction in stress physiology and through measurable changes in the function and structure of diverse areas of the brain. (Meiklejohn et al., 2012, p. 3)

The brain regions Meiklejohn et al. (2012) are talking about are implicated in executive functioning (EF) and the regulation of emotions and behavior. Utilizing findings between 2005 and 2009, the researchers pointed to correlations between mindfulness training and increased thickness of cortical structures (i.e., grey matter) associated with attention, working memory, processing sensory input, EF, self-reflection, empathy, and

affective regulation (Holzel et al., 2008; Lazar et al., 2005; Luders et al., 2009, in Meiklejohn et al., 2012). The two studies reported here (Meiklejohn et al., 2012; Weare, 2014) were meta-analyses of MBIs for teachers. They utilized a broader literature base to understand the brain changes that occur during mindfulness. None of the teacher-specific MBI studies I found researched the impact of MBI upon the neuroscience of the brain, though such studies exist outside of teaching and are cited widely in the mindfulness efficacy literature.

With MBI's impacts upon stress, physical health, and executive functioning reported, I will now examine what the literature says about MBI's impact on teacher job performance. It is assumed that if teachers have lowered stress levels, enhanced physical health, and greater executive functioning, these traits will allow them to better perform in their teaching roles.

MBI Impact on Job Performance

This next section will examine five studies of teacher MBIs that showed positive classroom effects. The first four will examine elements of a teacher's job that relate to instruction. These studies highlight MBIs' impact on classroom organization, curriculum development, instructional strategies, and process orientation. The final one will examine elements of a teacher's job that relate to student behavior. I use such terminology as "impact on curriculum development" and "impact on process orientation" because the authors have specifically designated these units as output in their studies' findings. The studies overlap somewhat in their conclusions, in addition to echoing what earlier studies have reported about stress and physical health. However, I showcase these five studies to

explicitly discuss the ways in which MBIs may augment the teacher's performance in the classroom.

Impact on Classroom Organization

Flook et al. (2013) studied 18 teachers in a modified MBSR program and found positive outcomes in the ways the teachers managed their jobs. In addition to reductions in psychological symptoms and burnout, along with increases in self-compassion and mindfulness, the teachers showed an improvement in outside observer-rated classroom organization as well as performance on a computer task of affective bias. To measure the classroom behavior of the teachers, the researchers used an observational coding system known as the Classroom Assessment Scoring System (CLASS) where they measured a teacher's classroom organization and instructional support over six time periods.

Findings from this study also suggested that teachers in the control group may be prone to increased physiological stress throughout the school year as reflected in lower morning cortisol levels and a decreased sense of personal accomplishment as compared with the treatment (Flook et al., 2013). This study adds to the literature in that it utilizes outside observer ratings to assess classroom organization and instructional support. It is strong for its use of multiple measures across measurement domains and modalities (behavioral and physiological), and the inclusion of a control group. The results suggest, according to the researchers, that:

tending to stress reduction translates into tangible benefits for teachers' sense of well-being and effectiveness in the classroom, which in turn are likely to have a positive impact on students' own well-being and learning, for example, via the teacher-student relationship and classroom climate. (Flook et al., 2013, p. 190)

These findings also begin to point to some of the distal effects of teacher MBIs; that is, the impact they have on students in the form of improved classroom climate and level of organization and support.

Impact on Curriculum Development

Napoli (2004) conducted a case study of three elementary teachers' experiences with an MBI and found that teachers revealed they used their newfound mindfulness skills to aid in curriculum development and facilitate positive changes in the classroom. Teachers reported that mindfulness training aided their curriculum implementation by helping them teach in a less fragmented fashion and with greater depth of knowledge. The positive changes in the classroom included teachers feeling more comfortable with students working independently, as well as teachers implementing and teaching mindfulness techniques to children. As a related benefit to classroom organization and curriculum development, the teachers reported that the MBI also helped them "deal with conflict and anxiety" and "improve the quality of their personal lives" (p. 31). These case studies provide rich detail on the nature of the intervention and the perceptions of the three teachers who received it. In this manner, Napoli's (2004) study showcases what many of the aforementioned studies did not; that is, what MBI implementation and teacher reception actually look like in pedagogy.

Impact on Instructional Strategies

Albrecht, Albrecht, and Cohen (2012), researchers in Australia, in a review of three mindfulness programs for teachers, found that these programs had the potential to improve classroom management, teacher-student relationships, and instructional

strategies. The three MBIs utilized hailed from the United Kingdom, Australia, and the United States respectively. The study highlighted how teachers who cultivated mindfulness developed heightened awareness of their teaching habits which they reported then allowed them to empower students to trust their own intuitions when approaching academic work. The researchers also add to our understanding of MBIs by bringing up two deficiencies in the programs studied. First, they assert that the practice of mindfulness is generally imparted to teachers with little or no meditation experience or understanding of mindfulness (Garrison Institute Report, 2005, in Albrecht et al., 2012). They warn that before teachers can effectively teach mindfulness in the classroom, “they should embody and practice mindfulness in their own lives” (p. 11). The second important deficiency they bring up is the lack of any established conceptual framework in the field. Thus, they call for a guiding theoretical framework, established specifically for educational settings, to make sense of the literature that hails from a wide range of disciplines and methodological perspectives.

Impact on Process Orientation

Sherretz (2011) tested Langer’s (1997) theory that mindful teachers are individuals who emphasize process over response orientation. That is, they open up space for a student to grapple with a question rather than solely demand strict responses. In her case study of three elementary teachers who had received a mindfulness intervention in Australia, Sherretz (2011) found that these teachers tended to “think outside the box” and arrive at conclusions outside a solely linear operating system. Through extensive observations, she found that these teachers promoted thinking dispositions that could be applied to different contexts instead of teaching skills

applicable only to a particular task. Her research found four themes with regard to these instructors. Such individuals (a) emphasized a process orientation rather than a response orientation; (b) gave students choices; (c) required students to elaborate thinking, and (d) created a positive classroom atmosphere (Sherretz, 2011). Sherretz's case study is an example of a "rich exemplar" (Roeser et al., 2012) in mindfulness research that provides an inside and more complete look at what more mindful teaching looks like. This study's strengths are in its outside observer-rated data on the ways the teacher conducted herself and her teaching within her classroom.

The abovementioned four studies (Albrecht et al., 2012; Flook et al., 2013, Napoli, 2004; Sherretz, 2011) yielded results on how the MBI impacted within the classroom: from increases in classroom organization, to better curriculum development, instructional strategies, and process over response orientation to teaching. The final study discusses how MBI impacts another very important part of classroom life: the behavior of students.

Impact on Student Behavior

Singh, Lancioni, Winton, Karazsia, and Singh (2013) measured the student behavior effects for preschool teachers who attended an 8-week mindfulness course. Results showed that decreases in the students' challenging behavior and increases in their compliance with teacher requests began during mindfulness training of the teachers and continued to improve following the training (Singh et al., 2013). The students did not demonstrate any change in positive social interactions with peers, but they did show a decrease in negative interactions and an increase in free play. It would appear then that what is good for the goose is good for the gander in that "mindfulness training for

teachers was effective in changing teacher-student interactions in desirable ways” (p. 212). The intervention also demonstrated a contrast with previous curriculum professional trainings the teachers had received. That is, while teachers had previously been taught to be vigilant and reactive to specific behaviors of each child, in the MBI they were taught to be more accepting and nonreactive, two core concepts of mindfulness. In so doing, they noticed that their responses to student behaviors (maladaptive or otherwise) “arose from within” (p. 225) without thinking and without advance planning, and these shifts in perspectives may have accounted for the changes in the students’ behavior. Perhaps the teachers’ more tolerant approach to their students’ behavior created a sense of ease in the classroom in which everyone could benefit. These results add to our understanding because the study targets early childhood teachers in particular. Another strength is that it presents data on the effects that teacher mindfulness training may have on the teachers’ students. Such treatment outcome data are seldom reported in the mindfulness research (Grossman, 2008, in Singh et al., 2013).

MBI Impact on Emotional Wellbeing

After examining how MBIs impact a teacher’s job performance, I will now turn to the portion of the literature that examines MBIs’ impact upon the less tangible aspects of teachers’ lives: their mindfulness, quality of life and resiliency, kindness and compassion, and social and emotional competencies. Afterward, I will examine to what extent such emotional wellbeing matters in the field of teaching.

Impact on Mindfulness

While measurements of physical health and job performance represent a more straightforward way to gauge the impact of mindfulness interventions, methods do exist to track its more nebulous aspects. The Kentucky Inventory of Mindfulness Skills (KIMS: Baer et al., 2004) is a 39-item self-report mindfulness measure. According to Gold et al. (2010), “the KIMS has adequate convergent and discriminant validity with other relevant constructs, good content validity, and internal consistency with alpha coefficients of between .83 and .91” (p. 185). The four subscales of the KIMS relating to mindfulness include: Observing, Describing, Acting with Awareness, and Accepting without Judgement. Gold et al. (2010) administered the KIMS to 11 primary teachers to evaluate how far an MBSR course enabled them to become more mindful, and particularly on which dimensions of mindfulness. The KIMS scores showed increases in mindfulness on all four factors with “Accepting without Judgment” yielding the most statistically significant effect (Gold et al., 2010). A problem with the KIMS, however, is that it is a shortened self-report scale. The participants might have had an interest in viewing themselves as more mindful after investing eight weeks and many homework hours in mindfulness practice.

Impact on Quality of Life

Napoli’s (2004) case study of three elementary teachers reported that the intervention “improved the quality of the teachers’ personal lives.” How the intervention accomplished this enhanced life quality was that it (a) increased their awareness in their body and in the surrounding environment, (b) helped the teachers eat more slowly and more consciously, (c) made it easier for them to wind down when stressed, and (d)

resulted in a decrease in multitasking and increase in single tasks (Napoli, 2004). One teacher commented: “You know, I try my best now to set aside at least 20 minutes a day to just be in that moment of nothing ... and try to gain some strength and energy from that” (p. 38). At first blush, these findings, similar to Gold et al.’s (2010) above, seem to suffer from the deficiencies of self-report. However, “quality of life” is an inherently subjective measure, recognizable perhaps only in the eye of its beholder. If a teacher reports that her life quality has increased in some small way, can the research community call that report into question? Like this section describes, “quality of life” is an intangible good that is judged by perception. If an MBI positively impacts upon this subjective good, we might be splitting unnecessary hairs to call into question how the teachers self-reported an increase in this good.

Impact on Kindness

Other studies of teacher MBIs demonstrate the ways in which mindfulness increases kindness to self and others, arguably another difficult construct to measure. Benn et al. (2012) carried out a randomized control trial to assess the efficacy of a five-week mindfulness training program for educators of children with special needs (n=70). This study adds to our knowledge base by utilizing a specific population (special education teachers) who arguably embody “unique social-emotional challenges in carrying out their caregiving role” (p. 1). At the end of the intervention, the participants demonstrated positive increases, on average from medium to large, in their mindfulness, awareness, patience, empathy, forgiveness of self and others, sense of personal growth, and reductions in stress and anxiety (Benn et al., 2012). Specifically, participants were more conscious of the way they processed emotions and were less judgmental and more

tolerant of themselves and others. The effect increased with time, with all participants showing greater levels of awareness, patience, forgiveness, and compassion two months after the study (Benn et al., 2012). An important contribution this study makes is that it brings up the outcome of “relational competence” (p. 16), which deals with measures of empathic concern and forgiveness. With regard to relational competence, the researchers found significant positive changes in favor of the treatment group. This study is strong for its use of a specific subset of teachers and for its follow-up. However, the follow-up was only two months later and might have benefitted from a more robust longitudinal component.

Impact on Compassion

Recall the Kemeny et al. (2012) study of the “Cultivating Emotional Balance” program, that highlighted the physical impact of lowering participants’ blood pressure. In addition to physical effects, the teachers who participated also reported feeling less negative emotions, reduced feelings of depression, and an increase in positive states of mind (Kemeny et al., 2012). The program also seemed to increase compassion, as those in the intervention group exhibited greater feelings of compassion when shown pictures of people suffering. The intervention group also more quickly identified compassion-related words in a verbal task and was better at identifying specific facial expressions, a core component of empathy. Finally, when the participants were asked to discuss an upsetting relationship issue with their significant other, the teachers who had received the training showed significantly less hostility or contempt toward their partner when asked to discuss the issue (Kemeny et al., 2012). This study is particularly strong because it

utilized both physical and emotional measurements that required outside evaluations (blood pressure readings and verbal tasks).

In addition to increased quality of life, resiliency, kindness, and compassion, MBIs may have the potential to impact the social and emotional capabilities of the teacher. These social and emotional capabilities have implications for not only the classroom, but for the relational dynamics in the school as a whole. The next section will discuss what the literature says about the impact of MBIs on the social and emotional competencies of teachers.

Impact on Social and Emotional Competency

Jennings, Frank, Snowberg, Coccia, and Greenberg (2013), in an earlier evaluation of CARE, found the potential of this MBI as a professional development program to reduce emotional reactivity and promote well-being in teachers. Those who participated in the intervention reported significant improvements in well-being, efficacy, burnout, stress, and mindfulness when compared with the control group. With regard to the social validity of the program, the evaluation data the researchers collected showed that teachers viewed CARE as a feasible, acceptable, and effective method for reducing stress and improving their performance (Jennings et al., 2013). The researchers admit that further research on CARE is necessary to obtain a more complete understanding of this intervention but found that it is a promising mediation to support teachers, especially those working in challenging situations. They conclude:

CARE may fill an important professional development need that has been long overlooked by the education research community; to support teachers' social and emotional competence and wellbeing as means of promoting resilience and improving their performance and their students' performance. (pp. 386-387)

The quality of being a socially and emotionally competent individual would appear to produce effects that extend to all those with whom the individual interacts. Jennings and Greenberg (2009), in their review of the Prosocial Classroom, believe that socially and emotionally competent teachers possess high social awareness and thus know how their emotional expressions affect interactions with others. Such teachers also recognize and understand the emotions of others and are able to build strong and supportive relationships through mutual understanding. These teachers also effectively negotiate solutions to conflict situations. Furthermore, socially and emotionally competent teachers are culturally sensitive; understand that others may have different perspectives than they do; and take this contingency into account in relationships with students, parents, and colleagues (Jennings & Greenberg, 2009). Finally, according to research cited by the authors, when teachers experience mastery over these social and emotional challenges, teaching becomes more enjoyable, and teachers feel more efficacious (Goddard, Hoy, & Woolfolk Hoy, 2004, in Jennings & Greenberg, 2009).

One of the ways the researchers contend that social and emotional competencies are developed is through mindfulness interventions. According to Jennings and Greenberg (2009), “An approach to reducing stress and promoting wellbeing, emotional awareness/regulation, and prosocial behavior is through practicing mindfulness or contemplative practices” (p. 510). As previously mentioned, the literature indicates that mindfulness practices increase awareness of one’s internal experience and promote reflection, self-regulation, and caring for others. Similarly, individuals who can manage their own distress when exposed to a person who is suffering are more likely to show empathy and compassion and in turn do something to reduce that person’s suffering

(Eisenberg et al., 1989, cited in Jennings & Greenberg, 2009). Contemplative practice may facilitate emotional self-awareness and contribute to engagement or “psychological presence,” defined as feeling open to oneself and others, connected to work and others, complete rather than fragmented, and within rather than without the boundaries of a given roles (Jennings & Greenberg, 2009).

The researchers conclude their analysis of the Prosocial Classroom by speaking of the link between social and emotional competencies and implications for school reform. As the relational trust literature demonstrates, social trust within a school community is a key resource for improving schools (Bryk & Schneider, 2002; Bryk, Sebring, Allensworth, Luppescu, & Easton, 2009). Although relational trust factors have been identified as associated with positive academic outcomes, little research has examined how teachers’ social and emotional competence may promote relational trust and subsequent outcomes. According to Eisenberg (2003) and Ekman (2004a) and cited in Jennings and Greenberg (2009), decades of research have generated a knowledge base that can be used to promote teachers’ social and emotional awareness and to aid in the development of these competencies. However, until recently, neither teacher pre-service nor in-service professional development programs have utilized this resource in depth (Jennings & Greenberg, 2009).

Jennings et al. (2013) and Jennings and Greenberg (2009) studied both the CARE intervention and the Prosocial Classroom, two interventions that have mindfulness as a core component of an overall professional development program, but ones that also aim to target the social and emotional wellbeing of teachers. These programs did not utilize the typical MBSR model or offshoots of it that deal primarily in mindfulness meditation

techniques. CARE is a “mindfulness-based professional development program” (Jennings et al., 2013, p. 374) that combines emotion skills instruction, mindful awareness practices, and compassion building activities to provide teachers with skills to reduce stress and improve their social and emotional competencies. The Prosocial Classroom model is an intervention strategy that similarly combines mindfulness with other stress reduction techniques. Hence, we cannot tell with certainty which of the positive results from these studies’ findings were attributed solely to mindfulness meditation and which resulted as a combination of the social and emotional training factors that make up these two programs.

Discussion of Findings

The literature on mindfulness stands in an interesting place right now. It includes somewhat exploratory studies with small sample sizes. It yields somewhat conflicting results, in the case of the physiological indicators of stress reduction versus the teacher’s perception of stress reduction. It boasts increases in difficult to quantify measures such as “quality of life.” Finally, it relies perhaps too much on teacher responses to exit surveys that are not always corroborated with other forms of observational data.

A number of studies, however, have provided promising results primarily through the use of randomized control trials. These studies offer some evidence that mindfulness training is associated with positive outcomes for teachers, though few of the studies have sufficiently rigorous designs to attribute causation. Most studies focus on the proximal effects of mindfulness training upon teachers and do not extend the analysis to student outcomes. Furthermore, few studies have examined the sustainability of effects over

prolonged periods of time, with the longest follow-up period of time examined being five months (Kemeny et al., 2012).

These limitations in the research are not a surprise, given the novelty of the interventions and the exploratory nature of the field. Indeed, a maxim I found apropos to this review is that enthusiasm about the integration of mindfulness-based interventions in schools oftentimes surpasses evidence for utilizing them (Greenberg & Harris, 2011). Such research limitations could also mean that the findings reported in this literature review are tentative and need to be supported by further evaluations that are representative of educational settings where trainings will likely occur. Furthermore, I found that the more recent the study, the greater the rigor of the design. Of the studies highlighted that I spoke of as more robust than others, the research of Roeser et al. (2013), Frank et al. (2013), Flook et al. (2013), Singh et al. (2013), Benn et al. (2012), Kemeny et al. (2012), and Jennings et al. (2013) all rise to the top. These researchers seem to have attended to the limitations described in earlier studies as well as those studies' specific calls for additional research.

With studies from scholars all over the world and a myriad of scholarship backgrounds, I did not find any one name or philosophical bent that superseded all the rest. Perhaps the lack of any one guiding theoretical framework accounts for this vacuum. The name, of course, that appeared repeatedly was Jon Kabat-Zinn, the doctor who created the MBSR program and who has been studying mindfulness since the 1980s. Many of the studies reviewed here used this MBSR model or a modified version of it for teachers. I also found the concept of "mindfulness" perhaps euphemistically buried in some of the interventions, as in the case of "habits of mind" (Roeser et al., 2013) and

“prosocial classroom” (Jennings & Greenberg, 2009). This terminology may be more palatable to the education world, to teachers who are asked to partake in it, or even to grant-funding foundations that underwrite these types of professional development programs or the research conducted on them. Perhaps “mindfulness” is not quite mainstream enough of a topic yet. If such is the case, then it provides a cautionary tale toward the use of the term “mindfulness” in garnering support for research projects moving forward.

Limitations of the Extant Research

As mentioned, the mindfulness in education research is not without its limitations. In particular, I found five main limitations (a lack of a conceptual framework, heterogeneity of programs, social validity concerns, design concerns, and a lack of longitudinal data) that I describe below.

Lack of conceptual framework. Generally, no guiding conceptual framework for analyzing mindfulness-based interventions exists. Research and discussion on this phenomenon occur in a fragmented fashion over a number of disciplines (Albrecht et al., 2012). In a meta-analysis of MBIs, Zenner et al. (2014) acknowledged that most studies utilized the previously existing MBI program as their guiding conceptual frame (such as MBSR [Mindfulness Based Stress Reduction], MBCT [Mindfulness Based Cognitive Therapy], and ACT [Acceptance & Commitment Therapy]). Some of the interventions reviewed made reference to theories and findings from positive psychology (Brown et al., 2007), and some combined the MBI with a special group of school-based interventions such as Social and Emotional Competency, (Jennings et al., 2013) or the Prosocial Classroom (Jennings & Greenberg, 2009). In some cases, according to Grossman et al.

(2004), the construct of mindfulness itself—although central to all interventions—was never really operationalized. This leads to perhaps an enormous elephant sitting on the mindfulness mat: What exactly is mindfulness? How is it conceptualized? What other interpretations of it can emerge? Do the various “schools” of meditation have any bearing on what style of meditation is utilized, e.g., mantra style meditation versus breath style meditation? Such questions are vitally important and raise the point about the need to standardize this construct to make research on it more tenable.

Heterogeneity of programs. In addition to lacking a conceptual frame and a standardized operation, the research on mindfulness may suffer from its very heterogeneity. The studies used many different forms of MBIs in various age groups from preschool through high school. That said, it would be completely plausible that a school’s background (suburban, rural, or urban), the philosophical orientation of the participants (anywhere from open to meta-physical ideals to completely closed off), and how a program was accepted within a particular school context would influence the effects of the intervention. Put differently, imagine the different scenarios established if participants attended the MBI within the compulsory school day or were willing to stay on in their free time, and if the research participants were paid versus voluntary. As discussed already, possible positive effects may have existed from the participants being given the treatment for free. Such information might influence the results of studies, yet it was not readily attended to in the literature.

Social validity concerns. The philosophical orientation of many participants who self-selected into these studies brings up another important limitation. Not many of the studies included measures of social validity. Social validity is a term coined by

behavior analysts to refer to the social importance and acceptability of treatment goals, procedures, and outcomes (Foster & Mash, 1999). The research did not always stipulate whether the intervention was important to the teacher, the rest of the staff, or would continue to be useful after the formal training was over. Sitting in contemplative silence as a form of professional development might seem perfectly rational for some teachers, perfectly unnecessary (and a waste of time) for others. Hence, the desirability of these types of interventions is never fully attended to in the literature. Additionally, the research base does not account for the amount of time this intervention took away from teachers' other responsibilities, nor did it attend to the question of adding "one more thing" to teachers' already full professional development plates.

Design concerns. A good many of the studies suffered from other methodological deficiencies beyond merely design type. Gold et al. (2010) admit that the lack of a control group in their study limited their quantitative results. Because of this limitation, it was not possible to establish whether the observed positive changes in the teachers were due to the intervention itself or some other mitigating factors. While some of the studies had an intervention group paired with a control, not all did. What's more, with the exception of the Franco et al. (2010) study in Spain, no other control group was given an active placebo but simply given the designation of "waitlist control." In randomized controlled trials lacking a rigorous control, the precise role that mindfulness played is still unclear. That is, the extent of the effect that can be ascribed to non-intervention factors such as group support, the novelty of the intervention, taking time out of the school day, or even the benefits that accrue from resting and relaxing, is simply not known.

Lack of longitudinal data. Many of the interventions highlighted here either had no longitudinal component or very limited longitudinal data. Flook et al. (2013) write that further work is needed to assess the long-term impact of mindfulness training with follow-up assessments over longer intervals of time. As mentioned previously, participating in an MBI does not necessarily make for a lifelong, habitually mindful person. Many of the researchers point out that fostering the sustainability of practices beyond the immediate intervention period (and outside of the support of the group) may be necessary in order to optimize outcomes. Just as physical health is augmented by regular exercise, the benefits of mindfulness on mental health are hypothesized to grow from consistent practice. Grossman et al. (2004) freely admit that due to the limited number of studies with follow-up data, their meta-analysis was restricted to only immediate effects. And Gold et al. (2010) write that given mindfulness training's intention to bring lasting as well as short-term benefits, having a follow-up after a period of a few years would further strengthen any study and "may have demonstrated different effects to the findings reported here" (p. 188).

Recommendations for Future Research

With the above list of research concerns inherent in a somewhat amorphous field of mindfulness research, it follows to ask where we might go from here. For starters, every scholar reviewed for this literature review sounded the siren call for further research, and the term "pilot study" appeared in more than one instance. Simply looking at the publication dates of many of the studies demonstrates the newness of the field. Although I searched for literature from the year 2000 onward, I found a majority of the studies fell squarely within the past five years (2010-2015). This occurrence corresponds

to a heightened interest in the past few years in the mindfulness movement. Indeed, organizations that attend to mindfulness for either teachers or students have sprung up throughout the country (The Garrison Institute; The Mindful Teacher; Mindful Schools; the Collaborative for Academic, Social, and Emotional Learning; Courage and Renewal; the “.b” Mindfulness in Schools Project; Minds, Inc.—just to name a few). Many of these agencies develop programs for teachers, students, or a combination thereof. Additionally, the programs these agencies put forth might benefit from further research to determine the efficacy and feasibility of these interventions in the future.

Attending to the research gaps highlighted above would certainly move the field forward. Summing up the research body’s deficiencies, Roeser et al. (2012) maintain that “multi-method, multi-trait, and multi-informant measures are needed” (p. 165) to establish the empirical and practical significance of any mindfulness training program. In order for such a fringe phenomenon to garner respect, rigorous research must support it. Roeser et al. (2012) also maintain that because the field is so new, “phenomena finding” investigations that use rich ethnographic descriptions, case studies of exemplars, and other forms of qualitative assessment are especially important because they contextualize earlier quantitative data. And Meikejohn et al. (2012) offer the following four recommendations to combat the pitfalls described above: (a) establish a theory of change, (b) expand the evidence base, (c) assess socially valid outcome measures, and (d) address school-based implementation barriers.

My dissertation both fills a research gap as well as responds to the aforementioned scholars’ calls for further research. First, I conducted a “phenomena finding” (Roeser et al., p. 424) investigation, and in particular, a “case study of an

exemplar” program. In my study, I conducted a case study on the CARE program, an MBI that has demonstrated positive outcomes for teachers in the past. Recall the Jennings et al. (2013) study of CARE where, in a randomized controlled trial, the researchers found that participation in this program resulted in significant improvements in well-being, efficacy, burnout/time-related stress, and mindfulness as compared to controls. The pre- and post-data indicated whether teachers experienced change on pre-selected outcomes listed on scaled surveys, yet the relationships between some of the underlying mechanisms of this MBI on teachers remained quite murky. To get at outcomes in a more holistic light, and to contextualize prior data, I delved deeply into first-person narratives that other studies had quantified. Zenner et al. (2014) concluded that it makes sense not to rely on exit surveys and questionnaires exclusively, but to “triangulate these measures with qualitative data” (p. 11). Thus, my study triangulates the results from these earlier quantified studies through an in-depth, qualitative look at teachers’ expectations and experiences with the phenomenon.

Second, I conducted a follow-up component with my participants at the 5-month point. Of the literature reviewed for this chapter, only Benn et al. (2012), Roeser et al. (2013), and Kemeny et al. (2012) conducted follow-ups with the teachers in their MBIs, with time frames of two months, three months, and five months, respectively. So much of the research decried the lack of a longitudinal follow-up, and most especially since mindfulness is purported to take time to mature, as well as practice to enhance. By attending to these gaps in the research, I will work toward the first two of Meikejohn et al.’s (2012) recommendations to combat current research limitations: (a) I will add understanding to an existing conceptual framework, and (b) I will expand the evidence

base using qualitative data. My next chapter on methodology will explain these research considerations in greater detail.

Chapter Summary

The purpose of this chapter was to evaluate the literature that guides this case study research. This research encompassed literature on mindfulness theory and mindfulness-based interventions for teachers. The chapter detailed the empirical literature, discussed the findings in light of their evolution and limitations, and provided recommendations to strengthen the research base. The next chapter accounts for the ways my current study seeks to augment the existing scholarship through its research design and methodology.

CHAPTER 3: METHODOLOGY AND PROCEDURES

This research employed case study methodology: (a) to add to the existing body of literature surrounding mindfulness as teacher professional development; and (b) to help refine and advance conceptual frameworks on school-based mindfulness. The first section of this chapter highlights my research questions and conceptual framework. The second section provides a rationale for the use of a qualitative case study to answer the research questions, as well as a description of the site and participant selection process. The third section describes the data gathering methods I employ, including data sources and procedures for data collection and analysis. The chapter concludes with a section explaining how the study addresses issues of validity as well as seeks to control for bias and error.

Research Questions and Conceptual Framework

I designed this study to elucidate the experiences and evidence of use for teachers involved in a mindfulness-based intervention through individual case studies that target two main research questions:

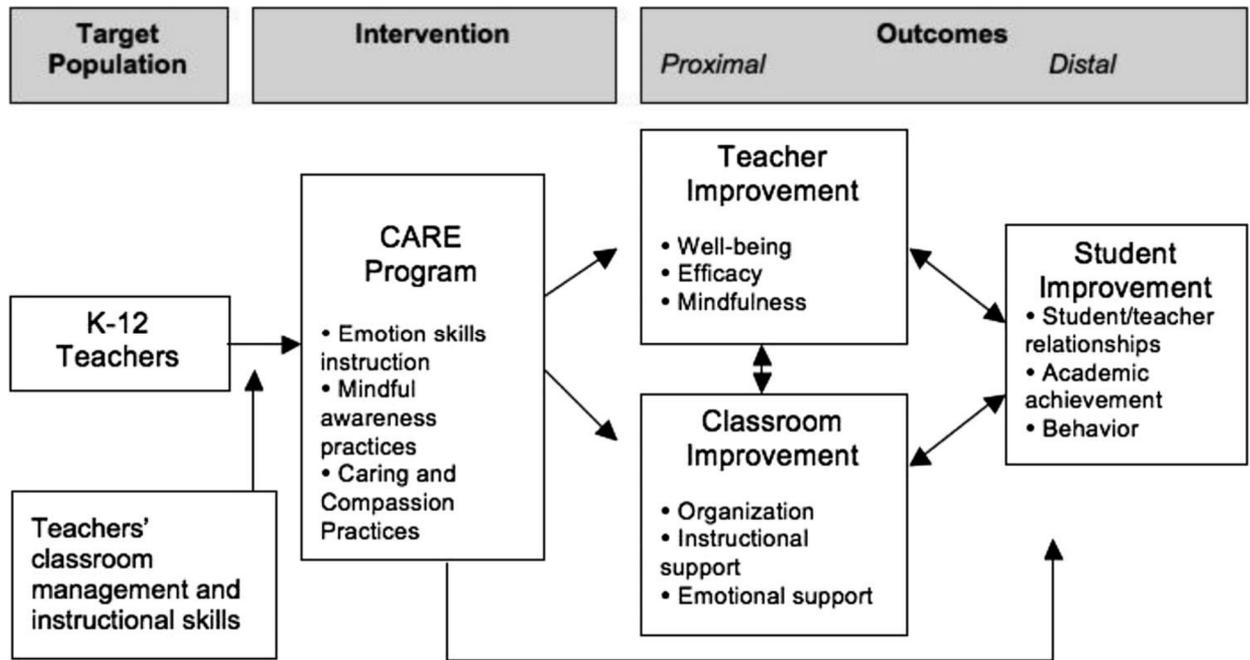
RQ1: How do teachers in a mindfulness-based intervention (MBI) perceive the intervention?

RQ2: How do teachers describe the influence or consequence of participation in the intervention?

These questions are intentionally broad to capture a wide range of participant perceptions. However, the focus of the data gathering was upon participant experiences and evidence of use as related to the intervention. In particular, I paid particular attention

to the type of person participating in the intervention, what this person experienced during the intervention, and how this person used the intervention skills in both personal and professional contexts. Appendix A lists a more complete protocol of questions that target these goals over the course of the interviewing process.

As stated in the introduction, the intervention I studied was “CARE for Teachers” or CARE for short. Since the mindfulness field does not possess an orienting theoretical framework, I instead used the conceptual framework that undergirds the CARE intervention. The model identifies K-12 teachers as the target population for the intervention and a set of core intervention activities and practices that are to promote sets of proximal and distal outcomes for teachers and students (see Figure 1).



Jennings, Frank, Snowberg, Coccia, & Greenberg, 2013

Figure 1: Logic Model of CARE Intervention

According to the authors of CARE, participating K-12 teachers are introduced to mindful awareness practices, emotion skills, and caring and compassion protocols that are hypothesized to produce the proximal outcomes of teacher improvement (in the form of well-being, efficacy, and mindfulness) and classroom improvement (in the form of organization and instructional and emotional support). These proximal outcomes are hypothesized to result in the distal outcomes of student improvement (with regard to student/teacher relationships, academic achievement, and student behavior). In addition, the program developers hypothesize that teachers' prior classroom management and instructional skills may moderate the effects of the CARE intervention; that is, teachers who are more skillful in these areas will demonstrate more gains in the proximal outcomes as a result of participation in the training (Jennings et al., 2013). However, the developers also anticipate that participation in CARE will also promote these classroom management and instructional skills.

Figure 1 is the logic model that undergirds the CARE intervention. It is not an all-encompassing theoretical model meant to apply to all mindfulness-based interventions, nor should it be thought of as such. As a conceptual framework, it is a nascent, inchoate model that, as my literature review highlighted, is not yet well understood. Therefore, this logic model provides a good beginning in understanding MBIs' impact, but it does not cover the full range of experiences as they relate to all teachers' context of teaching, learning, and experiencing mindfulness.

Emerging hypothetical effects and assumptions for CARE specifically, however, are best present in this logic model and can be summarized as follows: Attention and self-awareness are likely precursors to physical and emotional well-being. Greater self-

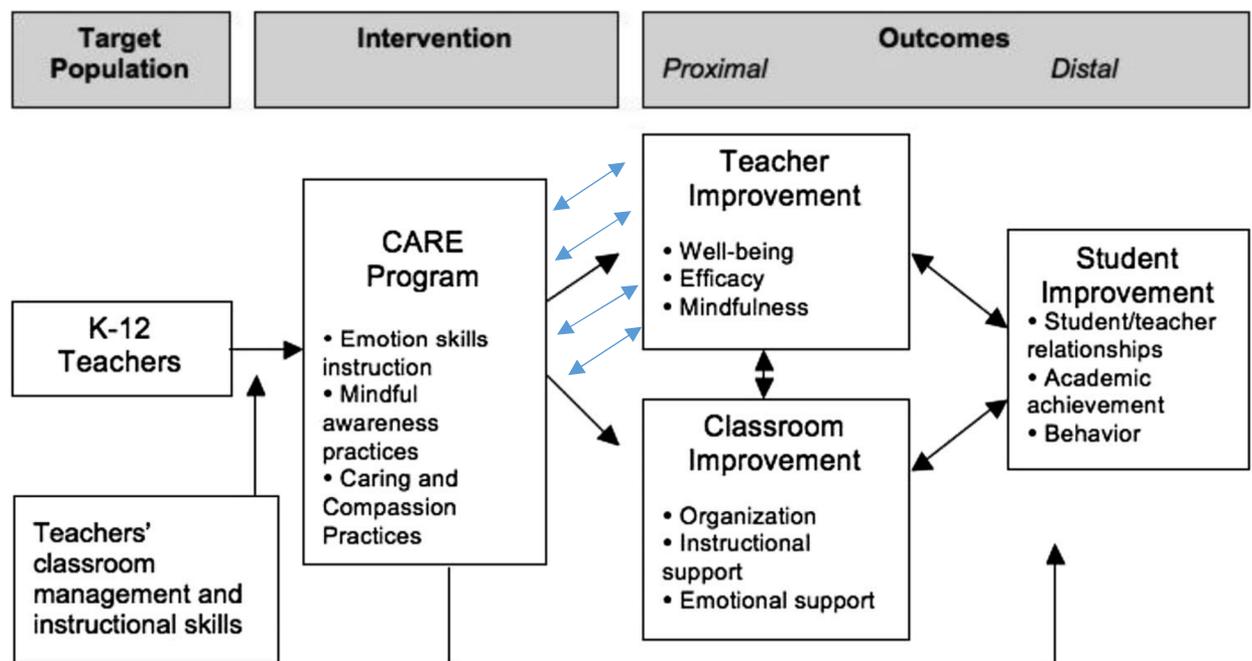
awareness may result in improved emotional regulation. Emotional regulation may relate to increased relational capacities. Therefore, mindfulness-based interventions may be ideally suited to support the development of a mental set that is associated with enhanced teacher well-being and a positive classroom climate (Schussler et al., 2015).

Furthermore, when teachers' physical and emotional health improves and the classroom climate improves, students will experience benefits such as better student-teacher relationships, increased academic achievement, and improved behavior.

As stated in the literature review, a randomized controlled trial of CARE tested the aforementioned assumptions of the logic model along with hypothesis that, when compared to controls, teachers who receive CARE would show improvements in measures of general well-being, efficacy, and mindfulness (Jennings et al., 2013). General well-being includes teachers' overall physical and emotional health. Efficacy refers to teaching efficacy defined as teachers' beliefs about their capacity to positively affect aspects of students' learning and engagement (Tschannen-Moran & Hoy, 2001). Mindfulness, as we have already learned, involves being aware, non-judgmental, and emotional nonreactive and then acting from that state of mind (Baer et al., 2004). These pre- and post-data of the 2013 study indicated whether teachers experienced changes via a battery of self-report measures on general well-being, efficacy, mindfulness, and burnout/time pressure, and the researchers found that participation resulted in significant improvements in all four categories, compared with controls (Jennings et al., 2013).

However, even with such positive quantifiable data for CARE, the relationships between the underlying mechanisms of its logic model remained to be seen, in particular, the process of how the components of the intervention functioned to produce the

theorized outcomes (e.g., the arrows on the logic model). Hence, my study focused on one small aspect of the logic model: The arrow leading from the intervention “CARE program” to the proximal outcomes of “Teacher Improvement.” I specifically wanted to understand the role of CARE in influencing teachers, and to explore how different aspects of the program affected or did not affect them. Therefore, I used a qualitative design to explore their beliefs about how CARE related to their experiences. Figure 2 highlights the portion of the CARE logic model that my study tests.



Jennings, Frank, Snowberg, Coccia, & Greenberg, 2013

Figure 2: Conceptual Framework for Study

The conceptual framework for this intervention contains many hypothesized links, as mentioned above. Based on the framework, I specifically researched how teachers perceived the “CARE Program” as well as their “Teacher Improvement.” I focused on these two boxes and the arrows that connects them for a number of reasons. First, I

explored an intervention, which has already demonstrated itself as a promising professional development program, by uncovering the actual assumptions and experiences of teachers within it. Second, with regard to the Teacher Improvement box, Roeser et al. (2012), in their call for more rigorous research of mindfulness as professional development programs, ask, “first and foremost, do mindfulness training programs designed for teachers actually lead to [the kinds of outcomes] that we describe here?” (p. 170). That is, before researchers can examine how these interventions impact classrooms and students (the later boxes in the chain of logic), we must first understand how and why such programs might impact the very first link in the chain, the teacher. If the teacher is unaffected by the intervention, any observed changes in classroom and student improvement would be attributable to other causes. Third, while much of the extant literature focuses on teacher improvement through the use of scaled surveys and exit evaluations, I unpacked this box in greater detail through the use of teachers’ in-depth perspectives. In so doing, my study entered the conversation from a unique and needed angle to both corroborate early quantifiable data and further inform the field’s research and practice moving forward.

Rationale for Case Study Methodology

As proffered in the review of the literature, the topic of “mindfulness” is difficult to conceptualize and articulate. It applies to a state of being, a mindset, and/or a shift from habitual patterns. Mindfulness might be likened to the esoteric experience of falling in love, or the phenomenon of prayer; people experience it differently, if they experience it at all.

A case study is particularly suited for understanding this type of phenomenon. Case study research begins with a compelling feature: the desire to derive an up-close or otherwise in-depth understanding of a single or small number of cases set in their real-world contexts (Bromley, 1986). Such closeness aims to produce an invaluable and deep understanding that results in new knowledge about real world actions and their meaning. As stated previously, the intent of this particular research project was to derive an in-depth understanding of teachers' experiences with a well-established MBI. In so doing, I hope to add new understanding to an emerging field.

According to Merriam (1998), the key philosophical assumption upon which this form of research is based comes from the view that reality is constructed by individuals interacting in social worlds. Qualitative case study research attempts to understand the meanings people have constructed and their experiences within their world. Asking participants to reflect on and comment on their constructions of mindfulness as a form of professional development will allow for a richer understanding of the phenomenon for many different stakeholders involved. What this case study will do, then, is shine a light on mindfulness from a constructivist standpoint and “allow the reader to gain an experiential understanding of the case” (Stake, 1995, p. 40). Readers not familiar with mindfulness may benefit from the rich portrayals of participant experiences in order to better understand the phenomenon. Researchers may benefit from the ways in which these perceptions either triangulate or call into question prior findings. Practitioners may benefit from the ways in which these data inform their own intervention's theories of action and contribute to the development of protocols for these professional development interventions in the future.

As my review of the literature has indicated, several quantitative studies heretofore have described mindfulness outcomes in randomized controlled trials, psychological assessments, and Lickert-scaled surveys (see Albrecht et al., 2012; Benn et al., 2012; Flook et al., 2013; Frank et al., 2010; Gold et al., 2010; Kemeny et al., 2012; Roeser et al., 2013; Singh et al., 2013 as a few of the examples). These results are important because they have guided the field's and my own prior understanding of an emerging phenomenon. My review of the literature from 2000-2015 found that MBIs had the ability to impact the physical wellbeing, job performance, and emotional wellbeing of teachers in the classroom. However, we do not yet have a clear picture of how teachers perceive, filter, and utilize the intervention in their individual situations. While quantitative data in the form of exit surveys and evaluations are important, they cannot paint the entire picture. A more holistic examination of the participants' experience is needed.

Yin (2014) distinguishes between three different modes of case study research: descriptive, exploratory, and explanatory. Descriptive case studies describe a phenomenon, exploratory case studies analyze possible frameworks and methods for investigating a phenomenon, and explanatory case studies examine how or why a phenomenon came into being.

This study is both exploratory and descriptive. It is exploratory because little is known about the experience of mindfulness as professional development for teachers. The study, therefore, is learning-oriented and not meant to provide confirmation of previous research. It is descriptive in that it attempts to understand how teachers perceive and respond to programs that proffer a particular mindset and way of being. To

systematically account for participants' perception of and experience with mindfulness, I will utilize a prior conceptual framework that may not fully capture the entire range of theoretical underpinnings. Therefore, part of the goal of this study will be to unpack the logic of the conceptual framework by utilizing a robust inquiry into teachers' descriptions of the intervention. Because case study seeks to uncover the contextual richness of a phenomenon in ways that quasi-experimental research cannot, Yin (2014) considers this type of exploration a strength of the case study method.

Site Selection

CARE is a K-12 teacher program developed by the Garrison Institute's Contemplative Teaching and Learning Initiative and administered by Dr. Patricia Jennings, an education professor and researcher from the University of Virginia. CARE prides itself on being a "unique professional development program that helps teachers handle their stresses and rediscover the joys of teaching" (www.care4teachers.org). The goal of CARE is to offer teachers tools and resources for reducing stress, preventing burnout, and enlivening teaching which in turn will help their students thrive socially, emotionally, and academically.

The CARE program involves a blend of didactic instruction and experiential activities, including time for reflection and discussion. CARE strives to achieve its goal of helping teachers handle stresses by introducing three main components: emotional regulation, mindfulness, and compassion (see Figure 1, Logic Model of CARE). According to promotional materials, CARE first introduces emotion skills instruction to promote understanding, recognition, and regulation of emotion. Similarly, to reduce stress, and to promote awareness and presence applied to teaching, CARE introduces

basic mindfulness activities, such as short periods of silent reflection, and progresses to activities that demonstrate how to bring mindfulness to challenging situations teachers often encounter, such as a confrontation with a student, parent, or fellow teacher. Finally, the CARE program also promotes empathy and compassion through caring practice and mindful listening activities. It is purported that “through these activities, teachers learn to bring greater calm, mindfulness and awareness into the classroom to enhance their relationships with their students, their classroom management, and curricular implementation” (www.care4teachers.org).

The CARE intervention took place over three days at a university in the western part of a mid-Atlantic state, in the fall of 2015, from December 4-6, 2015. The Friday evening session lasted three hours, and the Saturday and Sunday sessions each lasted six hours, for a total of 15 contact hours. I attended all aspects of each session as a participant-observer in a researcher role. The forthcoming “Observations” section details how I gathered data while in this role.

CARE is an important analytic site for several reasons. First, as mentioned before, the intervention is well-established; it has been used since 2007 in several states, including Virginia, California, Colorado, Pennsylvania, and New York. Furthermore, prior research has found that participation in CARE resulted in significant reductions in time-related stress and physical symptoms, as well as improvements in self-regulation, efficacy, and mindfulness among CARE teachers as compared to controls (Jennings et al., 2011). Secondly, the program is manualized and facilitated by experts. This particular facilitation occurred with one of the program’s founders, course document creators, and lead researchers, Dr. Patricia Jennings. Thus, the fidelity of implementation

was perhaps as high as it could possibly be. Third, the intervention provided a conceptual frame that can be tested in a qualitative manner, the details of which I have described above. Finally, the intervention had been written about on previous occasions and had earned respect in the research community (see also Jennings and Greenberg, 2009; Jennings et al., 2011; Jennings et al., 2013; Roeser et al., 2012; Schussler et al., 2015).

Another reason for the site's importance lies in its shortened professional development protocol. The typical version of the CARE intervention spans a period of anywhere from six weeks to three months, and it begins with a 2-day weekend session (12 hours) followed by a 1-day session two weeks to a six weeks later and a fourth 1-day session two weeks to six weeks after that, for a total of 30 contact hours. Approximately one month after the last session, facilitators administer a 1-day booster, and between sessions, participants receive coaching calls (Jennings et al., 2013). Additionally, a longer version of the retreat lasts a full week in the summertime and occurs at a secluded retreat facility in upstate New York. This new "shortened" version of CARE that I studied, however, took place over a three-day weekend. Hence, in addition to the analytic value of a well-established intervention, this site held the added bonus of garnering information on the value of a shortened professional development protocol—in this case, three days as opposed to one week or over the course of three months, and 15 contact hours as opposed to 30. I have chosen this particular site for the value the findings will provide with regard to this "dosage" of mindfulness as administered through a professional development program.

Participant Selection

Due to this study's emphasis on depth over breadth, I focused on a limited number of participants. All participants were teachers from the same county in a mid-Atlantic state. Past data on the intervention had indicated that where the intervention takes place affects the pool of applicants (these data were gained through an interview with the Minds, Inc., research director). Since the intervention was held at a university in the western part of a mid-Atlantic state, I assumed that the majority of the teachers hailed from this area. Similarly, based on past data, I assumed that the majority of teachers would likely be female, teach at the elementary level, and hail from schools not lacking in resources. I had decided to "block" on these particular characteristics (female, elementary, and resource-rich school) since these participants were believed to comprise the majority of the applicant pool and because their homogeneity would allow me to delve into the intricacies of their experiences irrespective of school background. To answer my research questions, I felt I needed to utilize the typical participant to access some of the assumptions inherent in these types of interventions.

However, when I arrived at the CARE intervention weekend and had a brief conversation with the retreat facilitator, Dr. Jennings, I learned that the sample of participants for the CARE weekend had been kept intentionally diverse, and that many were new to the concept of mindfulness. The CARE intervention was offered free of charge (more on that allowance later), and since more applicants signed up than spaces were available, the facilitators were able to choose a deliberately diverse sample of participants. This sample, not including the two facilitators, administrative assistant, and myself as researcher, consisted of 13 females and 4 males. Of this population, 10 were

elementary teachers, 3 were middle school teachers, and 4 were high school teachers. Some of the teachers taught gifted students; others taught special education students. Some were in their first few years of teaching while others had been teaching their entire careers. Similarly, the ages of the participants ranged from the twenties to near retirement. This more diverse sample provided me with an opportunity to broaden my selection to include both male and female teachers and teachers working with students at different grade levels. I decided to select three participants to represent this diversity of participants in the CARE intervention.

To recruit my three participants, I approached Dr. Jennings before the retreat and asked if she would allow me to utilize the retreat site and participants for my study. She agreed and offered assistance in recruitment. After a break in the Saturday afternoon session, she introduced me as a researcher and allowed me to speak about the research. I introduced my study, my request for participant volunteers, the benefits for participation, and how participants could contact me throughout the weekend if interested. I then sent around a sign-up sheet which garnered seven volunteers of the 17 participants: five female and two male. Of this sample, three were elementary teachers, three were middle school teachers, and one was a high school teacher. Since I had only one high school teacher, I thought that would be a valuable perspective not to be missed, and then decided to select one teacher from the middle school and elementary level respectively after considering the gender for each teacher. Here I wish to note that the literature does not stipulate who would be an “information-rich” (Patton, 1990) case for the phenomenon of mindfulness acquisition. Hence, I chose generic categories of teaching grade level and

gender of participant in order to explore this intervention more fully. Future research might consider who would be best to study and what background traits to home in on.

Thus, I settled on a female elementary teacher, a male middle school teacher, and a female high school teacher. However, the three teachers provided an additional dimension to my intentional sample that I had not anticipated; beyond providing variability in gender and grade level, the three participating teachers also provided variability in their past experiences with mindfulness. In the end, each participant provided a rich perspective from which to view the intervention and how each incorporated (or failed to incorporate) their experiences into their professional and personal lives five months later. Once I had secured the permission of the three teachers, I provided IRB consent forms to sign, gathered contact information, and established a plan for the first interview to occur in the week after the CARE intervention. I also promised, at the end of the research component, a gift card in the amount of a \$90 as a token of my appreciation for their time and assistance in the project's data collection.

Participation in my study required a time commitment from each teacher. Therefore, their willingness to make such a commitment may have biased the data; that is, teachers who volunteer to spend time discussing or otherwise providing data about their experience with mindfulness and ways in which the intervention affected them may be predisposed to caring about at least some or all of these issues. Therefore, I wish to make clear that the participants in this study are not necessarily representative of all teachers in their field or at their school. While these participants are "information-rich" cases (Patton, 1990), they are not necessarily representative and thus not meant to offer wholesale conclusions generalizable to the populations from which they hail.

Data Gathering and Analysis

Case studies are “an exploration of a bounded system of a case or multiple cases through detailed, in depth data collection involving multiple sources of information rich in context” (Creswell, 1998, p. 61). This next section details the multiple sources of information that I employed. First, however, I present a timeline of data extraction and analysis below.

Table 2

Timeline of Data Collection and Analysis

<u>Data Source</u>	<u>Data Analysis</u>	<u>Time Frame</u>
Document Analysis	Code Generation Theme Generation	Throughout Fall 2015
Observations	Field Notes Code Generation Participant Observation Researcher Journal	December 4-6, 2015
Interview #1	Transcription Code Generation	December 7-11, 2015
Informal/Unanticipated	Field Notes Code Generation Theme Generation Theme Refinement	Winter 2016
Interview #2	Transcription Code Generation Theme Generation Theme Refinement	May 13-15, 2016
Informal/Unanticipated	Field Notes Code Generation Theme Generation Theme Refinement	Summer 2016
Full Data Set	Theme Refinement Final Report Write-up	Summer-Fall 2016

Interviews

An interview is a purposeful conversation, usually between two people, that is directed by one in order to get information from the other (Bogdan & Biklen, 1998). Particulars and details come from probing questions that require an exploration, as opposed to routine “yes” and “no” type responses. The researcher uses the interview to gather descriptive data in the subjects’ own words so that the researcher can develop insights on how subjects interpret some aspect of the world. The most effective interviews “treat the person interviewed as an expert” (p. 97) and regard every word “as having the potential to unlock the mystery of the subject’s way of viewing the world” (p. 96). And because mindfulness is such a personal experience, my interviews sought to elicit details of each participant’s experiences with the hope of unlocking some mysteries of the phenomenon.

Patton (1995) maintains that interview questions fall into six main categories: experience/behavior, opinion/values, feelings, knowledge, sense, and background/demographic. In addition to these guidelines, the researcher must also decide on the more nuanced elements of an interview by determining how to sequence the questions, how much detail to solicit, how long to make it, and how to word the actual questions. Since time is a precious commodity in an interview, any unnecessary digressions reduce the amount of time available to focus on critical issues. Thus, I maintained control of the interview by asking targeted questions to obtain desired answers and by providing appropriate verbal and nonverbal feedback as needed. However, I also intentionally left the interview questions open-ended, so as not to unduly influence my participants. Finally, I piloted the questions with my advisor to help assess

the quality of the interview guides as data collection instruments. Together, we assessed the instrument quality by asking the following questions: Does the instrument elicit detailed descriptive data? Does the question sequence make sense? Do questions seem to be missing? Are questions worded to obtain good data? (Merriam, 1998). For a full description of the interview protocols, please see Appendix A.

I conducted two in-depth interviews with my participants at two different points, one directly after the intervention and one at a five-month follow-up. I conducted a third via email to member check initial conclusions and gather relevant descriptive personal data that was missed in the other interviews. The first interview occurred immediately after the CARE invention weekend, during the week of December 7-11, 2015. The second occurred at the five-month follow-up point, May 13-15, 2015, and the third member checking interview during September 2015. The interviews lasted an hour and, with the permission of the participant, were audio-recorded. I reminded participants that they could stop the interview at any time and refuse to answer any questions. I also provided each participant with a consent form and indicated that they could withdraw from the interview and/or study at any point. To protect my participants' identity, I have employed pseudonyms and eradicated identifying indicators in this final report.

In addition, I took researcher notes during each interview. These notes served as the basis for an interview debriefing memo completed after each interview and as an emergency backup in the event that the tape recorder malfunctioned. I transcribed all audio recording of informant interviews in their entirety with the use of Rev.com. Both the digital audio recordings and transcripts were maintained in a password-protected computer. I stored researcher notes and debriefing memos corresponding to informant

interviews under lock and key in traditional filing cabinets. In addition, to ensure informant confidentiality, I labeled data files with a coding system known only to me.

Observations

As beneficial as interviews are to the data collection process, they do not paint the entire picture of the research phenomenon. Merriam (1998) maintains that observations hold two additional benefits that interviews do not. First, observations take place in the natural field setting instead of a location designated for the purpose of interviewing. Second, observational data represent a firsthand encounter with the phenomenon of interest rather than a secondhand account of the world obtained through an interview.

I observed all three days of the CARE intervention, and I was able to do so as a participant-observer of the program. I also participated in all activities of the retreat weekend. Such a role helped build trust with my participants, which proved helpful in future interview sessions. Since my research was a deep dive into the phenomenon of an MBI, it was important for me to experientially participate in the entirety of the weekend. I was present for every meal, every break, and every conversation that occurred both formally and informally. Additionally, I kept a researcher journal of my experiences, initial impressions, key insights, and lingering questions both at the beginning of each day and at the end. Finally, this journal accompanied me throughout the duration of the retreat activities to take notes as necessary.

Since no one researcher can observe everything, and since the observation protocol must be deliberate and systematic, Merriam (1998) suggests that the researcher concentrate on observing the following six arenas when conducting an observation: the

physical setting, the participants, activities and interactions, conversations, subtle factors, and the researcher's own perceptions. Bogdan and Biklen (1998) further advise to compose fieldnotes that are both descriptive and reflective; that is, descriptions that provide a word-picture of the setting as observed, and a reflection to capture more of the observer's point of view. These reflections comment on analysis, method, ethical dilemmas, the observer's frame of mind, and points of clarification (Bogdan and Biklen, 1998). For an example of my observation protocol, please see Appendix B.

During the intervention weekend, I also paid particular attention to what Merriam (1998) has termed "subtle factors" of teacher behavior and impressions. These subtle factors were less obvious but perhaps just as important, and included such observations as nonverbal communication through body language, the connotative meanings of words used, and "what does not happen"—especially if it ought to have happened (Patton, 1990, p. 235). Thus, I used these formal observation periods as a means to later triangulate participants' stated experiences during interviews.

Documents

Documents are a necessary component of any case study researcher's data collection strategy (Yin, 2014; Merriam, 1998). I obtained the majority of the official documents required for this study from the CARE training protocols, which included my own participant workbook, a facilitator's manual set to me ahead of time, and actual workshop sessions. In addition, the training required the use of a participant journal, and I used my own for reflective insights during the data analysis stage. I considered these participant observer reflections valuable sources of documentary data. Other forms of documents from the training included agendas, administrative documents, recommended

research and websites, and promotional material on mass media. At the end of the retreat, we received an additional teacher mindfulness resource list that was culled for additional data.

Yin (2014) maintains that these types of documents are useful even though they may not be completely lacking in bias. In fact, he warns, “documents must be carefully used and should not be accepted as literal recordings of events that have taken place” (p. 107). Even though they ground the researcher in the phenomenon, documents are generally produced for reasons other than the research underway (Merriam, 1998). In case study research, the most important use of documents is to corroborate and augment evidence from other sources. As such, these documents were used to further triangulate and/or challenge data collected in interviews and observations.

In order to collect information on the participant’s school demographic, as well as general PD offerings and opportunities, I used websites of the schools and county in which the participants worked. In qualitative research, the researcher is the primary instrument of data collection and analysis. This factor is usually perceived as an advantage, because humans are both responsive and adaptive, and the absence of an interjected research tool could lend more strength to the research’s interpretation. However, when collecting data from the Internet, the researcher is no longer the primary instrument for data collection (Merriam, 1998) and must instead use instruments and software that hold inherent bias. Thus, I was careful to stipulate when my data had come from the internet and what the known bias could have been.

Data Analysis

“Method,” according to Shulman (1981), “is the attribute which distinguishes research activity from mere observation and speculation” (p. 5). That is, disciplined inquiry represents arguments and reasoning that are all capable of withstanding careful scrutiny by other members of the scientific community. This research project applied disciplined inquiry techniques to the aforementioned data to both illustrate new findings and speak back to the proposed conceptual framework. While my research project was a “deep dive” examination of a phenomenon, and while I hope to interpret a contextualized understanding of mindfulness as teacher development, I cannot avow ahead of time what I would find until I embarked on the actual project. However, as preliminary outcomes, I hoped to uncover teacher expectations and experiences of a mindfulness intervention. To that end, I employed the following analytical techniques to answer my research questions.

In qualitative research, the process of data analysis often occurs concurrently with data collection in a reflexive, iterative manner. According to Merriam (1998), “the right way to analyze data in a qualitative study is to do it simultaneously with data collection” (p. 162). In this method, each piece of data is assessed individually and then as part of an aggregate collection. Creswell (1998) refers to the process as a “data analysis spiral” (p. 142). In general, the analytic strategies relied upon for this project included this “data analysis spiral” as well as what Hammersley and Atkinson (1995) term a “funnel structure” (p. 206). I also gradually and recursively narrowed broad observations into a more nuanced, focused analyses as I examined the phenomenon under study. The funnel structure relied loosely upon the conceptual framework proposed in the first part of the

research design, but it also generously allowed for extensions, allowances, and deviations to occur.

Coding is the main process for categorizing data in qualitative analysis. Merriam (1998) goes so far as to assert “category construction *is* data analysis” (p. 180).

Similarly, according to Maxwell (1996), the goal of coding is to “‘fracture’ the data and rearrange it into categories that a) facilitate the comparison of data within and between these categories; and b) aid in the development of theoretical concepts” (p. 79). I coded categories by using a variety of sources, including the conceptual framework, the research questions, and recurrent themes found in the interviews. Furthermore, I wrote and maintained what Miles and Huberman (1994) referred to as “coding memos” to justify and explain the creation of my various codes.

Once coding was complete, my analysis began by “playing” with the data to search for promising patterns, insights, or concepts—the ultimate goal being to arrive at my priorities for what to analyze and why, and how to report it all. Yin (2014) admits that “analyzing data is especially difficult because the techniques still have not been well defined” (p. 132). Thus, I systematically examined, categorized, tabulated, tested, and otherwise recombined evidence in order to produce empirically based findings. Specifically, the analytic strategy employed from the outset was to identify issues within each case and then look for common themes that transcend the cases (Yin, 2014). To accomplish this end, I first provided a detailed description of each individual case and themes within that case (a within-case analysis). I then followed by a thematic analysis across the cases (a cross-case analysis), as well as assertions or interpretations of the meaning and complexity of the cases (Creswell, 2003).

Examining rival explanations played a significant part in my analysis. According to Maxwell (1996), the basic principle behind examining rival explanations lies in the examination of “both the supporting and discrepant data to assess whether it is more plausible to retain or modify the conclusion” (p. 93). In short, the researcher must resist the temptation to ignore data that does not fit with inferences being developed. For this study, I searched for rival explanations and disconfirming evidence through an iterative approach to data analysis, similar to the approach to “data analysis spiral” mentioned above. This process meant returning again and again to the body of original data to ensure that tentative assertions continued to hold. Specifically, for this study, I logged tentative assertions in a researcher journal that I reviewed repeatedly to ensure they maintained legitimacy in the face of additional data and subsequent analyses.

Yin (2014) maintains that no matter what specific analytic strategy or technique is chosen, a researcher “must do everything to make sure that the analysis is of the highest quality” (p. 168). To ensure the highest quality product, I followed his following four-fold advice: First, my analysis showed that I attended to all available evidence. Second, I addressed plausible rival interpretations, as detailed above. Third, my analysis addressed the most significant aspect of my case study, namely my two research questions. I sought to avoid excessive detours into lesser issues that might have seemed more appealing but ultimately could have made my analysis vulnerable to alternative interpretations. Finally, I used my own prior knowledge (described below) of both the phenomenon of mindfulness and teacher professional development to guide the overall analysis and report. According to Yin (2014), these four principals underlie all good social science research.

Finally, in the dissertation write-up, I attempted to channel Stake's (1995) recommendation of writing with thick descriptions and precisely with the non-specialist in mind. The phenomenon of mindfulness is not one easily understood, and perhaps most especially by those who have little experience with it. What's more, according to Stake (1995), case studies "are undertaken to make the case understandable" (p. 85). Believing in my reader's ability to naturalistically generalize, my foremost aim was reader accessibility; I tried to scaffold my readers toward understanding through the use of vicarious experiences. In so doing, I endeavored to write the final report with "engagement, enticement, and seduction" (Yin, 2014, p. 176), in a manner that was "more art than science" (Merriam, 1998, p. 85) and, hopefully, one that made the process enjoyable for all.

Data Validation

This research project employed several processes endorsed by noted qualitative researchers to help ensure that the research met established standards for rigor. Chief among these were internal validity (accuracy), external validity (generalizability), and reliability (replicability) (Yin, 2014).

Internal Validity

Internal validity deals with the question of how research findings match reality. One of the assumptions underlying qualitative research, Merriam (1998) writes, "is that reality is holistic, multidimensional, and ever-changing; it is not a single, fixed, objective phenomenon waiting to be discovered, observed, and measured as in quantitative research" (p. 202). In this form of data collection, the participant first constructs and then

shares his reality with the researcher. And since the researcher is the primary instrument of data collection, the researcher is actually “closer” to the participant’s reality than if a data collection instrument had been interjected between them. Through observation and interview, I had access to a nuanced and deep understanding of each participant’s experience. When data collection is viewed in this manner, internal validity can become a real strength of qualitative research.

That said, however, as researcher I must also build mechanisms into my design to ensure that the most accurate rendition of my participant’s reality is brought to the fore. Stake (1995) writes that to guarantee accuracy “we need discipline, and we need protocols which do not depend on mere intuition and good intention” (p. 107). I bolstered internal validity by using several noted methods. First, I used triangulation that involved the use of multiple sources of data and multiple methods to confirm emerging findings. This corroboration yields “converging lines of evidence” that produce “more convincing and accurate” findings (Yin, 2003, p. 98). “Member checking” my preliminary results and conclusions with participants also served as a useful tool to safeguard that I accurately captured the reality participants experienced and wished to convey. As stated previously, I utilized multiple data sources such as interviews, observations, and documents to corroborate the report’s findings. I also served as a participant observer throughout the duration of the 15 hour intervention. Finally, I undertook three separate case studies of three separate teachers to allow for cross-case analysis, one of five analytic tools Yin (2003) champions to advance the internal validity of case study.

Merriam (1998) also believes that researchers should clarify their position, general orientation, and even perhaps bias towards their study from the onset. Such a consideration is not only ethical, but it also reduces threats to internal validity. In the interest of full disclosure, then, I am interested in mindfulness as a potential program for teacher professional development. Indeed, I have a somewhat extensive background in mindfulness and contemplative practices, as I have both practiced and taught yoga for over a decade, have participated in an MBSR course, attend mindfulness retreats when I can, currently belong to a regular mindfulness sangha (a meditation practice community), and benefit personally from this mode of stress relief, community support, and social and emotional development. In that same vein, I wish to note that because of these experiences, I am also quite critical of some components I have observed in prior trainings and am perhaps more skeptical as to whether this form of PD is socially viable or even feasible for all teachers. Hence, specifically *because of* my lengthy mindfulness background and its related gimlet-eyed skepticism, I believe I bring an intensely critical regard to this study. Such a critical understanding not only strengthens my dissertation and helps foreclose threats to internal validity, but also helps me understand the extent to which mindfulness works as a PD program, if at all.

External Validity

External validity is concerned with the extent to which the findings of one study can be applied, or generalized, to other situations. Because of the relatively small sample sizes of case study research, readers might assume that the external validity of case study research is rather limited compared to broadly sampled statistical research. Researchers (Firestone, 1993; Flyvbjerg, 2001; Stake, 1995; and Yin, 2014) have argued, however,

that case study research can yield generalizations that extend beyond the boundaries of a single case. The extent of external validity and generalizability that readers ascribe to case study research, then, is dependent on the individuals' conceptions of external validity and the quality of the research report.

Flyvbjerg (2001) also states that part of the value of a case study lies in “the power of a good example” (p. 77) that allows readers to develop nuanced understandings of complex phenomena. Similarly, the generalizations that result from a good example are what Stake (1995) would refer to as naturalistic generalizations. According to Stake, readers reach naturalistic engagement through “vicarious experience so well constructed that the person feels as if it [the experience] happened to themselves” (p. 85). Then through relying on knowledge, intuition, and personal experience, these same readers can look for patterns to explain events in the world around them. In order to assist the reader in making naturalistic generalizations, then researchers strive to write engaging accounts that are personal, use “thick description,” and describe reactions of their sensory experiences. As mentioned earlier, Stake (1995) champions the use of vignettes and storytelling as a means of providing rich ingredients for these “vicarious experiences” and “good examples” to occur.

Even if a reader is not convinced by the power of a naturalistic generalization, the researcher can build in additional safeguards to protect external validity. According to Yin (2014), the use of theory or a conceptual framework in the research design allows the reader to make analytic generalizations as opposed to statistical generalizations. An analytic generalization may be based on either corroborating, modifying, rejecting, or otherwise advancing theoretical concepts referenced in the research design (Yin, 2014).

Henceforward, rather than thinking of my cases of three teachers as a statistical sample to proffer broad applicability, I will instead use them as an opportunity to respond to, refine, and question an emerging logic model, that is, the conceptual framework upon which the intervention rests. The lessons I learn from my particular case study will assume the form of a working hypothesis (Cronbach, 1975, in Yin, 2014) that can be applied to reinterpreting the results of existing studies or defining new research directions.

Reliability

Reliability relates to the extent to which the study's findings can be replicated. As previously stated, because qualitative data seek to examine phenomena in natural settings, the use of a control necessary for strict experimental replication is impossible to enforce. Thus, the term "reliability" in the traditional sense seems to be something of a misfit for qualitative research. In light of this mismatch, Lincoln and Guba (1985) suggest thinking in terms of "dependability" or "consistency" of the results instead. That is, rather than demanding that outsiders obtain the same results, I might instead wish outsiders to concur that, given the data collected and analyzed, the results make sense and are both dependable and consistent.

Merriam (1998) recommends using audit trails in the research process to help ensure reliability. For, "if we cannot expect others to replicate our account, the best we can do is explain how we arrived at our results" (p. 207). In order for such an audit trail to be effective, I described how categories were derived and how decisions were made throughout the process. Yin (2014) suggests one way of approaching the reliability challenge is to make as many steps in the research design and analysis as operational as possible and to "conduct research as if someone were looking over your shoulder" (p.

49). Indeed, the way I operationalized my research was to establish and maintain a case study database. The database was a separate and orderly compilation of all the raw data acquired during the study, and it was compiled in both electronic and file folder form. Such precise organization not only assisted me as the researcher, but also increased the reliability of the report.

Ethical considerations

Given the importance of ethics in research, I have built in a number of safeguards into this research design to promote an ethical and impartial approach to the study. I have also met all the requirements of the university's Internal Review Board (IRB). While a number of these safeguards have been mentioned elsewhere, their critical nature deserves reiterating one last time. First, I obtained informed consent from all study participants. Second, I provided the participants the opportunity to decline participation in the study and to refuse any question at any time. Third, I honored and maintained assurances of confidentiality. Fourth, I provided participants the opportunity to decline audio recording. Finally, I gave participants the opportunity to review emerging themes and case summaries that arose from this study, both as an ethical safeguard and as a form of member checking for accuracy.

While all elements of the IRB specifications were met with great fidelity, actual ethical practice comes down to the individual researcher's own values and ethics (Merriam, 1998). All possibilities cannot be anticipated, nor can a researcher's own responses. As Punch (1994) points out, "Accurate moral and ethical dilemmas often have to be resolved situationally, and even spontaneously" (p. 84, in Merriam, 1998). While I used guidelines and regulations for help in dealing with any ethical concerns that emerge,

the burden of producing a study that had been conducted and disseminated in an ethical manner ultimately rested with me. For the welfare of my participants, the integrity of my study, and the good of the research community as a whole, I did not take this responsibility lightly.

Chapter Summary

This chapter, focused on research design and methods, first justified the use of case study as an appropriate research strategy and established its applicability to the CARE intervention. It then explained how the research for the case would be carried out and included information on data gathering and data analysis methods. Finally, the chapter discussed the safeguards that were taken to ensure rigor and ethical integrity in the research process. My next chapter describes the CARE intervention weekend.

CHAPTER FOUR: THE CARE INTERVENTION

The purpose of this chapter is to describe the CARE intervention. I explain the intervention and its goals in greater detail through my lens as participant researcher. I break down the component parts of CARE, and I use observational data to describe them. I then compare the observed CARE to the traditional CARE and conclude with a synopsis of the program in light of the literature on high- and low-quality professional development (PD).

Friday

The CARE retreat was held over the weekend of December 4-6, 2015. I attended in the roles of participant observer and researcher, one of 21 people, along with 17 other participants, two facilitators, and one administrative assistant. Our cohort was joined by a team of three media experts who video- and audio-recorded the entire weekend. We met in a comfortable retreat space and formed a semi-circle each session while PowerPoint materials, a microphone, chart paper, and yoga mats comprised props on hand. The media team stayed well behind the group and maintained a peripheral presence all weekend.

I arrived at 5:00pm on Friday, December 4, to a wonderfully prepared hot meal of baked salmon with nice accoutrements and warm apple crisp for dessert. Participants mingled with one another, talked about the schools from which they hailed, and exchanged general pleasantries over small talk. The facilitators rang the meditation bell promptly at 6:00pm to begin the first of our sessions that evening, which would last another two hours. The evening consisted of ice breakers and a collective sigh of relief that the week prior had passed. Many teachers seemed still to be in “school mode;” the

majority had rushed to arrive and several fretted over giving up an entire weekend. In fact, Carmen, who appears in the first case, was in my small group at the beginning when we discussed expectations, and she and several others admitted reservations about being there in light of family and school responsibilities.

In addition to getting to know one another, we learned about setting intentions, examined how we spent our time, and familiarized ourselves with the intervention's logic model and format for the weekend. CARE's goals, we learned, were to help teachers develop skills to manage the demands of teaching, prevent burnout, enhance the joy of teaching, maintain positive relationships with students, and increase the ability to be the best teachers possible (CARE Participant Workbook, 2014). The take-home message from Friday evening was, basically, in order to be an effective teacher, we needed to take care of ourselves first.

History of CARE

As stated in my introductory chapter, the CARE program has a history as a teacher mindfulness intervention and a research base to support it. As far back as 2000, the Mind and Life Institute hosted a dialogue between the Dalai Lama and a group of prominent researchers to explore ways to promote emotional balance and reduce "destructive emotions." Out of this meeting came the Cultivating Emotional Balance (CEB) program, which blended contemplative practice techniques with emotion recognition and regulation. The designers chose teachers as participants in the first CEB study because they recognized that teachers not only faced a great deal of emotional stress but that their emotions can affect their students, both negatively and positively (CARE Facilitator Manual, 2014).

However, the CEB was a generic well-being training not specifically designed to improve teaching. Dr. Patricia Jennings, who facilitated this study's particular CARE intervention, designed a new protocol that incorporated elements developed to specifically target the field of teaching. Under her leadership, CEB became CEBC (Cultivating Emotional Balance in the Classroom), which later morphed into CARE. Moreover, CARE's development and research have been supported since 2007 by grants from the U.S. Department of Education Institute of Educational Sciences (IES).

As stated in my methods chapter, facilitators developed the CARE program to actively address teacher burnout. They wanted to equip teachers with tools to aid in managing their day-to-day stress and emotional responses. That said, CARE is a unique MBI, different from many discussed in my literature review, in that it applies a three-pronged approach of not only mindfulness, but also emotion skills training and caring and compassion practices to the specific context of the classroom with the intention of creating school climates that foster learning (Jennings & Greenberg, 2009). In addition to teaching participants these practices, CARE supports teachers by honoring and reinforcing their commitment to the profession. The authors of CARE further contend that learning these skills may help teachers be better prepared to manage the emotional dimensions of not only their classrooms, but beyond to interactions with their departmental offices, teaching teams, and students' parents (Jennings & Greenberg, 2009).

Approach of CARE

The CARE program utilizes well-established PD protocols in integrating didactic instruction with practice and reflection. This approach allowed us the opportunity to

learn about aspects of each program component, practice and apply the new learning, discuss and debrief these skills in large and small group settings, and then individually reflect through various journal activities. Here, CARE exhibited aspects of high quality PD in that it “enabled teachers to acquire new knowledge, apply it, and reflect on the results with colleagues” (Darling-Hammond & Richardson, 2009, p. 48). As Table 3 highlights, these CARE components break down into three areas: (1) emotion skills instruction (40%); (2) mindfulness/stress reduction practices (40%); and (3) compassion practices (20%). The tools build upon one another through the duration of the weekend and are introduced by level of difficulty (see Table 3 for progression of difficulty).

Table 3

CARE Program Components (Jennings et al., 2013)

Emotion Skills Instruction	Mindfulness/Stress Reduction Practices	Compassion Practices
(Approximately 40%)	(Approximately 40%)	(Approximately 20%)
<ol style="list-style-type: none"> 1. Introduction to emotions, purpose, universal expression, and relevant brain research. 2. How emotions affect teaching and learning 3. Didactic information about “uncomfortable” or negative emotions. 4. Didactic information about “comfortable” or positive emotions. 5. Exploring bodily awareness of emotions. 6. Exploring individual differences in emotional experiences. 7. Practice using mindful awareness activities and reflection to recognize and manage strong emotions. 	<ol style="list-style-type: none"> 1. Body awareness reflection. 2. Basic breath awareness practices. 3. Mindfulness of thoughts and emotion practices. 4. Mindful movement practices (standing, walking, stretching, centering). 5. Practice maintaining mindful awareness in front of a group. 6. Role play to practice mindfulness in the context of a strong emotion related to a challenging classroom situation. 	<ol style="list-style-type: none"> 1. “Caring practices”—a series of guided reflections focused on caring for self, loved one, colleague, and challenging person. 2. Mindful listening partner practices—one person reads a poem or talks about a problem, the partner listens mindfully while practicing presence and acceptance.

The mindfulness and stress reduction practices were on full display when the retreat began Friday. The facilitators introduced a series of practices beginning with a focus on the breath. This basic meditation happened with some regularity throughout the weekend, usually after a break or transition, to still the mind and prepare us for what was ahead. The very first time it was practiced, the facilitators asked the group to “take a

meditative position,” and everyone promptly placed their belongings on the floor, sat up straight, and closed their eyes. This awareness surprised me because it highlighted that meditation was perhaps more of a mainstream concept than I had previously thought.

The mindful breathing continued with the facilitators instructing us to choose a physical sensation of breathing (such as the rising and falling of our chest or diaphragm or the sensation of breath as it passes through our nostrils) and to focus on it. Once our attention was securely focused, we learned about the role of distractions in meditation. Distractions are a normal part of meditation, and when we noticed that we were no longer aware of our focus, we were to simply bring our attention back to the breath in a gentle, non-judgmental way. Finally, we learned that how we related to our distractions was an important component to mindfulness meditation. After each distraction popped up, we were told to notice it, label it, and return to our focus. This simple breath awareness is a common, bread-and-butter meditation practice: posture, breath, and distraction redirection. The evening ended sanguinely with one of these same mindful breathing sessions, and we were sent home with some homework readings to complete.

Saturday

With the ice firmly broken, our bellies full on breakfast, and the homework readings complete, we settled in for the Saturday session from 9:00am to 3:00pm. Right away we partnered up for the first of several mindful listening exercises. We learned that through the practice of mindful listening, we cultivate the capacity to listen non-judgmentally and simply provide attentive presence to one another without offering advice or providing feedback (Jennings et al., 2011). The practice involves noticing (but not acting upon) emotional reactions such as urges to interrupt, offer advice, nod,

validate, or judge. When we practiced mindful listening, the facilitators encouraged us to sit side-by-side, with each person facing an opposite direction, and to allow the first speaker to speak for three minutes while the listener simply listened. The CARE manual proffers that these exercises are designed to help teachers listen more effectively to students, colleagues, and parents, and to be more sensitive and responsive to their needs, especially during conflict.

Mindful listening was one of the main compassion practices (20%) of the weekend, but CARE also introduced us to the concept of “caring practices.” Caring practices involved a guided reflection on some form of a “loving kindness” meditation, which was focused on generating feelings of care by mentally offering well-being, happiness, and peace—first to oneself, then to a loved one, then to a neutral colleague or acquaintance, and finally to a person whom one finds challenging, such as a difficult student, parent, or colleague. According to our participant workbook, research has demonstrated that regular practice of this activity produces increases in daily experiences of positive emotions and decreased illness and depressive symptoms (Fredrickson, Coffey, Pek, Cohn, & Finkel, 2008; Hofmann, Grossman, & Hinton, 2011, in Jennings et al., 2013).

These caring and meditation practices aside, CARE was not solely filled with abstruse kindness transmissions, however. We did a good deal of work around emotional regulation. CARE introduced the third of the three technologies, emotion skills instruction (40%), using a combination of didactic instruction (e.g., PowerPoint slides and workbook readings) and experiential activities (e.g., reflective practices and role plays). The program used this approach in order to support our understanding and

awareness of emotional states as well as explore our habitual emotional patterns. This segment of the training was meant to “normalize” emotional responses by grounding them in neuroscience, while also presenting us with strategies designed to help increase our control over their reactivity. In short, these practices were meant to help us be more sensitive to students’ needs and more aware of our classrooms’ emotional climate.

The didactic instruction and research on emotional skills awareness were certainly plentiful, with lectures and discussions on the Core SEL (Social and Emotional Learning) Competencies, Emotions and the Brain, the Prefrontal Brain Functions, and the Four Resources of Emotional Awareness, just to name a few. Saturday was the most intense of the three days, in many ways. However, it was not all lectures; many of the concepts introduced were followed with an experiential component. Here CARE exhibited another aspect of high-quality PD in that it provided opportunities for active, hands-on learning. Hawley and Valli (2007), in their 10 Design Principles for Effective Professional Development, contend through Principle Six the following: “Professional development should provide experiential opportunities to gain an understanding of and reflect on the research and theory underlying the knowledge and skills being learned” (p. 126). We practiced what the facilitators preached and reflected upon and shared out accordingly.

Sunday

Sunday’s schedule followed Saturday’s 9:00am-3:00pm format, and it was also the day we explored more emotional awareness through mental scripts and anger, practiced compassion in the form of several gratitude exercises, and then role played our various CARE “palette of practices.” We explored more mindfulness techniques of the body with mindful walking, mindful eating, and a body scan. The body scan is always

one of my favorite activities at a mindfulness retreat; in it, facilitators take you through a meditative journey focused on various parts of the body. It reminds me the most of yoga, a meditative activity that I have come to love over a decade of use. I also find it truly quiets my mind and leaves me feeling with the greatest sense of peace afterward.

The retreat turned to a dark place when anger and emotional triggers were discussed. The group as a whole became agitated after mindfully listening to partners share an emotionally charged school experience. One of the facilitators had to lead an emergency “loving kindness” meditation since most everyone had topped out on their emotional ladder. Role playing then ensued. We discussed our emotional triggers in the classroom and at school, brainstormed ways to handle them more effectively, and then practiced them through role play. Here CARE exhibited characteristics of high-quality PD in that it was active, social, and related to practice (Garet, Porter, Desimone, Birman, & Yoon, 2001; Putnam & Borko, 2000; Webster-Wright, 2009). After the role play, a certain goofiness had set in to the group dynamic, as the role play morphed into a humorous improv show. We were brought back down from this silliness with mindful eating over a silent lunch.

By the last day, a comfortable familiarity had also settled into the group dynamic. We were trusting each other and working well together. Another tenet of high-quality PD, according to Bryk, Camburn, and Louis (1999), is that collective work in a trusting environment provides a basis for inquiry and reflection, and allows teachers to raise issues, take risks, and address dilemmas in their own practice. One of the first volunteers to role play had been a somewhat shy participant all weekend but who spoke up about some difficult tensions she was experiencing with a few co-teachers at her school. By

going through the emotional responses she habitually felt, to placing the mindful pause before her reaction, to actually practicing it with another volunteer, she seemed confident to put the responses in place the next time the tense situation arose. Here we also know from the literature that collective participation in the same activity can provide a forum for debate and improving understanding, which increases teachers' capacity to grow (Ball, 1996). Furthermore, collective work in a trusting environment provides a basis for inquiry and reflection, allowing teachers to raise issues, take risks, and address dilemmas in their own practice (Bryk et al., 1999).

After lunch, it was time for the wrap. We took some silly group photos, had a Question and Answer session with the facilitators, learned a bit about the research base of CARE, and found out why we were there. This particular CARE session occurred so that the creators of the program could manufacture a high-quality video (hence the videographers) to be used in facilitator trainings in the future. Funds were left over from a governmental IES grant, and so the creators decided to use that money for this purpose. This allowance also meant that our participation at the weekend was free, along with all of our meals. In an informal interview with Dr. Jennings during one of the breaks, I learned that the facilitators took great care to ensure an intentionally diverse sample. The participants included men and women, were racially diverse, and represented elementary, middle, and high schools in the county. Dr. Jennings informed me that many of the participants were fairly new to the concept of mindfulness, and that this selection sampling was intentional, as well.

CAREs Compared

The CARE that I studied was different from a typical CARE in the following ways. The traditional format is an intensive 30-hr program presented in four day-long sessions (usually a weekend and then two daylong sessions) over four to eight weeks, with intersession phone coaching and a daylong “booster” held approximately two months later. These telephone consultations between training dates are meant to assist participants in integrating their practices into both their personal and professional spheres. The dissertation CARE differed in that it was a total of 15 contact hours, instead of 30, and it included only a weekend portion, as opposed to the two extra days that are present in a typical session. Second, while the sponsors intended to have a daylong booster session two months after the initial retreat (in March 2016), the booster session did not take place because one of the facilitators experienced a family emergency. Finally, no telephone consultations with CARE coaches occurred at any time.

However, an interesting development, not part of the typical intervention, came out of this particular CARE. During the gratitude exercise, when we were asked to reflect and share on something that brings us great joy, Dr. Jennings, in a somewhat surprising, unsolicited way, reflected on how grateful she was for her university’s resources, including the comfortable hall in which the retreat was held, and asked the group if they were interested in continuing to come for monthly “check-ins” after the retreat. These check-ins would take place one afternoon a month when she could secure the event space. She also asked if the group would be interested in bringing food for a shared potluck lunch. Participants expressed interest and these informal gathering became the “CARE follow-ups” that I will reference in later chapters.

In addition to the formats detailed above, the CARE program has also traditionally been presented in four daylong sessions and a five-day intensive retreat at the Garrison Institute in New York (Meiklejohn et al., 2012). Finally, the program typically charges participants a fee. As an example, for the weeklong format at the Garrison Institute in summer 2017 (its eleventh annual CARE retreat), the costs range from \$980 for a commuter package to \$1260 for a single occupancy room. Continuing education units (CEUs) are offered for an additional \$75 (www.garrisoninstitute.org).

Through the Lens of the Literature

Considering solely the three-day weekend intervention, void of coaching calls or booster sessions, several aspects of that CARE followed a typical low-quality PD model. In the last two decades, research has defined a new paradigm for PD—one that rejects the ineffective “drive-by” workshop model of the past—in favor of more powerful opportunities (Darling-Hammond & Richardson, 2009). Furthermore, many of these PD experiences remain as “episodic updates on information delivered in a didactic manner, separated from engagement with authentic work experiences” (Webster-Wright, 2009, p. 921). According to Leiberhan and Miller (2001), few reform initiatives like this model are ever systemic, and they result in short-term gains rather than building a capacity for continuous improvement. This is why innovations tend to appear and disappear with predictable regularity, such that reforms keep occurring again, again, and again (Cuban, 1990). Although these traditional forms of PD are still quite common, they are widely criticized as being ineffective in providing teachers with sufficient time, activities, and content necessary for increasing their knowledge and fostering meaningful changes in classroom practice (Garet et al., 2001).

However, CARE as a PD activity meant to strengthen the individual teacher's mental and emotional resolve is different from more common types of curricular PD meant to strengthen a teacher's ability to impart academic lessons. CARE shares some aspects of high-quality PD while also some aspects of low-quality PD. It was experiential and provided opportunities for active, hands-on learning; it enabled teachers to acquire new knowledge, apply it, and then reflect on it with colleagues; and it was collaborative and collegial (Darling-Hammond & Richardson, 2009). However, as just pointed out, CARE largely relied on a typical one-shot workshop model and, apart from the ad-hoc monthly follow-ups, it also expected teachers to make changes in isolation and did not provide sustained learning opportunities over multiple days and weeks (Darling-Hammond & Richardson, 2009).

From the literature, we would not expect this version of CARE to be a powerful PD opportunity, but it does share certain attributes of high-quality PD as described above, and it also has the advantage of being self-selecting. Since CARE as a PD opportunity was not district-mandated, it relied on self-selection and personal motivation and did not display tendencies of those types of traditional reforms that people might resist. We know much more about the types of high-quality PD with a curricular focus. We know far less about mindfulness PD.

Chapter Summary

This chapter focused on CARE, its goals, and its three components. Through the use of participant observation data, I described the program in depth and painted scenes from the December 4-6, 2015, retreat. I then evaluated it in light of a traditional CARE

experience and through the literature on high- and low-quality PD. My next chapter presents the case of Carmen, the first of this dissertation's three case studies.

CHAPTER FIVE: THE CASE OF CARMEN

“So I think I was resistant because a part of me—and it’s hard because I still feel a little bit like this—but when I think about the whole [mindfulness] movement, I feel that there are many things that are not very objective about it.”

Participant Background

Carmen is a high school Spanish teacher originally from Mexico City, Mexico. She is in her early 30s and teaches Spanish I and II to freshman through seniors at a fairly affluent high school in the county. In Mexico, she received her bachelor’s degree in psychology and taught university courses to undergraduates before coming to the United States. She came to the area to obtain her master’s degree in early childhood and special education at the local university. While looking for jobs in early childhood education, she found them difficult to secure and most especially for a non-native speaker. She then became certified to teach Spanish and settled into teaching high school because she was familiar with the subject matter and found a need in the area.

Mindfulness Background

Carmen’s background with mindfulness originates from a teaching perspective and with a focus on social and emotional competency (SEC). During her undergraduate studies in psychology, she taught an afterschool SEC skills workshop to young students in order to show them ways to self-regulate their emotions. Using a course manual, she taught students various guided imagery techniques and play-based experiential activities. Carmen recalled that she “was mainly teaching it to students who needed to behave better in their classes.” She told me that while she was the one leading the exercises, she herself never had the experience of being on the receiving end of this SEC development.

Even with her psychology degree and SEC teaching background, Carmen admitted that she had forgotten much of it. Realizing that the last class she taught was in 2012, she tried to recall participating in anything slightly similar and could not recall another moment: “So I might have been doing it before in a way, but not in any integrated way. And if you let it go, it’s like you don’t remember how it felt.” She knew about the concepts, the terminology, and had even taught them to others, but she had not had the chance to practice or develop these skills further.

Regarding meditation, Carmen could only recall one time she ever practiced it, and the experience was not particularly successful. She told the story as follows: “Our neighbor asked us to join his meditation circle, and because I was trying to be respectful, I said, ‘Okay, sure.’ But I wasn’t feeling it. So I don’t think it was effective at all.” Since then, various friends have championed the use of meditation and encouraged her to use it as a form of stress management, but “there’s just something that sounded weird about it.” She never thought that she would be the type of person who could put meditation or mindfulness techniques into her daily life.

Why CARE?

With this limited background in mindfulness and a mindset that it “sounded weird,” I wondered why Carmen signed up for CARE in the first place. A few months before the CARE retreat, the county was offering an array of Professional Development (PD) activities, much like a conference offering. Carmen had a teacher friend who taught yoga and suggested they try the mindfulness workshop. Carmen pensively recounted, “And I’m glad she did, because that’s how everything got started.” She told of being led in a meditation, one where participants were asked to count their breaths at the beginning

of the session and compare it to the end. Of this particular activity, Carmen said, “It was a relaxing activity, and when you finished, you’re calmed down. So it was nice to do that, and I wanted to learn more.” The CARE weekend also came at a particularly challenging time in her professional life. After telling how her class size and teaching load had grown steadily in the last few years, she told me that “at this time in my life I have experienced the most frustration as a teacher. So maybe I was at the point where I needed a little bit of that.” The combination of the brief interest-generating workshop with the need for calmness eventually convinced her to give CARE a try.

Characterization: The Skeptic

I characterize Carmen as the “Skeptic” in this study. She herself admitted that she had a preconceived resistance to some aspects of mindfulness that gave her a healthy dose of skepticism going into the retreat. Her main reasons for skepticism fall into the following three categories.

“**Autoayuda.**” An insightful comment Carmen made on why she was resistant to the idea of mindfulness came when she categorized it in the discipline of “self-help.” Here Carmen’s words do all the necessary explaining: “What I associate with meditation in general was, for instance, there are things like books that let you know you can overcome obstacles in life, and it’s like help to your soul or to a part of you that needs help. The word in Spanish is autoayuda.” Since I speak Spanish, and since the word translates quite literally to self-help, I supplied the word. She exclaimed, “Yes! The self-help movement. I feel that it [mindfulness] is related in a way, and I am a little bit against that movement because I feel like you don’t need all of that to feel that you’re good enough.” She went on to talk about how the concept had always made her feel

uncomfortable, and that she associated a certain type of person with the concept of self-help, a person with whom she did not want to be associated.

Objectivity. A perceived lack of objectivity in the field of mindfulness is another reason for Carmen's resistance to it. She sees herself as a "logical" person and the mindfulness movement as one that is neither scientifically tested nor particularly credible. "So I think I was resistant because a part of me—and it's hard because I still feel a little bit like this—but when I think about the whole movement, I feel that there are many things that are not very objective about it," she had told me. She went on to say that "maybe that's why I feel like, yeah, resistant. Because I am more on the scientific side of things." Spending any amount of time with Carmen will demonstrate that this characterization is the case. She was a straightforward, no-nonsense type of speaker both in her interviews with me and in small group settings during the retreat weekend. Recall, also, her psychology background, which puts a scientific order to esoteric concepts such as feelings and behaviors.

Time commitment. Finally, to Carmen, weekends are "sacred." She uses that time to catch up on sleep, finish chores, decompress, and spend time with her boyfriend who lives a few towns over. Despite the intervention being a shortened form of the regular CARE retreat (only 15 contact hours as opposed to 30 hours), she still had reservations about attending. More than once during interviews, as well as at the beginning of the retreat, she alluded, "I feel like I need weekends. And by weekends, I mean a day where I can sleep in [laughter]." What helped her overcome her resistance to the time commitment was that this particular CARE was offered for free, an atypical occurrence. Of having to pay for a mindfulness retreat, she said, "Normally, I can't

imagine that people pay for that kind of a program.” However, the combination of a compelling introductory workshop, a need at this particular point in time, and the fact that it was free, seemed to convince her to overcome her initial skepticism.

Perceptions of Intervention

“I was in total peace, total well-being. I was happy. I was even smiling. It was like yes, I needed this. And I felt like it was a treat for me, honestly.”

Immediate Impact

Carmen recounted her expectations going into the weekend as wanting “to learn techniques to relax.” She admitted that she did not think much about her students: “It was more about me, and if I felt that it was helpful for me, then I can easily teach it to my students.” She had just returned from a Thanksgiving week spent in Mexico and felt she needed the weekend more than ever, even at the expense of catching up on household chores. Her immediate reaction to the weekend was “like my energy was recharged,” along with a feeling of a long overdue investment in self. She also stated that it felt nice to forget about household tasks such as cooking since all meals were provided. Because of this allowance she could actually “focus on whatever we were trying to focus on.”

She mentioned that at the beginning of the weekend, she was cognizant of the lengthy time commitment and hoped that her time would be well spent. When asked about that particular investment, she said, “I feel like even if I complain that I didn’t have a weekend, it was really productive.” She also appreciated how well-structured the weekend was: “You can tell there was good planning, like some things needed to be flexible, but that’s the way it is. And I appreciate that.” She also mentioned that by

following the CARE protocols and giving herself over to the experience, the program seemed to work. “When you actually do those things, in a respectful way, it works.”

Most Effective

Asked which of the mindfulness practices she found most helpful, Carmen responded, “All of them, I think that they all go together.” When pressed for specificity, the protocol she remembers most was the caring practice:

It was the one where we were saying ‘May I experience well-being, may I experience peace, and may I experience happiness.’ And then we did that for another person, like a person who was a bit annoying. That one in particular was so effective. I really was feeling super peaceful.

Recall that compassion practices comprised 20% of the CARE weekend. The specific compassion practice recounted above is a form of sending positive thoughts in a fourfold manner: first toward yourself, then someone whom you love, then a neutral figure, and finally toward someone with whom you experience difficulties. It is a practice that exists in a number of religions but has been secularized for CARE. Carmen further explained the impact of the caring practice upon her thinking, especially when she practiced it toward the difficult person: “It really helped because it made me realize that people are maybe doing their best, and if that’s their best, then that’s what they can do. So you have to be patient and consider those things.” She mentioned that for her, it was useful to be guided with the mantras during the practice, because “if my brain was going somewhere else, the words were there to remind me that I needed to stay on message.” Hence, not only was the caring practice useful in providing a peaceful and insightful way for her to regard both herself and others, it also served as a meditational anchor on which she could train her mind, a foundational aspect of mindfulness.

Furthermore, this caring practice had immediate impact on one of her students the following week at school. Over the weekend, when facilitators asked participants to send the practice toward a challenging person, Carmen noticed she was unable to meditate on one of her most difficult students. However, when she had class with that particular student on Monday, she took the time to silently send the caring practice toward him. “And he was really well-behaved during the entire class.” She recounts taking a moment at the end of class just to say his name, to acknowledge him, and “he actually didn’t look at me because probably he was like, ‘What? This time I’m not doing anything!’ And I was like, ‘Thank you. Thank you for being such a great student today.’ And he smiled. That felt good, really good.”

After telling me the above, on her own volition Carmen wistfully opined that “it’s interesting because normally I wouldn’t be saying those [caring] things, but they felt so good when I was doing them. It was a feeling that was really nice.” This caring practice seemed to have a profound impact upon Carmen, one that she remembered the most from the weekend and one that she was able to put into practice immediately the following Monday at school.

Least Effective

When asked what she did not like about the weekend or what the program could improve upon, Carmen recounted a few administrative details. For example, she wished she had received a summary sheet listing all of the mindfulness practices. Speaking of the usefulness of such a handout, she said, “I know we have a manual, and I can always go back to that, but it would be nicer just to have one piece of paper with all the techniques.” As far as actual mindfulness practices, Carmen mentioned two techniques

she did not particularly enjoy, mindful walking and the didactic instruction centered on emotional regulation. I recount both below.

Mindful walking. Mindful walking involves taking slow, deliberate steps with the meditative hook being an emphasis on the strike of the foot from heel to toe. Carmen told me, “For a moment, I felt like it was fine, but then it was like, ‘Okay, I get it.’” The weekend did not include any yoga or Thai Chi, both activities in which Carmen had expressed an interest. She remembered thinking, “I mean, the walking was nice, but maybe if they had included more movement in our bodies in general.” Yoga mats were stacked in a corner in the retreat space the duration of the weekend, and when she saw the mats, she had thought that some portion of the weekend would include yoga. However, the only type of activity that resembled mindfulness of the body was the body scan, which will be discussed later.

Emotional regulation didactic instruction. The emotional regulation portion of CARE comprised 40% of the weekend. Of the three modalities, it included perhaps the most didactic instruction via PowerPoint slides and homework readings in the manual. Yet it also included opportunities for discussion and reflection on one’s emotions and how they affect teaching. Carmen told me, “I didn’t find those really effective, I guess, because many of those were techniques that I already knew from when I taught the socio-emotional skills workshop.” Many of the PowerPoint slides and pages in the workbook were dedicated to the implicit instruction of emotional regulation, including brain-based research on how emotional stress affects the prefrontal cortex of the brain and the four stages of emotional response. Considering what would help her more, Carmen said, “I think I’d rather do things that are more proactive, that don’t let you escalate till you are

feeling awful.” She preferred strategies that teach emotional equilibrium from the beginning, rather than various staged steps to help de-escalate off the “emotional ladder,” to use the parlance of CARE.

Carmen told me that she often gives off the perception of being a patient and emotionally steady individual, and that this characterization is even something that others have told her. She admitted, “But I’m not a patient person! I can escalate till I explode.” Of the CARE weekend, she preferred the experiential aspects to this didactic aspect: “I think the best part of it for me was just breathing, focusing on my breathing, but also letting go of all the other thoughts and sticking to the moment because my mind tends to go somewhere else all the time.” Letting go of stressful thoughts and simply sticking to the present moment are what Carmen saw as her way of regulating emotions moving forward.

Why CARE Worked

The aforementioned criticisms aside, though, Carmen seemed to really enjoy the CARE weekend. On why the intervention “worked” for her specifically, her responses fall into three main areas: CARE was experiential, confidence building, and logical. Throughout the three cases and analysis section to come, I utilize the term “worked” to refer to the intervention having some effects or influence on a participant’s life as described by the participant.

Experiential. Carmen liked the opportunity to experience mindfulness for herself. Recall that she had previously taught some of these same techniques to students in Mexico. However, the experiential aspect of CARE seemed to help her internalize the practices. She admitted, “I feel a little bit guilty because now when I think about it,

CARE is pretty much a lot of what we reviewed [in her SEC class]. But back then it was more like tools that I learned how to teach, but that I didn't experience much for myself." After having the retreat experience, Carmen commented that "it's more genuine" for her to actually go through that process first. What's more, the CARE weekend allowed her to "really let go" this time around:

I did many sessions on teaching children how to feel in the moment. But I think it's not just the act of breathing and breathing correctly—you can still do all that and your mind can still be thinking about other stuff—even if you're trying to focus on the breathing. Now I feel that I really let go of those thoughts. So, it was like a partial kind of mindfulness before, and now I feel like I really let go of all of that.

Instilled confidence. Carmen also told me that the program helped instill a type of confidence in the participants. She appreciated "that they [the facilitators] were mindful about each of us and our backgrounds" and elaborated that she often feels "a bit uncomfortable talking to new people." She went on to say that this sense of feeling uncomfortable might stem from a difference in culture (recall Carmen is from Mexico and living in the United States). Because of this difference she must "think about many things [in a conversation with a new person], so it doesn't become that genuine in the end." However, when the participants engaged in mindful listening, "that all changed." Mindful listening is a portion of the compassion practices, along with the caring practices recounted above, that comprised 20% of the weekend. During this practice, facilitators asked the participants to simply listen to their partner for three minutes, without interrupting, validating, or responding. Carmen remembered it as follows: "When we did that practice of listening to the other, the first line they said was, 'You don't have to look them in the eye,' and everyone was like, 'Awesome!'" That deceptively simple but

seemingly powerful activity was important to Carmen because “they made us feel like all of us were heard in a way. That was nice.”

On Sunday, the last day of the retreat, participants role-played different scenarios that often arise during the course of a teacher’s day. This activity was part of the emotional regulation portion, and was done to bring awareness to emotional reactivity, discuss it, and practice ways to react in a less emotionally-charged manner. According to Carmen, “Role playing is always one of those activities that I’m like, ‘Oh no, why?’ But it was nice that they did that on Sunday, because I actually felt comfortable. And if I would have been the person acting out, I would have been okay with it.” Here it is difficult to ascertain whether it was the mindful listening activities, the combination of all three practices, or even the length of time that made Carmen most comfortable and confident by that last day. Whichever it was, she asserted, “I think that you need to build that confidence, and I think they did a great job at that. I think they built all that and then on Sunday whoever acted out, it was fun, it was natural.”

Additionally, part of this newfound confidence Carmen spoke of came from seeing some of her colleagues in a new light. Many CARE activities involved sharing emotional vulnerabilities with regard to teaching, colleagues, and students. Carmen said, “I also feel like the connection with the people was really helpful because I felt like I was the only one [experiencing difficulty with teaching].” After these teaching insecurities were brought to the fore, “now when they were actually sharing those experiences, I was like, ‘Oh, okay. So it is actually happening to other people.” Carmen then spoke of the three other teachers whom she respects from her high school who were there. “It was really nice to feel their company and their openness. Everyone was really respectful

about everything so it was easier [to participate].” Finally, this professional respect extended to the CARE facilitators, as well. “Maybe because now that I saw people that I respect like professionals with PhDs—and maybe those are criteria for me—doing it [participating in CARE activities] felt more like, okay.”

Logical. Recall that Carmen characterized herself as a scientific person, and one who did not think that mindfulness was particularly objective. However, here she told about a certain rational logic to the idea of mindfulness, one that she perhaps had not noticed before. When talking about letting go of ruminating thoughts, she said, “If you think about it, it’s logic. You just let go of the things that worry you, so of course you’re going to feel better and probably that can help you be more objective.” She then talked about how people often come to a new situation with “specific feelings and bias,” and how mindfulness can provide a chance to pause and consider that bias before reacting. She also opined that “maybe it’s not that crazy” to think that if you stop paying attention to mental chatter and focus on the moment, “you can actually feel good.” She noticed that it was hard for her to completely let go at the beginning of the weekend, but by the very end, she actually felt that she “let go of everything.” Over the course of the weekend, her mind had been thinking about school and various students who were giving her a tough time, but she was able to let all of that go by the last day.

Moving Forward

At the end of the weekend, participants wrote a notecard to themselves that would be mailed back to them at a later date, a sort of “mindfulness contract” to keep with oneself. When asked if she wanted to share any messages from her card, Carmen shared that she had written about the compassion practices, breathing, and taking a moment each

day. She recalled writing, “Remember the peaceful moment while doing the ‘may I experience well-being, may I experience peace, may I experience happiness.’ And for that other person, remember that practice.” Breathing and taking time were also important themes, “I also mentioned don’t forget to breathe. And remember to take a moment in every day. Like really take that moment.”

Carmen had also surprised herself with a spontaneous willingness to try out some CARE techniques on her students the day after the retreat. She did not think she would implement any of the practices in her classroom, but it came quite naturally: “The first class, I saw them come in, and I was like, ‘I want to do something today.’ So, I started with a breathing exercise, and I have been doing that for the beginning of all my classes.” She stated that she was having a “good reception” with these practices from the majority of her students. She talked about some students as being “a little bit hesitant.” This reaction prompted her to explain the techniques in a “logical” way, and that students seemed to get on board as if it were “contagious.” She thought she could see a difference in just the two days she had practiced these techniques with her students. According to Carmen, “I mean, I am not measuring them and I don’t know if I am being objective, but I feel like I can tell that at least for me, maybe the effect is on me. I don’t know, but I am more calm, and I feel like, I can see an effect on them in two days.”

Carmen had plans to continue this activity with all of her classes, and beyond this first week back from the retreat. She admitted a few students who were “not totally doing it. But I think it’s going to become part of the class.” She was pleasantly surprised that she, the resistant skeptic, was now so interested in mindfulness and sharing it with others. “[Chuckle] Honestly, I am not the kind of person that I would imagine would be

doing this.” She told of hearing students talk about other teachers who are “into” these types of practices, “and they’re always like, ‘Oh no, that teacher is such a hippie,’ or ‘Oh my god, why do they make us do this?’ But I am feeling it now. It feels really good. Really natural.”

And finally, at the conclusion of the first interview, it appeared to Carmen that there might be an opportunity to expand upon the retreat experience with the other three teachers from her school. She pensively told me, “And it’s interesting because I feel like it’s not over. It’s becoming a group of teachers. Maybe now, we are four. But maybe, it’s going to grow...” She did not say what this group would be, but that she was hopeful “something was there.” At the end of Interview #1, Carmen summed it up as follows: “How I’m feeling about all of this? It’s like it’s really natural; it’s easy to do, it doesn’t take long at all, and it has results. It’s effective so you can notice it.”

Influence of Intervention at Five-Month Follow-Up

“You could actually have access to that reality that the other person was saying. . . . It’s like a different contact, where there’s no barriers, no need of putting any layers to cover anything, like you can be transparent for that moment.”

Centerpiece: Teachers’ Group

Each of the participants I studied had a distinct and ongoing mindfulness practice in place at the five-month follow-up. I have elected to call their various practices each one’s “Centerpiece,” and I will describe each in great detail in the second half of each case. In Carmen’s case, her Centerpiece was a teachers’ group at her school.

When we met for our second interview, Carmen expressed a delighted surprise that it had been five months since the intervention weekend. She believed CARE had a “big impact on my life.” In particular, she was pleased that she had attended with co-

workers from her school, specifically Catherine and Lyla (pseudonyms). Having seen them previously in the hallways and at faculty meetings, Carmen admitted “they weren’t my friends or anything.” After CARE, however, they decided to do something to keep their practice consistent and formed a meditation group that met for ten to fifteen minutes after school on Mondays, Wednesday, and Fridays. Recall four teachers from her high school had attended CARE, but only three continued with this ongoing group. Carmen described the thrice-weekly sessions as follows:

In those ten minutes that we are together, it’s pretty neat. We do the different mindfulness practices. It changes, so sometimes it’s a body scan that we do. Sometimes it’s just going to our favorite place because that’s what the recording is about. Every time we finish, we talk a little bit about what we felt during that period of time: “I was at the beach enjoying the sun and the weather,” or we say, “No, today was hard for me to concentrate, and I couldn’t follow the meditation” etcetera. We share all that stuff.

Through the course of these meetings over the past five months, Carmen recounted just how close she had grown to Catherine and Lyla, and how surprising that aspect was for her. “It’s really interesting. I really never thought about having a good friendship with them, like honestly.” She admits that even when they were all at the CARE weekend, “I was still a little bit like, ‘I don’t know them, how do they think about me?’” What is interesting is that three seemingly disparate people could come together in such a consistent, supportive way. Carmen affirmed, “To be honest, I needed that extra support.”

Why Centerpiece Worked

So why might this thrice-weekly group have worked for Carmen? Culling through Carmen’s descriptions of it, I distilled a few reasons why this follow-up practice

had been particularly successful for her. The main reasons are that it was regular, supportive, and accessible. I will explain each of these reasons below.

Regular. Mindfulness, at its most foundational aspect, is a practice. And it requires regular exercise in order to thrive. Carmen talked about in the weeks following CARE, these three teachers were talking about the intervention weekend, and the general consensus was “it’s great, but I don’t know if we can keep it up.” And then they began talking about language fluency since Carmen teaches Spanish, Catherine teaches English, and Lyly teaches math, a language that arguably requires a certain fluency: “We were talking about how practice is really important to keep it up.” They realized that they all sometimes needed that extra help to keep going, “otherwise even if you are really interested in doing something, it does not always happen.” So they settled on the Monday, Wednesday, Friday schedule in Catherine’s room since she, as the English teacher, had a reading corner with comfortable couches. They also decided that three times a week was enough to keep them regularly practicing, but also not overwhelm them with their first foray into a small group mindfulness practice.

Supportive. A supportive group was important for Carmen to keep going with her mindfulness practice. She talked about this aspect at length and repeatedly admitted that practicing individual mindfulness was, well, hard. “I feel like if you are doing it by yourself . . . and if one day it didn’t work, you can get disappointed and that disappointment can get you to stop doing the activity.” Whereas with Carmen’s group, she might find that one day was not the best meditation, but she would see what happened the next day when they tried something else together. “If you have a person behind you telling you, ‘Hey, today is the day that we have to do this,’ it’s way easier to

keep up.” This supportive element also bred a type of accountability that was important for Carmen, as well.

Besides supporting each other with their mindfulness practice, the group also provided an interesting social component. According to Carmen, about “half the time” they stay a bit longer “to talk about life in general, not necessarily the students, but like ‘what are you going to do this weekend?’” The longest they stayed was until 4:30, a full half hour, but Carmen says that length of time was rare. “Normally it’s fifteen minutes, twenty minutes tops.” About the social component, Carmen shared the following:

We do that [mindfulness] practice which is really helpful, but I also believe that the community that we have created after that session has helped a lot. We know that we’re there for each other. I cannot say what has a bigger impact, if it’s that social component or if it’s the mindfulness, I really cannot say. Now that I think about it, I really don’t know, but it’s been helpful.

Accessible. Finally, the meetings simply fit with Carmen’s schedule; they are short, down the hallway from her own classroom, and easy to access. When asked about the structure of each meeting, Carmen responded “What is a constant is the meditation part, those seven to ten minutes that happens every Monday, Wednesday, and Friday.” Sometimes the meditations are complete silence and sometimes they go outside to enjoy the nature that surrounds their high school. Catherine, the English teacher, had the “Insight Timer” app on her phone. The CARE facilitators shared this app with participants on the last day of CARE, as a way for them to keep up with an individual meditation practice. It has various guided meditations around such themes as stress reduction, loving kindness, health, nature appreciation, sleep disturbances, and simple breath awareness. Catherine generally leads the group by pulling up this app on her phone, asking what the group is in the mood for on that particular day, and then hitting

play. Carmen merely has to show up, walk a few doors down, and a short meditation awaits her three days a week. She also said this group has been “a good way” for her to end her workday.

Musings on PD

Carmen offered thoughts on how mindfulness could be brought to more teachers as a PD protocol. She spoke of how her group sometimes invited other teachers from her high school into the group. Sometimes up to three additional teachers have joined to meditate, but the three core CARE teachers (Carmen, Catherine, and Lyla) have been there “nearly every time.” When I asked how the other non-CARE teachers joined, Carmen said her group had posted it in the daily email of announcements sent to teachers. She reflected, “I don’t think it [the email] has had a big impact. I don’t know if it’s because sometimes teachers have so many things to do already, or if they read it and they weren’t interested, I don’t know.” Carmen gave other reasons why teacher mindfulness might or might not work that I will elaborate on below.

“Shot” of Mindfulness. When I asked Carmen why sending an email was so ineffective in introducing teachers to mindfulness, she had quite a bit to say. She talked about it not being enough, and that something else was needed to truly generate interest. She talked about giving teachers a “shot” of mindfulness, just the right amount and with just the right practices to entice them to want more. She said, “I would say that more than having a session that lasts hours, just a brief half or one hour, just talking about the impact that it has, the research that has been done.” This shot of mindfulness is reminiscent of the hour-long session Carmen had attended on the PD conference day, the day her interest was piqued enough to sign up for the full CARE weekend.

Citing a testimonial as an effective hook, she used herself as an example of a person who never believed much in mindfulness prior to CARE and who now feels differently: “There are going to be some teachers like me who are not that into it at the beginning, but who have really done a lot of progress since then.” She added, “Once you’re there and you see that other people are open to it, and you notice that it’s helping you,” it becomes all the more worth it. When I asked her what specific modalities (from either mindfulness, emotional regulation instruction, or compassion practices) that brief hour introduction might include, she suggested the body scan, as it was a user-friendly, relaxing mindfulness practice that had immediately helped her “get out of her head” and into her body instead. We learned at CARE that emotions have physical manifestations stored in our bodies as tension, pain, or numbness. These manifestations can take the form of tension headaches, tense neck and shoulders, or a pit in the stomach, among others. Emotions such as joy or elation can have just the opposite effect and be associated with feelings of warmth or tingling. From the CARE facilitator manual, a typical body scan would look like the following (major sections are omitted for the sake of brevity):

Focus your attention on your head. Is your face relaxed or tense? How do your eyes feel? Your jaw? Your forehead? Just notice whatever you feel. . . . Now shift your attention to your chest, feel your breath going in and out. Notice the natural rhythm; just follow your breath in and out. . . . Bring your attention to your legs. Notice any tension in your thighs, calves, and feet. Notice the feeling of your feet on the floor. . . . Now bring your attention back to the part of the body that had the strongest feeling, wherever that was for you. Just notice the feeling and bring your attention to that place for a few minutes. (CARE Facilitator Manual, 2014, p. 74)

Carmen said she liked this type of meditation as it was both a physical form of mindfulness as well as an effective attentional anchor, for “if I get lost in my thoughts, I

can easily get back because then they are in the ‘right arm; now I’m like, ‘Okay, right arm.’” She thought this type of meditation would be the easiest to introduce to beginners.

Mindful listening. I then wondered what beyond the practice of a body scan would a resistant person such as herself need to be more receptive to mindfulness. Here Carmen talked about some of the more intangible aspects of the CARE intervention, namely a trust element that develops through adhering to the various practices (mindful, emotional, and compassionate). Carmen said it was helpful for her to know that this aspect of trust existed at the retreat, even if she wasn’t consciously thinking about it at the time: “It is important to have confidence in people who are there, that you know they are not going to laugh if you’re doing something silly or the way you look when you’re closing your eyes.” She went on to say that such a trust wasn’t immediate and that it needed to be built: “You need to build that confidence, and I think that it’s important to know that the other person is willing to create that confidence with you, too.”

Drilling deeper, I asked what exactly would create that nonjudgmental “confidence” of which she spoke. She said it was the mindful listening, an aspect of the compassion practices, that happened throughout partner listening activities. Recall that in this activity, the listening partners simply close their eyes and listen to what the other person says, without affirming, judging, or even looking at the talking partner. This activity seemed to be very powerful for Carmen, such that five months later, “I still remember, by the way, most of it [what was shared during the partner listening activity].” Why was it so powerful for her? “It makes you take it differently, way more seriously, because you are there opening your heart to that person, and you’re listening to what that person is saying in the same way. That person is opening themselves.”

Carmen talked more about how this mindful listening somehow made for a nonjudgmental acceptance of the other person. In fact, much of her words along these lines are very profound. She talks about removing that layer of expectation that comes when you are not expected to do anything but listen. You don't have to "do" anything for the other person, no fixing, consoling, or even understanding—"you're just listening . . . and you know that if a person is telling you those things, you are going to be respectful." She thinks that aspect of mindful listening, instilled in various activities throughout the three days, was the "most important part of the weekend." She then talked about how that respect for the other person leads to a clarity in communication. Here, again, Carmen's words are quite powerful:

I'm going to sound very philosophical, but when you are describing things to another person, and it comes from your perspective, for sure you'll never be able to see that thing in reality through the eyes of someone else. For me, though, it was like during those brief moments, you could see the actual object, like even if it was through the words of someone else. You could actually have access to that reality that the other person was saying. . . . It's like a different contact, where there's no barriers, no need of putting any layers to cover anything. . . . Like you can be transparent for that moment.

Finally, Carmen talked about the indelible mark such transparency has the potential to imprint: "I think that has a way bigger impact for people than when you can see only the layers. When you can see the reality of a person it, like, marks you." According to Carmen, this mindful listening and receptivity breeds a certain "wholeness" to the individual. She told me, "I think that's what happened that day, that many of them were really doing that and taking it seriously, and we were all eager to find out more about what that wholeness meant. We were there in a way."

The “right” participant. However, Carmen cautioned that such a powerful expression of trust might not suit everyone. “Finding the right people to be there who are going to be respectful, who are going to take it seriously . . . I can definitely see something like that wouldn’t work if teachers were not taking it seriously or laughing.” Here Carmen gave an example of a similar situation that happened recently in her classroom. She showed a video to her students that depicted some realities of the situation in Latin America, including extreme poverty. Afterward, some of her students were mocking the poverty and making jokes about it. This scenario hurt Carmen because she had wanted to “pull off those layers” and expose the students to some essential aspects of Latin America. Not every student got it, and not every student was respectful. Hence, the need to really establish trust, and perhaps with the “right” type of person first.

Moving Forward

Looking into next year, Carmen was unsure how her mindfulness practice will continue. Since her work visa was about to expire, she planned to move back to Mexico for the next academic year and was uncertain of what she would do for a career. She talked about how difficult it might be to sustain her mindfulness practice in a different country and away from her teacher support group. Expressing the importance of her group, Carmen said, “I think it’s just the idea of creating again a network of people who I feel comfortable with and who I know.” Recall just how much time, and just what specific protocols were needed, to create that trusting, supportive group. All of these issues were weighing on Carmen’s mind when we met at the five-month mark, though she was determined to find a way to make it work. “I’ll need something to keep cool and know everything is happening for a reason. I think I’ll be [meditating] a lot.”

Carmen also spoke of branching out to individual mindfulness activities, apart from her teacher support group, on account of the impending life transitions. She told me that for the first time in many years, she had experienced issues with sleep. She found herself reaching for the Insight Timer app, and “I listened to some of those meditations. I feel like now I have that tool that before I didn’t have.” Carmen admitted that technology plays an especially important role in keeping up her mindfulness practice. For example, if her teachers’ group did not have Wi-Fi, they would not have been able to listen to guided meditations, “or it wouldn’t have been that easy.” They would have had to find recordings on other devices, which seemingly does not sound that complicated, “but it just adds a little bit to the things that you have to think about before doing it.” Going into next year, Carmen spoke of Mexico as presenting a host of accessibility challenges, including a lack of mobile Wi-Fi.

Carmen also mentioned that she will need to be “creative” about figuring out a way to make meditation work, with the lack of accountability structures and a host of accessibility challenges. She likes to sing, and well before the CARE weekend, she would use her commuting time to sing in her car as a way of meditating. She mentioned she recorded herself humming on her phone, and that she would listen to it as a form of an awareness anchor, well before she knew that she was actually meditating. Speaking of next year, she said, “Music is my way of releasing stress. That is my personal way of meditating, which is also by the way going to be a little bit limited because I love to sing while I’m driving, and I won’t have a car in Mexico.” She admitted that she can sing at home, but that “my options are going to be a little bit limited. Not impossible, but limited for sure.”

Summary of Key Findings

In this chapter, I have considered how Carmen perceived a mindfulness intervention and how she described its influence on her life. My first research question asked how Carmen perceived the CARE weekend intervention. Carmen was initially resistant to the concept of mindfulness and plays the role of “Skeptic” in this study. She gave the CARE weekend a try because she was impressed by its initial interest-generating offering, it came at a particularly salient time in her life, and it was free. My first research question asked how Carmen perceived the intervention. She felt like her energy was recharged; she especially liked the caring and compassion activities and did not care for mindful walking or instruction in emotional regulation. CARE seemed to work for her because it was experiential, confidence building, and logical. She made a contract with herself that she would continue the caring practices and “take that moment” to simply be each day. She concluded her experience by noting that the CARE techniques were natural, easy to do, relatively short, and generating of results.

My second research question asked how Carmen described the influence of participation in the intervention. At the five-month follow-up, she had formed a thrice-weekly, after-school teachers’ meditation group at her high school with two other CARE alumni. She kept up with this group religiously, and the results had been positive for her. This teachers’ group worked because it was regular (Mondays, Wednesdays, Fridays), supportive, and accessible for Carmen. Carmen also offered her thoughts on how mindfulness could be used in PD. Her recommendations are to offer an hour-long mindfulness “shot” with a body scan, testimonials, and research base, build trust through mindful listening protocols, and ensure that the “right” open-minded people attend.

Carmen did not attend any of the CARE follow-ups. Finally, since Carmen was moving to Mexico and leaving her teacher group, she was uncertain if she would continue any mindfulness practice. Understanding the potential importance of mindfulness in major life adjustments, however, she affirmed she would need to be creative in figuring out a structure that would work best for her to continue.

CHAPTER SIX: THE CASE OF DENNIS

“I grew up very poor—my family is very poor. But with the moments of silence and thinking, I’ve always felt rich in myself. I have always enjoyed that feeling of thinking and juxtaposing things in my mind. . . . It has helped me a lot.”

Participant Background

Dennis is originally from South Africa and is in his early 40s. He was a former high school teacher, but now teaches middle school social studies, specifically 7th grade history. He grew up in Zululand in rural South Africa, where a tradition of silence and stillness is believed to open up a way to connect with ancestors and with individuals. This tradition is known as “Ubuntu,” and it will be discussed in greater depth in the next section, along with Dennis’s other mindfulness activities and background.

Mindfulness Background

Dennis defined mindfulness as a combination of silence and the power that comes from that silence. Growing up in South Africa, silence was always a way of life for him: “So I feel like we’ve always had mindfulness in my house. . . . We believe in things that we don’t see. There’s a lot of strength that’s given to you by that.” As an example, he told me that when his cultural tradition speaks to ancestors, “there’s always a silence that is involved. Maybe we are silent for ten minutes before we start talking. In those ten minutes, there’s a lot that goes on in order to be in the right mood to talk to these people you don’t see.” His grandmother was his inspiration for this practice, and he told me that “sometimes she would go and talk to the stump of the tree, where we believe that’s how we communicate with our ancestors.” He fondly remembered accompanying his grandma on these excursions as a young child.

Another example Dennis gave about the use of mindfulness in his family came in the form of punishment. He recounted that “I could do something wrong today, and my mother won’t talk to me because she wants to calm down before she speaks to me. Then early in the morning tomorrow, that’s when I’m going to get into trouble.” He spoke of this mindful punishment his mother often imparted in the following manner:

Every piece of word, it just goes straight to my heart, like a spear. It’s not a yelling, it’s just narrating the points and clarifying and giving me metaphors but in a very painful way. Like you just want a hole to disappear and go down, rather than listen to her. I realized after some time that she wanted to be at the point where she can control herself. So the silence, I think I see that as being a mindfulness.

For Dennis, growing up in South Africa in the Ubuntu culture with his particular set of family members, mindfulness was just a way of life, long before it was ever a mainstream concept or retreats were given to enhance it.

Even with these cultural ties to mindfulness, however, Dennis speculated that he was perhaps a bit different from the other children with whom he grew up. Referring to his school days, he said, “Like when most of the kids were excited about something, I wasn’t. I was thinking in another way.” This “other way” was a more contemplative approach to life and a way of viewing the world. He told me, “At school, when students were talking about what they would do over the weekend, in my mind, I was just thinking about going to help my grandmother fix the house because the rain is dropping.” He told me that he was “always after a big project” because he yearned for the alone time, the silence, and the contemplative space it afforded him: “I always loved to be alone to just to get time to be thinking.” Furthermore, he spoke eloquently of the long walks to school he would take, and how he would notice the wind blowing in the trees and the wildlife

surrounding the fields. Even though these walks took a great deal of time, he never minded them, because he had the opportunity to commune with nature and his thoughts in ways that he would not have had otherwise.

Dennis traced his reconnection to this tradition back “three or four years ago” when he attended his first mindfulness retreat with the Holistic Life Foundation, along with other mindfulness leaders in the area. Since then, he had brought these meditation practices to his students to get them “to tune in” and to give them an edge in the classroom. “My students and I begin our class by taking a few minutes sitting quietly and doing nothing, letting what moves one rise to the surface.” These few moments are known as Dennis’s “Zen Moment,” which I will speak of in greater depth in his Centerpiece section. Dennis had also taken several classes in mindfulness through organizations such as Mindful Schools, the “.b” Program, Mindfulness in Schools, and an MBSR course through his local university. Finally, Dennis even leads retreats for local educators, and most recently had been facilitating a daylong farm retreat, a mindfulness program with skill building components for students and teachers. He leads this program with a fellow CARE alumnus, Jason (pseudonym).

Why CARE?

So why did Dennis sign up for CARE? It seemed that mindfulness was a regular way of life for him ever since his childhood. However, through our interview, three main reasons rose to the surface: the interest generated by his first mindfulness retreat, a respect for CARE and its facilitators, and the fact that he might learn something new.

First retreat interest. Dennis told me that, “Everything begins with, one day we got an email asking the teachers in the county to go to a retreat. To speak the truth, I

didn't even read what the other things were.” He went on to say, “I just heard they're going to pay for us, it's a retreat, it's winter, very cold, you couldn't go anywhere. I was like, ‘hey I'm in for that.’” It would seem that he just needed a break in the middle of winter, and the fact that it was paid for by the county made this retreat even more enticing. Dennis spoke of being introduced on this retreat to yoga, mindfulness, and the concept “that we have the power of minimizing the emotional pain that we go through. It was really theoretical, but at the same time it was a platform for teachers to just talk.” He liked the mix of the theoretical and the practical, he liked the other participants, and at the very end of the weekend, he liked mindfulness so much that, “I was hooked.”

When pressed for what it was that specifically “hooked” him about that first retreat, Dennis told me that he had had a conversation with the retreat leader during one of the breaks. Seeing the connection between what this particular mindfulness retreat was teaching and what his grandmother used to do, Dennis told the retreat leader about the ancestral conversations recounted above. Later, then, when the retreat leader was guiding the group meditation, he took “that whole thing” that Dennis had told him and weaved it into his meditative language. Dennis was so impressed, he said, “At the end, we had to hug. I was like, ‘John, how did you weave those things? We just talked for a few minutes.’ He [the retreat leader] said, ‘Man, I was listening to you when you were talking.’ I was like, ‘This is it. This is it.’” The power of mindful listening seems to play an important role in Dennis's early interest.

Respect for CARE. Since that first retreat, Dennis has been involved with several mindfulness in education groups over the past few years, ones recounted in his background as well as retreats at the Garrison Institute in New York and studying with

two “yoga masters” in Germany one summer. Through this retreat experience, he had learned about Dr. Jennings’ research, as well as the work of the other facilitator’s husband and co-creator of CARE, Dr. Mark Greenberg. Dennis told me that he had tremendous respect for both researchers’ work, and when the opportunity presented itself to attend CARE, he decided to give it a try. He said, “My expectation was, like I said, I’ve known about CARE, but I’ve never got a chance to really grab it. I’ve always been really busy, and I knew it was a great program.” He recalled that he had thought to himself when he received the flyer, “Let me go and really learn what this CARE does.”

“Learn something out of it.” Dennis knew that he would learn something new about mindfulness from his attendance at CARE. When I asked him about this point specifically, he said, “I’ve always believed that any time when there’s going to be something about mindfulness, I’m going to learn something out of it.” When asked if these practices ever get old for him, he said, “No because I feel like I can do this ten times a day. Every time when I’m doing it, it’s influenced by where I’m at emotionally, so it’s never going to be the same.” He talked about mindfulness attracting a certain type of person, a point that I will delve into greater detail later.

Characterization: The Mystic

Dennis is a veteran to the concept of mindfulness and perceived himself as having a mindful disposition ever since childhood. He is also a teacher leader in the county and facilitates mindfulness retreats for other educators. He did not maintain the same critical skepticism toward mindfulness that Carmen exhibited; he seemed to accept it and its tenets as normal and ingrained in who he is. Speaking to Dennis, I felt like I was in the presence of a mystical old sage. He made no apologies for his spirituality, and the deeply

metaphysical nature of his responses often caught me off guard. For the above reasons and others less tangible, I characterize Dennis as the “Mystic” in this study.

Perceptions of Intervention

“The retreats are always good, you can’t mess with just being around the people of mindfulness. For certain reasons, mindfulness just attracts a certain kind of people.”

Immediate Impact

For Dennis, CARE was a good reminder of how much a teacher’s job is predicated on emotional management. “My teaching now sort of involves, or sort of seeks to involve, that other part of the student that is not visible.” He believes that the psychological environment in an adolescent’s mind is more important during the middle school years than the history lesson he wishes to impart. “I’m much more aware now than I used to be. And I think I’m really aware that I have my own goals, and the children individually have their own goals. I tend to see them more as individuals now.”

In addition to his own emotions, Dennis realized that those of his students matter just as much, a theme present through much of the CARE emotional regulation instruction. He stated that if the teacher does not set the emotional tone of the class, “the students’ emotions are going to dominate the class. And if that happens, you will have a difficult time.” He said that no matter how awful he feels during the school day, he still must project “the environment of calmness, kindness, a smiling environment.” And if he does, he believed the students can walk in and be reminded that, “Hey, life is not as bad as it feels.” He hoped his classroom was the place where students were reminded of that concept. He also told me that he often felt the burden of maintaining this emotionally regulated environment because not every child has a good role model at home. “They [the students] can train how they deal with anger by looking at their parents, but they

don't really have any education on that." What Dennis practices in his classroom allows him to model emotional regulation without having to write a single lesson plan about it.

Being reminded about the importance of emotional regulation seemed to have the biggest immediate impact upon Dennis. He stated, "Just being reminded that as a teacher I have a responsibility of setting the emotion of the class, and that there is a lot that I say just by being there without saying it." He mentioned that he was reminded by the weekend that he "should always check" himself, and even if he is having a bad day, he should be careful to not allow that feeling to spread to the rest of his class.

Most Effective

Of the modalities that were the most effective for Dennis, he stated a few things: "The gratitude was the big a-ha, the compassion was another big one. And then the other one is just using two minutes writing about memories when you were being cared for. That was really powerful." He also thought the gratitude practice would connect well with his students: "because the kids at this age, they are tender. You can still reach them with the kindness. They haven't gone too far to have the imprint of having a hard hearts, like we as adults." He told me he wanted to have his students complete this exercise at some point.

Gratitude exercise. The gratitude exercise was part of the compassion practices. The facilitators invited us to recall a time when we felt a sense of deep gratitude. According to CARE, gratitude involves recognizing and appreciating the good things in our lives, the thankfulness for an act of altruism on our behalf. According to the CARE workbook, it is a critical element of our physical and psychological well-being and

provides us with a strong sense of connection with others. After a short centering activity, and once we had located the memory, we were told:

Imagine watching the experience in your mind's eye as if you were watching a movie. Once you have a clear memory of the experience, step into the experience, imaging that it's happening to you right now, and see if you can actually re-experience the feeling of being in that moment in the past. If you can feel this feeling of gratitude, sit with it. Savor the feeling of gratitude or appreciation. (CARE Facilitator Manual, 2014, p. 95)

The facilitators then instructed us to explore the feeling of gratitude throughout our body. We explored if the feeling stayed or if it tended to dissipate. Then, after we had a good sense of this memory of gratitude and the physical sensation that it may or may not evoke, the facilitators asked us “dial it up” a little bit, to almost see if we could amplify it as if controlling the volume on a stereo. After being reminded that this feeling was always available to us, we brought our attention back to the present and reflected on it through silence in a journal activity.

Being cared for exercise. Another of the compassion activities involved feeling compassionate toward ourselves before we could do the same to others. It was the foundational aspect of the caring practice of which Carmen had highlighted as her favorite. At CARE, we learned that teachers do not always have effective ways to care for themselves, and that when we lack these skills and when the emotional demands of the teaching pile up, we may begin to experience burnout. One of the takeaways from this experience was that being caring and nurturing to ourselves takes practice. Similar to the gratitude exercise above, to practice a memory of being cared for, we meditated on the following:

Now think about a time in your life when you felt loved or deeply cared for by a person, maybe your parents, a favorite aunt or uncle, your grandparents, a teacher

or neighbor, a special someone. You can also choose a beloved pet if you wish. There may be many incidents in your life that you can recall or, perhaps you can only recall a general feeling of being cared for. Imagine this person and the care they showed for you or this pet climbing into your lap to be close and affectionate. . . . When you remember this time of being loved or cared for, notice any feelings that arise. Where in your body do you feel this? Stay with the feeling of love or being cared for and see if there is a word that comes to your mind. . . . If you find yourself becoming distracted by other thoughts, gently bring yourself back to your breath and the feeling of love or being cared for. (CARE Facilitator Manual, 2014, p. 87)

Least Effective

Even though Dennis had told me that he could do mindfulness practices “ten times a day,” he was not a fan of the mindful eating activity. Mindful eating involves the slow and deliberate consideration of your food before even putting it in your mouth. After that, it involves slower than normal chewing, with more chews than you would normally do in an effort to heighten all the senses involved in eating it. Eating can involve all five senses, and when a participant enters into the experience of mindful eating, it becomes a meditative anchor that stills the mind and allows the participant a present-centered awareness. This mindful eating is a practice often used in mindfulness retreats, and when conducted in an MBSR course, a raisin is used. At CARE, participants practiced with a tangerine.

When I asked Dennis if there was anything about the CARE weekend that he did not like, or that he would have done differently, he talked about the mindful eating practice as becoming a bit trite. Of this phenomenon, he shared:

D: It doesn't happen a lot, but when we were doing the eating, that one I felt there like, “Eh, here we go again,” you know. So yeah, before she said, “Let's chew the orange,” I was already chewing my second.

MD: I know I've done the raisin so many times, that was the first time I did the tangerine.

D: Yeah that was my first time, too. I was happy about that, that it's not the raisin. I'm done with the raisin.

[laughter]

Though on further reflection of why he was feeling this way, that is, resistant to wanting to practice the mindful eating, Dennis shared, "When I do it in my class, it doesn't work. The children cannot be mindful with eating." However, he reflected that maybe the activity was unsuccessful when he tried it because he did not connect it enough to the students' experiences:

I have a lot of Latin American kids. I remember one kid who told me that when they came, they started out in California, then they went to Florida where the parents were working in orchids. So I felt like maybe we can talk about where this [tangerine] comes from, which hands may have touched it, maybe the kids can sort of connect with their lives, with their parents. There is a little history, that when you look at it, I'm hoping that some kid will think of what his parents have gone through, something like that. That's my hope.

Why CARE Worked

It appeared that CARE worked for Dennis on account of his being around likeminded people and hearing things a second time. I want to reiterate that nothing about CARE was particularly "new" for Dennis, he had been a self-described retreat junkie since his first retreat with the Holistic Life Foundation three or four years ago. He himself even leads teacher retreats in the county. However, just being around these type of people is a boon for Dennis. He told me, "The retreats are always good, you can't mess with just being around the people of mindfulness. For certain reasons, mindfulness just attracts certain kind of people."

Hearing things a second time was also important for Dennis. He stated that sometimes when a person hears something novel for the first time, "you don't really

grasp how you can use it, you just get excited about the idea, and then you don't even think about how you can bring it to your life." For him, it was important to have concrete ideas for how to use these mindfulness concepts: "I realized that there are certain tools in CARE that I can use . . . and even to make me think about some other pieces that I can add to what I'm already doing." Even though he had heard of the CARE practices before, having an opportunity to "marinate" with them—hear them a second time and consider how he might use them was beneficial to Dennis.

Moving Forward

When I asked Dennis what he had written on the notecard to himself at the end of the retreat, he said that he had not written anything and that he does not "like those type of activities." Here I was reminded how often, like the raisin, the notecard activity made an appearance at mindfulness retreats. Recall Dennis really enjoyed both the gratitude and the being cared for exercises, and especially when asked to channel it in a reflective journal entry. The exercise of "just using two minutes to write about memories when you were being cared for, that is really powerful. I think it connects with the kids." He said he planned to incorporate this exercise into his teaching and that he would ask his students to "send some kind of gratitude to people that they feel have taken care of them a lot." He also planned to attend the monthly CARE follow-ups, which will be discussed in greater detail in the next case.

Influence of Intervention at Five-Month Follow-Up

"The 12 year olds are calm for the entire time. The fact that I can deliver my directions, I can inspire them about the topic that I want to teach, the way I want to do it without being disturbed, without wrestling with the kids, shushing them . . . that to me is my power. And it's the power of mindfulness."

Centerpiece: Zen Moment

When we met to discuss how he had used the intervention at the five-month follow-up, Dennis had much to say about his Zen Moment. He had told me about this use of mindfulness in his classroom in the first interview, but it had morphed since his participation in CARE. This section will discuss Dennis's Zen Moment as the Centerpiece of his mindfulness practice post-CARE. I will first describe its procedure, how he used it to prepare students for learning, and the aspects of his background that influenced it. Then I will speak about how it changed with a compassion component after his participation in CARE.

Of his Zen Moment, Dennis described it as follows:

I was interested in trying to figure out, "How can I reach the kids with the things that matter to them the most before I give them my curriculum?" Once I got into mindfulness, I realized that I thought this could be a tool. I started to hear the kids sharing things that matter to them more than the things that I think the kids need to learn. So I started listening more and giving students the chance to talk about those things each and every day before I teach them.

When Dennis's seventh grade students enter his social studies classroom each period, they enter a silent, darkened room. "Usually it's two minutes, but sometimes it's six or seven minutes. If I see the kids are really in it, I'm not going to disturb them." After students file in, Dennis asks for a volunteer to ring the meditation chime, and then they all close their eyes until the bell rings again. After they finish this silent meditation, Dennis asks if anyone has a reflection. "We want to allow the ones that have felt some connection to share about what that moment meant to them, to sort of talk about that very briefly." Dennis explained that the format was loose, but that such looseness gave his students time to allow their nervous systems to relax and their minds to focus on the class

ahead. Afterward Dennis begins his lesson. He told me: “The fact that I can deliver my directions, I can inspire them about the topic that I want to teach . . . that to me is my power. It’s the power of mindfulness and the power of myself being aware of what I’m trying do in class.”

He had also decided to bring this Zen Moment to his students because, as was shared in his background section, Dennis felt a sense of richness from his spiritual and cultural background. A secondary goal, then, in utilizing the Zen Moment was that he wondered, “How can I introduce a little bit of what I grew up with to these kids?” He told me that his students have a lot of resources—“I’m talking about economic resources and their life is much, much better”—but he felt that they lacked the more intangible and significantly less expensive resources he had access to as a child. “I used to walk to school an hour. When I walked to school I can look at the park, I can listen to the wind, look at the grass. I wondered about life. There’s a lot of channels of ways of thinking.” His students, both today and in his part of the United States, he believes, “just don’t have it.”

Post-CARE Zen Moment

After CARE, the Zen Moment took on a particular twist. At the five-month follow-up, Dennis stated, “I think for me, one of the biggest things that I got there [at CARE] was the idea of compassion. I had to go and read more.” Christa, one of the other facilitators, had mentioned a German professor who was researching the use of compassion. So Dennis “went on the Internet, and I realized they had a huge project on research on compassion.” He spent a good deal of time reading up on it, and began “just

bringing that in my classroom and in my daily practice. I started to incorporate compassion as mindfulness in my class.”

Dennis had weaved into his Zen Moment a chance for students to write about what was troubling them. Sometimes he asked them to “write about the problems that teenagers face that you think nobody else understands.” Other times, he did not even plan it; “I walk in some days, I just look at the kids, and I’m like, ‘I wonder what’s going on here,’” or he would “follow” a student for a few days when he noticed a certain sadness surrounding that student. Then he would ask his whole class to reflect on what might be bothering them on a Post-it note. As he collected these notes, he was laser-focused on the one coming from the student whom he had noticed was troubled. Later, outside of class time, he tried to meet up with that student to help the student talk through the problem. “When the student has a problem, I try to think of how can I own that so that it can spread, I can be part of it.” Of this “owning” phenomenon, he said, “I try to see if I can diffuse it, and spread it out, so I can take part of it. Own it to be like, ‘Wow, it feels so bad when you’re like that. I know it feels so terrible.’” Sometimes he even would tell the student his “own story” and give examples from his childhood. Dennis acknowledged that it was an outreach that the student often only needed once. “They may not open up to any other person. You may be the only person who is holding that key now, that if you can go like, click, then they got it. They move on. They’re kids.”

Relating to the diffusion of the child’s sadness or anger, Dennis gave an example from his culture: “We go to a lot to these mournings when somebody passes away. We go into somebody’s house, and everybody just cries. If you pay attention, in 20 minutes they’re going to be laughing.” He explained that mourners in South Africa “owned” the

sadness with the individual, that they created the space for the sadness to be felt. Then visitors began telling stories about their own lives, “bringing some of their own tragedies up, as a way of spreading it. Like, hey, this is life, these things happen and have happened before.” He recounted that after the sharing, the people who lost the family member, “they just smile.” Everybody has owned what has happened, there’s a 10- to 15-minute silence after the last person has cried, and then everyone begins talking anew with dried tears. According to Dennis, “it just cleanses after that, and then people move on.”

Why Centerpiece Worked

Dennis’s Centerpiece worked for him for two main reasons. The first reason is this Centerpiece benefits him as much as it benefits his students, and the second reason is because it provides an added bonus of classroom management. I explain both below.

Benefit to him. According to Dennis, the Zen Moment is “when I drop.” He admitted that “this is taking care of myself at the same time as taking care of the student. I don’t draw a line there. We are all into this.” The lights are cut and the entire tenor of the class is quiet solitude. Reflecting somewhat cheekily, Dennis winked and told me, “I need it more than they do, but they don’t know that” [chuckle]. Dennis told me he used those two minutes to calm his own nervous system and organize his thoughts. “You know some days I come in, and it can do wonders in terms of crafting how I’m going to give students a big picture.” He spends the moment considering how he can present the lesson in the most compelling way for the deepest connections to be made. What he says after the silence is usually taken up on receptive ears.

Classroom management. Dennis's Zen Moment brought an added advantage of helping to manage his class. "I think there's a classroom management piece that goes with the way you perceive your class and how you address them when you are approaching it with mindfulness. There's just an environment that suddenly gets created in the classroom." Dennis freely admitted that the classroom management piece was not his target in the activity but rather a pleasant byproduct. He recounted that when he and his students enter in silence, they can hear much of what is happening on either sides of the classroom, which often includes some yelling as teachers aim to wrangle in unfocused adolescents. Dennis said, "I don't do that anymore. Now we all start where everybody is quiet, and then we hear the meditation bell. I say, 'Hey, thank you. Does anybody want to reflect?' Then from there I can say with a very calm voice, 'Hey, guys today we're going to do this and that and that.'" And it's "go time" in Dennis's classroom.

Musings on PD

Dennis did not have too much to say about mindfulness as PD. Speaking of improving CARE, though, he had one suggestion. He would have liked to see a time or session dedicated for teachers to share what mindfulness activities they were already doing in their classrooms. He told me that when he goes to any type of PD activity, his notes reflect how he can use it immediately in his classroom. "If it didn't happen there, it's likely not going to go to my class, if I didn't make that connection there." Even though CARE was meant as a mindfulness retreat for teachers specifically, he would have liked a time set aside for himself and others to make those connections. "So I feel like if you have something like that [CARE], and you let people go without reflecting how they might use the things that they were learning, you are missing huge

opportunities.” He told me that teachers could share what typically works well with students of a particular age and what typically falls flat. He felt that aspect of teacher resource sharing was missing from CARE.

Moving Forward

Starting in the next academic year, Dennis will pilot a mindfulness course for students, offered once a week, that he will team teach with another teacher from his school. He approached his principal and asked permission to pilot this class during a specials slot. He mentioned he was narrowing down his focus to mindfulness in technology, mindfulness and self-esteem, and general mindfulness as a life skill for adolescents. He and his co-teacher were in the process of compiling the curriculum, but he planned to use the compassion Post-it notes mentioned above as his guidepost.

He told me that he was surprised about some of the burdens his students shared with him on the Post-its. He told me as an example, “The kids said the internet. Like not knowing how to stop. It’s stressful.” At this point in the interview, Dennis looked with me over the Post-it note board and highlighted some of the most prevalent problems his students face. Issues with self-esteem seemed to crop up again and again. “Some kids are overweight. The kids are so mean. . . . It just takes away any self-esteem.” He also shared how some students feel excluded since they haven’t learned a certain “cool” behavior yet. It was through this analysis of the Post-its that he determined that technology and self-esteem were the most pressing issues for the students he teaches and would serve as the foundation for his adolescent mindfulness course.

Summary of Key Findings

In this chapter, I have considered how the “Mystic” Dennis perceived a mindfulness intervention and how he described its influence on his life. My first research question asked how Dennis perceived the CARE weekend intervention. He appreciated the reminders of how his emotions affect his classroom and how he could influence his classroom for the better. His big “a-ha” moments came with the compassion activities that included mindful listening and a gratitude reflection. CARE seemed to work for him because it exposed him to likeminded people and gave him an opportunity to hear and reflect on mindfulness teachings a second time. Of the likeminded person and the opportunity to attend another retreat, he told me, “You can’t mess with just being around the people of mindfulness.” Moving forward, Dennis planned to incorporate the gratitude exercise into his teaching and attend the monthly CARE follow-up sessions.

My second research question asked how Dennis described the influence of participation in the intervention. Dennis attended all of the CARE follow-ups. At the five-month follow-up, he had extended his classroom Zen Moment to include a compassion portion that was directly aimed at helping the students in their social and emotional lives. The compassion outreach sparked the creation of a new curriculum that he planned to teach once a week as an elective during the following school year. The compassion-themed Zen Moment seemed to work for Dennis because it was mutually beneficial to him and his students, and it formed a staple of his classroom management philosophy.

CHAPTER SEVEN: THE CASE OF ALLISON

“You’re thinking of yourself, but then you’re also starting to think about others and your impact on the world and the impact you can have on people.”

Participant Background

Allison is from the southwestern part of a mid-Atlantic state. She stated that she “didn’t really have those [mindfulness] experiences where I’m from originally.” Of the people in her rural hometown, “they’re very religious conscious. They’re more like, ‘We go to church.’ They don’t think of mindfulness things.” In her mid-twenties and third year of teaching, Allison teaches third grade but has taught kindergarten and first grade in prior years. She has a master’s degree from the local university in elementary education with an endorsement in gifted education. This year is her last year teaching, however, because she will enter the same local university in the fall of 2016 to pursue a doctorate in education.

Mindfulness Background

When Allison entered the university, she learned different tenets of mindfulness through a one-credit physical education course that she took her first year. She remembered seeing the course offering and thinking that such a class might make her calm and provide her tools to survive her first year at “such a topnotch institution.” She told me that she enjoyed the class, and that it incorporated different aspects of mindfulness combined with movement such as Tai Chi, yoga, and mindful walking. She added, “We talked about all these aspects of CARE during my first semester, but then I didn’t really use them much after that. I had them in the back of my mind, but I never put them into practice fully as much as I probably should have.”

A nascent interest in yoga was what brought Allison back to mindfulness. At the first interview, she had recently joined a gym and for the past year had been “taking yoga classes on the side.” She also taught an informal yoga club at her school once a month to third through fifth graders. She told me that she had just been approved for a grant to become certified in Yoga4Schools, a program that trains public school teachers in yoga for use in the classroom, and that her coursework would begin in the spring of 2016. According to Allison, her kids “absolutely love” her monthly yoga club and would benefit from more frequent sessions because “two hours a month is not enough for these kids.” She also wanted to bring more yoga to her students because “this is the point where I feel like I can really shape their lives and really influence their mindfulness for the future.”

Why CARE?

Like everyone else in this study, Allison received a flyer on CARE as her initial contact with the intervention. After she read the information sheet, “it was talking about mindfulness and yoga and all these practices. I thought that could wrap in some of the stuff I already know about, but then also my renewed interest in yoga.” Through many of the comments and answers Allison gave, a common theme of wanting to bring mindfulness to others kept arising. For example, of her after-school yoga club, she said:

I have a couple of teachers that come in and help me with the yoga club because they're floaters that go around and help all the clubs. I had a lady mention to me the other day, “If you offer this once a month or once a week after school, I'm sure people would pay \$5 to come do this yoga.” . . . Or at least I would hope they would want to come and learn more about it, and that way you could kind of try and ‘infect the masses’ with mindfulness a little bit. [chuckle] Bring it out to them and get them started and get them excited and eager about doing it.

Characterization: The Zealot

The above quote about wanting to “infect the masses,” along with what her case will showcase, led me to characterize Allison as the “Zealot” in this study. Although she is new to mindfulness, she is committed to and passionate about making it a part of her life and a part of the lives of those with whom she interacts. As a third year teacher, she recognized that time was a traditional barrier for teachers with regard to PD, but she also believed the mindfulness was an addition to a typical workday, as opposed to a subtraction:

And I think that’s where teachers need to start to realize the time you’re spending right now probably isn’t your most productive use of time. You’re probably sitting around not realizing what to do when if you just took ten minutes of mindfulness for yourself, that might help you get your own ideas straight.

Allison wanted to bring mindfulness to her students, her co-teachers, and her family and friends back home, and she saw herself as the messenger for mindfulness’s myriad positive messages. Additionally, she planned to incorporate a mindfulness research component into her educational doctorate studies, which I will detail in greater length. The forthcoming case highlights Allison’s characterization as the “Zealot” over the course of both research questions.

Perceptions of Intervention

“You’re thinking of yourself, but then you’re also starting to think about others and your impact on the world and the impact you can have on people.”

Immediate Impact

Allison stated that entering the CARE weekend, her expectation was to learn more mindfulness strategies. “I just wanted ways that I could hopefully cope with some of those issues going on within my own school and my own life.” On CARE meeting her

expectations, she stated that she was very pleased with “how much it tied everything I knew together, but then reminded me of why I enjoyed it in the first place.” Furthermore, the weekend was a good reminder that she should be doing these mindfulness practices on a more regular basis. She felt that she not only refreshed her previous knowledge but also built upon it. She concluded with this summary of CARE: “I think I definitely have a good skill set moving forward to help both myself, and my colleagues, and the students that I serve.”

Most Effective

Allison thought that the most effective aspect of the intervention was not one particular practice, but rather “a lot of the good outward positive thinking. I feel like sending positive vibes or channeling what I’m thinking and then trying to spin it in a more positive light was really helpful to me.” Allison admitted that she “tends to bottle up emotions a lot.” Something bad would happen at work, and she would have feelings inside that she would not know how to express. She appreciated talking through the angry situations, figuring out ways to deal with them, and putting a positive spin on them. For Allison, being positive and outward-focused seemed to resonate the most.

Furthermore, this “outward positive thinking” was a true “a ha” moment for Allison. Previously, she had thought of mindfulness as an inwardly-focused activity. However, she now saw it as dual-functioning: “You’re thinking of yourself, but then you’re also starting to think about others and your impact on the world and the impact you can have on people.” Another big realization for Allison was that now she could “project mindfulness onto others.” The weekend made her more aware that she could actually do this, but she admitted she did not know to what extent. That is, she realized

that people's perspectives could only be changed so much, and she reiterated the example of the friends and family from her hometown who would be opposed to these practices. Of these people, however, "I guess I can send good thoughts toward them anyway."

Least Effective

To Allison, the CARE weekend was "pretty flawless. It had everything that I was expecting plus more." However, when pressed for specificity on what she would have changed about the weekend or what was least effective, Allison gave the following three ideas: she wanted materials to share with others, more advanced techniques, and a designated time for teachers to brainstorm ways to bring these practices to their students.

Lack of take-home materials. Similar to Carmen, Allison wanted a summary sheet of the all mindfulness techniques practiced, but for a different reason. She wanted these materials "so that I could bring it back and possibly implement it in my school and give it to colleagues who are in similar situations but that didn't get the opportunity to come to CARE." She even reached out to Dr. Jennings afterward, thanked her for a great weekend, and asked if "she had anything I could bring back that could be used within an hour of professional development that either she could give or I could possibly give." Once more, we are reminded of Allison's commitment to wanting to spread mindfulness to others.

More advanced techniques. Recall that Allison's expectation was to learn more mindfulness strategies, and while she said her expectations were definitely met, she also stated, "I would've liked to have seen more advanced meditation techniques for people who are more advanced in their skill sets than the novices. I feel like we did some very basic stuff." Of these advanced strategies, Allison wished for more "on the go"

techniques, because “as teachers, when do we have that much time to just sit?” She appreciated mindful eating and mindful walking, and she told me that she had been trying to incorporate these modalities immediately after the intervention. That said, Allison would have liked techniques she could have used while, say, “driving or out shopping at the mall.” Finally, she posited an interesting new type of practice that she referred to as “productive mindfulness.” She speculated, “If I’m in my home, what can I do to be more mindful but also still be productive, not just sitting, so like, productive mindfulness? If there’s a way. [chuckle].”

Session for students. Finally, much like Dennis’s idea for CARE to improve upon, Allison would have liked a day where teachers could brainstorm ways to bring these techniques to students. Of this idea, she said:

I can naturally differentiate how I could scaffold this for kids, but I think more straightforward tips like, “You can use this with this age group. And you can use this with that age group.” So I think that would be powerful, and I think in the future when they do the CARE training for teachers, I think there should be the days for the teachers, but there should at least be one day about how you can service your kids and help your kids gain mindfulness. I think that would be really powerful.

Why CARE Worked

CARE worked for Allison primarily because of its group support element: “I feel like I need to be pushed within a group, and I feel like I need to be led at this point in my mindfulness experience.” She said that she can certainly practice mindfulness techniques as an individual, but that she would “get more out of it” if she were in a group, and cited the example of a yoga teacher in front of her making her go through the motions as being most effective in bolstering her yoga practice. Of this group dynamic, Allison enjoyed having teachers from different grade levels, and not just the elementary level. She

thought that it was pretty powerful to hear people's experiences from the middle and high school level because she had no exposure to these years except from her own personal experiences, and "it's cool to hear what teachers nowadays are going through with kids and their issues." She was also touched by how much these middle and high school teachers wanted to help their students with challenging adolescent issues, issues that Allison does not encounter as a third grade teacher.

In addition to the group support, Allison also liked that time was set aside for her to really enter into the experience. As mentioned earlier, teachers often do not have a moment to even sit, let alone breathe, think, and meditate. Leaving the retreat, she was concerned that time would be a real factor in allowing her to implement these techniques most fruitfully into her personal life. In addition to time, Allison added another barrier: "and I guess even sometimes my mindset. I'm constantly being like, 'Well, I need to do this. I want to do that, but there's something else I need to do.' So I guess prioritization maybe is a barrier." The options she would weigh would be choosing between helping herself to be more centered, and helping others, even though, she admitted, the helping of herself would benefit others in the long run. Time and mindset seem to be two barriers for Allison moving forward, but the initial retreat was just the right amount of time to accomplish everything that she wanted to accomplish.

Moving Forward

As stated earlier, participants had an opportunity to write a notecard to themselves at the end of the retreat. Allison remembered that she wrote, "Try to practice daily, but don't beat yourself up if you can't." The outward-focused, "impact others" theme also pops up in what she wrote next. She states that she also wrote: "Allison, don't be afraid

to be yourself and remember that taking care of yourself is the most important thing you should be doing, and that you can impact the lives of others.”

A rather substantial way that CARE might have affected Allison, though, has to do with her plans for next year. As stated earlier, she will not return to her teaching post and is in the process of sending out applications for doctoral programs in education. She stated, “I’m looking towards hopefully getting my PhD in English Education. And I’ve really been into vocabulary lately, and I think putting a mindfulness spin on that would be good.” Not yet knowing of Moll, Amanti, Neff, and Gonzalez’s (1992) “funds of knowledge” concept, Allison told me that she comes from a school “with a lot of these Hispanic-speaking ELL students that don’t have a lot of life experiences.” She spoke of a research project she would like to conduct where she tests ELL students’ vocabulary acquisition after experiencing a “life experience” both with the aid of mindfulness and without.

Finally, Allison would like to help out with CARE in the future, in one of several roles. Recall that this particular CARE session was provided to area teachers because the creator, Dr. Patricia Jennings, wanted to make a high-quality video of the experience for use in facilitator training in the future. Allison stated that she would be interested in being trained to facilitate CARE. She was also interested in the research component and wanted to help Dr. Jennings analyze data on student outcomes, an aspect of the conceptual frame that is just beginning to be studied. Finally, Allison would be willing to help out in any role needed, citing the duties of an administrative assistant who helped the weekend run smoothly: “Maybe even in a Penny (pseudonym) role, just being there and holding the mic, I’d even do that.”

Influence of Intervention at Five-Month Follow-Up

“So there’s been several different mindfulness groups going on, and they all kind of have some of the same people in it. . . . So it’s really bringing the whole mindfulness and education groups together in one spot.”

Recall Allison wrote to herself that she should try and practice daily, but not to “beat herself up” if she could not. At the five-month follow-up, she admitted that she had not been able to sustain an individual meditation practice but that she had found ways to “notice it” when it had worked its way into her everyday activities. Of this awareness, she stated, “I found that practicing on a more routine basis was really stressful for me; I would start to kind of rebel against it because I didn’t want it to be one more checklist thing to do, mindfulness.” Instead, any moment she found herself practicing either mindful eating or mindful walking, she would notice it “and then I give myself a little congratulation for it, like, ‘Good. You’re doing this without really aiming to do it.’ It’s just becoming part of who you are and what you do to help your life.”

Centerpiece: Four County Mindfulness Groups

Allison found groups within the county that helped her practice, gain new ideas, and network with other mindfulness practitioners, and this section’s Centerpiece will talk about four of them. This next section will begin with an explanation of Allison’s Centerpiece activities, why they worked for her, and conclude with her musings on professional development.

Yoga4School. At our five-month interview, Allison had just finished her training with Yoga4School. She spoke of how she really enjoyed it and how it helped her combine the mindfulness techniques she learned at CARE with new movement techniques that she could teach her third graders in the classroom. Recall she had

initially taught an after-school yoga club once a month for two hours to third through fifth graders. Because of this training, she was now able to bring it into her regular classroom as a daily activity. She spoke of how it had helped her students, “It’s really great for transition periods, or if I’m noticing they’re doing a really long project and our stamina is waning and we just need to get up and do something to get refocused.”

The Yoga4School program ran like a typical yoga teacher training program. It was a ten-week process of twice weekly meetings where participants learned yoga poses, yogic breathing, and techniques to sequence and structure a class. The Yoga4School website explains their missions as “a great way for teachers to further bond with their students and also for the teachers to relieve their own stress” (www.yoga4school.com). Allison stated that the different techniques she had learned “matched very well” with the mindfulness she had learned at CARE. During her training with this nonprofit, Allison was featured on the local NBC affiliate when they highlighted the work of this group.

Allison had much to say about how these methodologies may have impacted her classroom. She came up with the idea of body breaks and brain breaks that they could take during the standardized state test in the spring. She taught her students deep breathing, how to give themselves little massages, and how to lay their head down and close their eyes if a reading passage became too onerous. She also taught them body breaks, e.g., how to leave the classroom and do wall push-ups and pacing, which she felt was a form of mindful walking. Allison posited that these techniques may have impacted upon her students’ test scores: “I definitely had some surprises with some of my friends that I thought would not pass. And they ended up squeaking by, and I think it could be because of those techniques that they used during their test to take a break.” She felt that

her students “did a really nice job self-regulating themselves.” She acknowledged that she did not have conclusive evidence, but “just kind of anecdotally and me just observationally seeing it, I think it might have.”

MBSR. Allison also had the opportunity to attend an actual MBSR (Mindfulness Based Stress Reduction) course over the spring semester. Recall from the literature review that an MBSR (Kabat-Zinn, 1990) is typically taught to adults as a short course, for three to four hours a week for eight weeks. Her local university’s Mindfulness Center offered the class to teachers for a fee of \$395. Allison described her cohort as more of a book club environment, where teachers also read Jon Kabat-Zinn’s Mindfulness for Beginners and offered various interpretations on it while practicing several types of mindfulness activities. It was held on Thursday evenings at a local middle school. When I asked how she knew about this program, Allison told me that she found out about it through her county’s human resources department, as they periodically send out PD notices to their employees. Allison commented that even though the protocol was designed to alleviate the stress of adults (much like CARE), she often would discuss with her MBSR cohort ways to bring these strategies into the classroom.

CARE follow-ups. In the spring of 2016, Dr. Jennings hosted monthly follow-ups for the participants of CARE and others. These follow-ups began in February and ended in May for a total of four sessions. Recall that Dr. Jennings stated that she was grateful she had the resources of her university to carry out these types of retreats, and the group affirmed they wanted to continue meeting. The follow-ups were held on Sundays from 12:00-3:00PM and began with a potluck lunch. Of these retreats, Allison said, “I’ve been to two. One of them I couldn’t go to because of an illness, and another one due to

family being up here. But, the other two were remarkable.” Allison told me of another facilitator who joined Dr. Jennings to lead the retreats, and that this other facilitator brought many yoga techniques in her “Mindfulness + Movement” sessions. Even though CARE was a retreat meant singularly for the teacher, these informal monthly meetings, according to the county’s PD page, were “an opportunity for teachers to deepen their personal mindfulness practice as well as learn ways to weave mindful practices into the classroom.” Finally, the follow-ups were opened to all teachers in the county, not just those who had participated in CARE.

Farm daylong retreat. Finally, Allison attended a daylong retreat that is offered periodically to teachers in the county. This retreat typically lasted from 8am to 4pm, and participants indicated in advance the type of sessions they would attend, either mindfulness for use personally, professionally, or specifically with their students. The retreat was located on a sprawling farm, and participants were encouraged to arrive early and depart later to enjoy some contemplative time. The second half of the retreat, during lunch and subsequent breaks, was conducted in silence, and participants were asked to depart silently to honor the mindfulness that has been cultivated during their day of reflection. Allison told me the participants had been people she recognized from CARE, but also some new faces who did not attend CARE.

Even with these four groups and various overlap between them, there had not been as much cohesion across the groups as she would like. Allison told me, “I feel like there’s not as much unity. They’re supportive of each other, but I feel like some people don’t know each other, and if there were more ways to make contacts, it would be easier to hold each other accountable.” If this unity happened, and everyone were “more on one

page,” Allison thought it “would really show [her county] that people are truly dedicated to this.” She opined the reason why the mindfulness community was seemingly so disjointed was because the school administrators had not fully endorsed it yet.

Why Centerpiece Worked

Allison’s Centerpiece worked for her because, like Carmen’s, it provided some accountability measures and support structures for enhancing a practice she found difficult to accomplish on her own. It also gave her a positive outlet of support that she did not find at her individual school site.

Accountability structures. This four-part Centerpiece seemed to work for Allison because it provided an accountability structure that supported her mindfulness both personally and professionally. Each group had a slightly different focus; for example, the MBSR course was an individual self-care protocol, while the Yoga4School was primarily student-focused. The retreat at the farm and the CARE Follow-Ups were a blend of both. According to Allison, the farm retreat facilitator (Jason, the other CARE alumnus referenced earlier) “did a great job of setting it up where we have a little survey to fill out” to indicate choice of mindfulness for self, classroom, or movement. Teachers had a choice in what they wish to focus on, and, according to the website, the retreat is led by five local teachers, Dennis from the previous case being one of them.

Positivity. Finally, the Centerpiece worked for Allison because it gave her a group of positive peers with whom to interact, apart from the teachers at her school. Allison spoke in both interviews of the negativity that occurred in her staff rooms: “Teachers typically want to talk shop, they want to talk about what’s going on in the school. . . . It’s not about the positive things we’ve done—it’s more about the negatives.”

On the topic of this negativity, Allison had found herself distancing herself from it after the CARE retreat. “Anytime I’m around negativity, I start to shut down, and then I’m like, ‘You know what? I need to get away from this because it’s not good for my well-being and what I believe in and what I’m practicing now.’” She maintained that she had even gone so far as to change the topic of the conversation of several occasions. When staff meetings or shared lunch space become negative, Allison might suggest, “Let’s talk about this instead of everything that’s wrong. Let’s talk about this positive project we just did with the kids.” She found that she’s more mindful of the tenor of teacher conversations now and her role in creating a more positive environment in the rest of her school.

Musings on PD

Allison had much to tell me about best-practice mindfulness PD. Specifically, she felt this type of PD should be mandated county-wide. She provided her ideas on what that introductory session might look like and shared ideas on enlisting the support of district administrators.

Recall that the county in which these three teachers teach might be considered one already favorable to the tenets of mindfulness. Allison, however, believed it could be more fully embraced by the county. She told me, “If this can be a completely county-funded initiative, I think teachers would be better able to regulate their emotions, show compassion, and really use the mindfulness techniques.” She told me how the county had already endorsed “Responsive Classroom,” a program developed at the local university for use in the early elementary grades to help students learn social and emotional skills. Allison stated that she was required to attend a week-long training in Responsive

Classroom before she began teaching and felt that CARE should be held to the same category.

Allison also had some thoughts on introducing mindfulness for the first time to “newbies,” much like Carmen did. Allison said she would “love to have a more condensed, shortened version of CARE that could be given during an hour PD at the school.” After this initial introduction, Allison would like to see it made more accessible for teachers. She told me, “A lot of teachers won’t make time for themselves. And so, if there was a free opportunity after school to practice. . . . I think more people would be willing to do it.” Along with accessibility, Allison believed regularity was key. She believed the retreats should be followed up “maybe once a month at salons with a group share about how mindfulness is going in your own life and how it’s going in your classroom.” Reflecting on how such a group share might be asking too much for novices, she opined that the first year would be better used to develop skills for the teacher first and that perhaps during the second year “as long as they’re growing in their own personal practice,” they could start to bring it into their classrooms.

I wondered then how the county might be on board with this program, and Allison answered, “I think it would have to show enough positive impact on students.” Allison thought that “it’s a no brainer” that if teachers are less stressed and experiencing better well-being, then “they will naturally transfer that good energy to their students.” She admitted that the student output data had always, and likely always will, be the deciding factor for the “higher-ups.” She was eager for Dr. Jennings’ next phase of research that will showcase student effects data.

Moving Forward

Allison expressed two possible avenues about her mindfulness practice moving forward, namely, that she would like to develop more of a personal practice outside of a group and she would also like to help Dr. Jennings with the research, dissemination, and facilitation of CARE in the future. As stated previously, Allison planned to begin her doctorate in education at the local university in the fall of 2016. She anticipated a “very stressful higher education environment” and realized that “my own personal well-being and mindfulness training is going to be a huge thing so that I can stay very calm.” She hoped to develop more robust individual mindful movement practices such as yoga, mindful eating, and mindful walking and to rely less upon outside sources of support, most especially since she will no longer be a county teacher with access to their mindfulness PD groups. Recall that she participated in four of those groups over the course of the spring 2016 semester. In the long run for her doctorate degree, Allison plans to “infuse some mindfulness” into her research, and she expressed interest in helping Dr. Jennings “on the side with CARE, either to help train facilitators or to go with her on trips just to help her organize things.” She would fulfill such a role “because I really and truly believe that CARE is a phenomenal project, and it really does help educators.”

Summary of Key Findings

In this chapter, I have considered how Allison perceived a mindfulness intervention and how she described its influence on her life. My first research question asked how Allison perceived the CARE retreat. With her expectations met, she told me CARE was a good reminder of what she already knew about mindfulness along with

useful suggestions on how to extend it further. The most helpful aspect of CARE came by way of all the “good outward positive thinking” and the realization that she could project mindfulness onto others. Ways to improve upon CARE, according to Allison, would be to offer more advanced techniques along with ways to teach these techniques to students. CARE seemed to work for her on account of the group dynamic and the time dedicated for an amalgamation and practice of all the techniques. Leaving the retreat, she made a contract with herself that she would “try to practice daily” but not berate herself if she did not.

My second research question asked how Allison described the influence of participation in the intervention. Allison attended two of the four CARE follow-ups. At the five-month follow-up, Allison had successfully networked through the county’s wide array of mindfulness PD activities and had become a fixture in four of them. In so doing, she met regularly outside of school time with these four different groups, two of which offered her a credential. Allison’s Centerpiece worked because of its accountability structures and the positive environment it created. Ever the “Zealot” in this study, Allison shared ideas on how to spread mindfulness to more teachers, expressed an interest in helping CARE to grow, and planned to incorporate elements of mindfulness into her education studies at the doctorate level.

CHAPTER EIGHT: CROSS-CASE ANALYSIS AND CONCLUSION

In this final chapter, I first look across these three individuals to illuminate cross-case findings, or themes, that were apparent when I considered the three cases together. I then describe some preliminary conclusions and consider the conceptual framework that guided this study. Finally, I indicate both the limitations and the implications of the findings for future research.

To this point in the study, I have considered only individual examples of the phenomenon of interest. In what follows, I look back over all three participants and analyze the ways they perceived the CARE intervention and used it at five-month follow-up. In so doing, I articulate the major patterns that I noticed across the data.

Research Question 1: Perceptions of the Intervention

In the section that follows, I consider how the participants perceived CARE the week after the intervention, what they found most effective, least effective, and the reasons why the intervention worked or did not work for them.

Most Effective: Compassion Practices

Across all three cases, compassion was a central feature of each participant's perception of the most effective aspect of CARE. Although the caring and compassion practices were experienced and articulated in different ways, they were similar in that they were outward-focused as opposed to what one might expect at a teacher-centered, stress-reduction mindfulness retreat, namely, a focus on the individual self.

Carmen was perhaps the most vocal in her appreciation of the compassion practices. She spoke about both the caring practices and the mindful listening practices at length in both interviews. She remembered the "loving kindness" meditation as the most

helpful to her personally, and one that made her feel the most at peace. Thinking of others and sending them positive thoughts translated for Carmen to a more open mind—a consideration that other people “maybe are doing their best”—and brought as a welcomed byproduct a greater feeling of personal well-being. Furthermore, Carmen used terminology of how the mindful listening practices permanently “marked” her, more fully opened her up to the experience of the retreat, and helped her remember very minute details about her partners’ lives, even five months later. She talked about how these listening practices loosened the layers, and how shedding some of those layers brought the participants together in somewhat surprising and novel ways. Because of this allowance, she was able to “really let go” by the last day and feel at ease in the intervention, even with a limited English background and when she was asked to do her least-favorite PD activity, role play.

Dennis, likewise, enjoyed the compassion practices of reflecting upon a memory of being cared for as well as reflecting on gratitude for life events. He spoke of how these practices reminded him of both his grandmother and his upbringing in South Africa. Furthermore, he thought the gratitude practice was so universally powerful that he could introduce it to his students. He enjoyed the mindful listening activities and gave an example from his very first mindfulness retreat of how the retreat director listened to him in an authentic, fully-present way, and how that experience “hooked” him into the mindfulness world ever since. Finally, while on the CARE retreat, he learned about a research project on compassion that piqued his interest—he “had to go read more.” This research inspired him to extend his Zen Moment to include a compassion component, where students share what was bothering them on a compassion board that he then used

to follow up with them outside of class time. This compassion piece also sparked the creation of a mindfulness curriculum that he planned to pilot with a co-teacher the following school year.

Allison did not point to one specific caring and compassion practice that was most meaningful, but rather an amalgamation of all the “good outward positive thinking” as being the most effective for her. She spoke of a newfound awareness that she could “send positive vibes,” “project mindfulness onto others” and “infect the masses” with this new way of being. Such outward-focused mindfulness was a big “a ha” moment for Allison who had previously thought of mindfulness as an individual activity; she now sees it as a conduit to think of others and the impact she can have on them. She planned to use this newfound skill to indeed project mindfulness onto others, and at five-month follow-up provided examples of verbally changing the tenor of faculty meetings as well as silently sending caring practices to family members back home. It was clear across both interviews just how much Allison wanted to impact others’ lives for the good—her students, colleagues, family, and future research projects at the doctorate level. Furthermore, the compassion toward her own emotional state resonated with Allison. After CARE, she was able to see that she could take a compassionate approach to her emotions rather than try to fix or wholesale disregard them.

These findings on compassion came as a bit of a surprise. First, the compassion practices constituted only 20% of the intervention weekend; far more time was dedicated to mindfulness and emotional regulation practices. Second, almost no didactic instruction occurred around caring and compassion, save for a brief discussion on the subtle differences between compassion and empathy. Much of the learning on

compassion revolved around experiential activities such as the “loving kindness” meditation, the guided meditation on a memory of being cared for, and the mindful listening practice with partners. The facilitators did, however, speak of a significant research project in the field of compassion, and they encouraged participants to read more in their spare time if interested. Indeed, Dennis did just that, and this individual research spawned both the extension of a classroom activity and the creation of a new curriculum.

The participants’ appreciation for outward-focused compassion was also a surprising finding given how much of CARE is touted as a mindfulness retreat and stress reduction workshop. Teachers were encouraged to “take CARE” of themselves by attending this retreat that promises to tackle the “burnout cascade” (Jennings & Greenberg, 2009) that afflicts so many of their peers. The Garrison Institute’s website describes CARE as “designed to help teachers reduce stress” and “enliven their teaching,” as well as “improve mental concentration and emotional responsiveness” (www.garrisoninstitute.org). The retreat is not heralded as a touchy-feely love fest, but rather an individual intervention for a very stressful job. Participants presumably do not enroll with the expectation that they will be asked to dispatch “loving kindness” onto their worst enemies. Rather and more specifically, this study’s three participants enrolled with the expectations to “learn techniques to relax” (Carmen), “really see what this CARE is all about” (Dennis), and “learn strategies to cope with the issues going on within my own life” (Allison).

Furthermore, mindfulness in its purest form involves sitting in contemplative silence and noticing thoughts as they arise. It is decidedly not others-focused and perhaps the most self-focused PD activity. Finally, the caring and compassion practices

at CARE were introduced specifically *to help the individual teacher relax more*. Indeed, directly before the “loving kindness” meditation, here is what the facilitators say:

We are often very generous and compassionate towards our students and others, but may not be as kind to ourselves. Often we are our own worst critics, expecting ourselves to do everything right and blaming ourselves if we feel we have failed to meet the needs of our students. We may not have learned effective ways to care for ourselves. . . . In CARE we introduce different ways to nurture yourself emotionally. Being a caring, nurturing presence to yourself takes practice. . . . Having generated love and appreciation for yourself, having allowed this to be really felt and received by yourself, begin to turn your attention to someone else. (CARE Facilitator Manual, 2014, p. 81)

That these three teachers spoke so highly of the outward-focused compassion practices seems to warrant a further look. These preliminary findings on compassion, however, are consistent with two recent MBI studies, both of which included a compassion and emotional regulation portion. Recall from the literature review the Benn et al. (2012) study that found teachers in an MBI demonstrated positive increases in patience, empathy, and forgiveness of self and others. This MBI was similar to CARE in that its content was 70% of a typical MBSR program, along with “additional content focused on emotion theory and regulation, forgiveness, kindness and compassion” (p. 4). The compassion effects in the treatment group also increased over time, with all participants showing greater levels of patience, forgiveness, and compassion at two-month follow-up, despite not having received any more compassion instruction or practice during that time.

Similarly, the teachers in the Kemeny et al. (2012) study demonstrated greater feelings of compassion when shown pictures of people suffering, more quickly identified compassion-related words in a verbal task, and better identified specific facial expressions, which the researchers contend is a core component of empathy. The

participants also showed significantly less hostility toward their domestic partner when asked to discuss a thorny issue on the home front. These researchers, like Benn et al. (2012), examined an MBI that had an emotional skills and an empathy and compassion component in addition to strict mindfulness, that is, a program similar to CARE.

Benn et al. (2012) even put forth the concept termed “relational competence,” which they posit deals with measures of empathetic concern and forgiveness, as an unanticipated but welcomed byproduct of the MBI. By enhancing individuals’ capacity for self-awareness, empathetic concern, and emotional regulation, mindfulness “sets the stage for enhancing relational competence” (p. 9) among educators. Additionally, increased mindfulness affords the opportunity for more clearly perceiving the other “without the veil of clouded judgments and, as such, may encourage individuals to become kinder and more sensitive to the needs of others” (p. 9). Beyond this brief introduction to the concept of relational competence, the researchers agree that a logical next step is to see whether such changes in self-reported compassionate concern correspond to observed changes in actual relationships between teachers and those with whom they come in contact.

This concept of “relational competence” (Benn et al. 2012) sounds somewhat familiar to “relational trust” (Bryk & Schneider, 2002), a concept well-studied and documented in the education literature (e.g., Bryke et al., 2009; Tschannen-Moran, 2004; Hoy & Tschannen-Moran, 1999). Bryk and Schneider (2002) maintain that relational trust within a school community is a key resource for improving schools, and that by building this trust in school relationships, it can combat the decline of social capital that often plagues schools. According to Bryk and Schneider (2002), relational trust is built

on four criteria: competence, integrity, respect, and personal regard for others. The authors describe each of these four criterion as follows: Competence in the execution of a role is the ability one has to achieve the desired outcomes. Integrity is the consistency between what people say and what they do. Respect involves the recognition of the role each person plays in a child's education. Last of all, and most important for this analysis, personal regard for others is defined as the *perception of how one goes beyond what is required of their role in their caring for another person* (Bryk & Schneider, 2002, italics my own). Reading that definition a second time might give one pause; is "caring for another person" really an important component of school success? The authors of this well-informed phenomenon seem to think so.

Similarly, the philosophical arguments of Noddings (2013) on the importance of "natural caring" lend themselves to the relational aspects of which all three participants spoke. "Natural caring" has at its core a receptivity to those involved in relationships and focuses on what is particular and unique in human relations, as opposed to what is foreign and dividing. The focus is on seeking more information, "talking to others to see their eyes and facial expressions, and to ultimately receive what they are feeling" (p. 11). Noddings (2013) argues that such a focus is universal; that is, caring is basic in human life—all people want to be cared for. The participants in this study seemed to echo such a standpoint. "Unfortunately, many organization tend to diminish the ethical ideal. . . . They demand loyalty, insist upon the affirmation of certain beliefs, and separate members from nonmembers on principle" (p. 117). Noddings (2013) proposes a realignment of the education system to encourage and reward not just rationality and trained intelligence, but also enhanced sensitivity and care in moral matters.

The findings from my study cannot confirm or disconfirm the linkages between an MBI with tenets of compassion and the establishment of natural caring and comprehensive relational trust, of course. These findings do, however, supply sufficient evidence to warrant future research. How MBIs impact personal regard in educational contexts may have implications for research on ways to build relational trust. Indeed, we've known for decades that relational trust is an important component of school success, but we know far less about how it is initiated and sustained. Future research on MBIs, and especially ones with a caring and compassion portion, may profit from an examination of an impact upon relational trust in any way.

Least Effective: Mindfulness practices

Similarly surprising in the data was the fact that participants cited actual mindfulness meditation practices as being the least effective for them. Recall that mindfulness/stress reduction comprised 40% of the weekend and, as stated earlier, were the main expectations of two of the participants, Carmen and Allison. However, the participants all brought up a mindful practice that they either did not understand or particularly like. Carmen did not care for the mindful walking exercise (“Ok, I get it,” she had impatiently thought). Dennis did not like mindfully eating on a retreat yet again (“Eh, here we go again,” he had thought as he hastily consumed his second tangerine while being asked to thoughtfully consider the outside peel of the first). And Allison did not like that so much of the mindfulness activities were basic and meant for novices (“I feel like we did some very basic stuff,” she had said).

This finding brings up two interesting points from the research. First, perhaps mindfulness meditation practice *is* just tedious, difficult work, work that can often feel

basic, repetitious, and monotonous as the participants said. Recall that mindfulness interventions focus on teaching the development of skills to enhance present-centered attention and awareness (Bishop et al., 2004). Maybe maintaining a “present-centered attention and awareness” is not the easiest thing to actually do. It might not come with the feel-good emotional boost of, for example, projecting kindness outward or authentically listening to another for the first time. Furthermore, maintaining a “present-centered attention and awareness” might be actually burdensome for teachers as a profession in particular, a group that makes their living on their feet, juggling curricula while putting out proverbial fires, and dealing with multiple stimuli at once.

Grossman, Niemann, Schmidt, and Walach (2004) posit that mindfulness practices rest on the following six assumptions: (a) Ordinarily humans are largely unaware of their moment-to-moment experience; (b) Humans are capable of developing the ability to sustain attention to mental content; (c) *Development of this ability is gradual, progressive, and requires regular practice* (italics my own); (d) Moment-to-moment awareness of experience will provide a richer and more vital sense of life, inasmuch as experience becomes more vivid, and active mindful participation replaces unconscious reactivity; (e) Such persistent, non-evaluative observation of mental content will gradually give rise to greater veracity of perceptions; and (f) Because more accurate perception of one’s own mental response to external and internal stimuli is achieved, additional information is gathered that will enhance effective action in the world and lead to a greater sense of control (Bishop, 2002; Goleman, 1977; Kabat-Zinn, 1990; in Grossman et al., 2004). This method assumes that nobody is particularly well-versed in mindfulness technology, but that we can learn it *gradually, progressively, and*

with regular practice. Furthermore, by continuing to practice it, we will presumably open doors to a richer and more vital way of being in the world.

With that said, anyone who has ever practiced meditation for any period of time will tell you that this non-judgmental “present-centered awareness” does not happen overnight, if it ever happens at all. According to Meiklejohn et al. (2012), mindfulness is a process of human development, a practice not a goal. To develop this state of being takes great time and discipline. It is not “like other cookie cutter curriculums that can be learned in a day, outlined in a resource guide, and then brought back into the classroom” (p. 924). Comprehensive benefits depend upon a “felt sense of presence that is embodied by the teacher in everyday activities, both inside and out of the classroom” (p. 924). Training teachers to embody mindfulness by developing a foundation of personal practice—a very difficult thing to sustain, and a practice that can indeed feel repetitious and basic—will then presumably create a wider and more sustainable benefit to the entire system of education. Mindfulness meditation, like many monumental goals, seems to come from the school of small steps. These findings from my small sample make it difficult to posit much more than these three participants found aspects of meditation to be tedious, but that the literature tells us such is a fundamental aspect of the practice.

Why CARE Worked: Collaborative and Collegial

When I tried to understand why the intervention worked for these three participants, it appears that the support of a group helped the participants experience the retreat most fully. Carmen spoke of the confidence-building aspect that occurred through mindful listening and the “we’re all in this” sort of connection she felt with the other participants. Dennis suggested that being around likeminded people and hearing

mindfulness teachings a second time were the main reasons CARE worked for him. Finally, Allison said she needed the “support of a group at this point” in her mindfulness journey and appreciated the time set aside over a weekend for that purpose. A theme that transcended all three, then, is that a certain community element to a mindfulness retreat was important.

The findings in this study align with some aspects of high-quality PD, according to the literature. Research on effective PD highlights the importance of collaborative and collegial learning environments that help develop communities of practice able to promote change (Darling-Hammond & Richardson, 2009). Furthermore, according to Bryk, Camburn, and Louis (1999), collective work in a trusting environment provides a basis for inquiry and reflection, allowing teachers to raise issues, take risks, and address dilemmas in their own practice. This supportive community, then, contributes to a shared culture, to a “we’re all in this” mentality of which Carmen spoke so eloquently. Garet, Porter, Desimone, Birman, and Yoon (2001) speak further of this “we’re all in this” shared culture. They contend that PD designed for groups of teachers, in addition to giving teachers the opportunity to discuss concepts and problems that arise, also “contributes to a shared professional culture, in which teachers develop a common understanding of goals, methods, problems, and solutions” (p. 992).

Moreover, there is some evidence that this shared professional culture can actually help sustain motivation (Liebermann & McLaughlin, 1992). For Dennis and Allison, the capacity of a shared professional culture appeared to motivate them both. Dennis appreciated being around other people interested in mindfulness, people whom he described as “you can’t go wrong.” Since he is a self-professed mindfulness retreat

junkie, he may need the motivation of a group of likeminded peers to continuously inspire him to complete these often, as described above, tedious practices. Allison, likewise, affirmed that she needed the support of a group at this point in her practice and cited the example of just how motivating and necessary a yoga class and teacher were, even when she knew all the poses and could do them on her own.

The interplay of community and trust warrants further consideration here. Lieberman and Miller (2008), through their research on professional learning communities (PLCs), found that before community can be developed, participants need to learn to trust each other: “Once trust is established, openness about practice follows” (p. 106). Carmen reported something similar when she realized at CARE that she was not the only one struggling with aspects of teaching as she had previously thought. Also, perhaps she was able to commit to the thrice-weekly meditation group because a certain trust had been established with the other two teachers through their communal participation in CARE. There are myriad ways that communities initiate the process of getting to know one another; it could be a book group, a summer institute, or a mindfulness retreat over a three-day weekend, as it was for Carmen. According to Lieberman and Miller (2008), these communities of practice are not merely friends or networks of connections, but rather those who have shared an experience, presumably one that has indelibly “marked” them, as Carmen noted. The support of a community and the importance of trust in mindfulness practices seemed to interact in my study in ways that were difficult to conclusively account for. Researchers investigating the use of trust in building communities of practice may profit from attending to the ways that trust impacts upon community development and vice a versa.

The support of a community was not the only reason given for why CARE worked, and it should be noted that Carmen gave two other completely unrelated reasons. Carmen provided the most comprehensive responses on why CARE worked for her, and I speculate that this willingness to expound at length was because it was her first exposure to a mindfulness retreat. She spoke of two other reasons why the intervention worked, the first that CARE was experiential and the second that it was logical, which I will briefly expand upon below.

Recall that CARE is experientially based on teachers learning and developing mindfulness in their personal and professional lives. The CARE program goes beyond introducing and explaining mindfulness techniques; participants have ample opportunities to engage in experiential learning by practicing self-care behaviors and de-stressing techniques. Carmen talked about having actually taught tenets of mindfulness in the past but not really understanding them to their fullest extent. That is, she taught the students in her social and emotional skills workshop how to “feel in the moment and how to breathe correctly,” but it was a “partial kind of mindfulness” before, one developed only superficially through a teacher’s edition. With regard to CARE, “it was nice to experience those activities or techniques first in me . . . because otherwise I think it wouldn’t have been so personal.”

Here the literature from both fields, mindfulness and PD, confirms the importance of the experiential. Snow-Renner and Lauer (2005) posit that active, experiential learning opportunities allow teachers to transform their teaching and not simply layer new strategies on top of old. These opportunities often involve modeling the new strategies and constructing opportunities for teachers to practice and reflect on them

(Garet et al., 2001). From the mindfulness literature, we know experiential-based learning addresses the gap between cognitive knowing and applied practice and reflects the non-didactic embodiment of mindful teaching (Flook et al., 2013). Training teachers to embody this experiential mindfulness by developing a foundation of personal practice also creates a wider and more sustainable benefit to the system of education as a whole (Meiklejohn et al., 2012).

Carmen also talked about how the CARE weekend was simply “logical” to her. Having earlier characterized herself as “more on the scientific side of things,” she reasoned that through the use of mindfulness, if an individual ceased ruminating on recurring thoughts, “naturally you will feel better.” This finding connects with previous mindfulness literature, and supports the idea that:

When it [attention] is released from elaborative thinking, more resources are made available to process information related to current experience. This increases access to information that might otherwise remain outside awareness, resulting in a wider perspective on experience. (Bishop et al., 2004, p.233)

Apparently, if you free your mind, the rest will follow. This shift in perspective then leads to, according to Grossman et al. (2004), a richer and more vital way of being in the world.

Why Care Might Not Have Worked: “One-Shot” Workshop Model

The participants seemed to enjoy their time at CARE such that they had much to report about how useful it was and why it worked for them. Entertaining rival explanations, however, forces one to consider why CARE, as a weekend workshop alone, might not have worked, or why it might not have worked for a different sample. From the literature, it would appear that CARE also exhibits some elements of low-quality PD. That is, CARE was a “one-shot” workshop model, and void of the potlucks it was not

sustained, it trained teachers in new techniques and then set them free without support, and it expected teachers to make changes in isolation (Darling-Hammond & Richardson, 2009). Add to that the “sage on a stage” Dr. Jennings, the CARE lead creator, researcher, and facilitator who was there administering it, and this intervention has many of the trappings of a low-quality PD experience, albeit, a feel-good one.

While the CARE retreat displayed some characteristics of low-quality PD, it still seemed to energize and motivate the participants to want to make mindful changes in their personal and professional lives, at least during the times I observed and interviewed them. Here an interesting observation of the data should be noted: All three participants left the retreat with intentions of beginning a particular practice. Carmen wanted to start a mindful moment at the beginning of every class period (similar to Dennis’s Zen Moment), Dennis wanted to have his students write a letter of gratitude to a loved one, and Allison wanted to “try to practice daily.” However, at the five-month follow-up, only Dennis had followed through with his activity. Carmen never got her Zen Moment off the ground, and Allison found that she would “rebel” against forcing herself to practice meditation daily on her own. It would appear that CARE may have set up two of the participants for one type of practice, who then followed through with a completely different type of practice.

My second research question looks at the consequences of participation in CARE and examines why the intervention continued or did not continue to work for the three participants. That section appears below.

Research Question 2: Influence of Intervention at Five-Month Follow-Up

All three teachers kept up with a form of a mindfulness practice after the CARE retreat. The ways in which they did so varied greatly, however. My second research question, how teachers described the consequence of participation in CARE, is organized around two main areas: the teachers' Centerpieces and why the Centerpieces may have worked for each participant. I conclude with an analysis of why the Centerpieces worked, or might not have worked, through an examination of the related literature.

Centerpieces Compared

The fact that all three participants kept up with some aspect of what was taught through CARE was immensely interesting to me. Having participated in mindfulness retreats over the years, I knew firsthand how difficult it is to sustain these practices once the intervention ends and the support structures dwindle. Furthermore, the aforementioned PD literature led me to speculate that such a traditional, episodic approach might lead to merely a "flash in the pan" fling with mindfulness on the part of many of the participants. All three participants, however, formed, joined, or reimagined various mindfulness communities, and then relied upon the support of these communities for accountability. Carmen relied upon two co-teachers at her school, Dennis relied upon the students in his classroom, and Allison relied upon various cohorts within the county's mindfulness PD community. The support of a community, then, continued to be an important theme for all three participants past the CARE weekend.

The locations, time commitments, and financial commitments of all three Centerpieces are worth noting, as well. Two of the Centerpieces (Carmen and Dennis) took place at their individual school sites, while Allison's took place elsewhere. Allison

traveled to a different location, outside of school hours and on her own time, for night and weekend gatherings. Carmen simply walked down the hall a few doors three times a week for 10-20 minutes. Dennis never even left his classroom; he incorporated his Zen Moment into the beginning of every class and when he saw “the kids are really into it,” he extended it as long as “six or seven minutes,” presumably missing important instructional time. Allison’s various groups met weekly for 10 weeks (Yoga4School), weekly for eight weeks (MBSR), monthly for two of the four sessions (CARE follow-ups), and once per semester (daylong at the farm). With regard to how much money the Centerpieces cost, both Carmen’s and Dennis’s Centerpieces were free; Allison’s were not. While the CARE follow-ups and the farm retreat were free and open to all teachers in the county, the Yoga4School and MBSR trainings were credentialed programs requiring a fee.

The focus of these Centerpieces should also be considered, and particularly whether they were undertaken to benefit the participants solely, their students, or a combination of the two. Carmen’s teachers’ group was undertaken as a personal benefit; she enjoyed the time for herself as well as the social component with other teachers. Dennis’s Zen Moment, on the other hand, was for his students, though he admitted he needed that time as well. His compassion extension, however, appears to be a selfless activity though, again, he mentioned that a certain behavior management byproduct emerged when his students knew that he really cared about them. Finally, Allison’s various groups appear to be a combination of the two. She even mentioned a dilemma she felt when deciding between a mindfulness practice for herself versus one for her students. Research by MacDonald and Shirley (2009) confirms that teachers experience

a tension between engaging in restorative practices for themselves and meeting the endless needs of their students.

All three Centerpieces relied upon the use of meditation as the centering activity and a springboard to begin other activities. Moreover, all three involved some type of reflection and emotionally supportive sharing. Recall that in the first interview, however, each participant told me how moved they were by the compassion practices of CARE, yet two of them did not incorporate any of these practices into their Centerpieces, only Dennis did in his extension of a current practice along with a brand new curriculum. Granted, the Centerpiece activities practiced by Carmen and Allison may have included a fair amount of mindful listening and caring, though neither one mentioned the use of any of these CARE protocols specifically. In fact, Carmen was not even sure what was more helpful to her in the first place: the meditating and sharing, or simply the “social component” that followed afterward when they discussed what they would be doing over the weekend and other trivial facets of their personal lives.

Why Centerpieces Worked: Sustained over Time

The Centerpieces seemed to work for the participants for various reasons. By their own admissions, Carmen’s Centerpiece worked because it was regular, supportive, and accessible. Dennis’s Centerpiece worked because it was mutually beneficial to him and useful as a classroom management tool. Allison’s Centerpiece worked because of the accountability structures and the positive environment it provided her outside of a sometimes toxic school climate.

What’s common about the participants’ given reasons is that an outside observer could easily change the names around and argue that the same reasons applied. For

example, one could argue that Dennis's Centerpiece worked because, like Carmen's, it was regular, supportive, and accessible. Allison's worked, because like Dennis's, it was mutually beneficial to her and useful as a classroom management tool, and most especially her Yoga4School program. And Carmen's, like Allison's, worked because of the accountability structures and the positive environment it provided. That said, perhaps some universal themes exist across these three cases about why their mindfulness PD may have worked: that is, it occurred regularly, had some accountability structures, and was mutually beneficial.

It appears that keeping up with a mindfulness practice is what brought these participants some success with CARE. These findings are consistent with, and provide confirmation of, some of the literature on high-quality PD. Almost all the recent literature on teacher learning and professional development calls for professional development that is sustained over time (Garet et al., 2009). As stated earlier, the traditional episodic, fragmented approach does not allow for rigorous, cumulative learning (Knapp, 2003). Furthermore, Hawley and Valli (2007) contend that PD should be continuous and ongoing, involving follow-up and support for further learning, including support from sources external to the school that can provide necessary resources and new perspectives. We know that teachers simply need the time to strengthen their knowledge and practices by participating in communities in which they work on their knowledge over time, "allowing themselves enough time to develop norms for interaction, navigate tensions and conflict within the group, and build confidence to make dilemmas of practice public" (Kazemi & Franke, 2003, p. 5).

CARE, as a weekend workshop alone, may not have had as big of an impact upon these participants if no one sustained their practice. That is, CARE could have been like any fond old memory of a relaxing experience, no different from, say, spending a weekend at a bed and breakfast in wine country. All three teachers, however, grew their mindfulness practices over the course of five months. After the CARE intervention, Carmen became a thrice-weekly meditator; Dennis incorporated compassion into classroom meditations, and Allison joined four different mindfulness groups, though admittedly she was scheduled to attend the Yoga4School program prior to CARE. Was this cumulative PD learning precisely what the CARE facilitators had envisioned for its participants upon their missioning of them the afternoon of December 6, 2015? I cannot say, but in actuality, when considering mindfulness PD as a form of teacher renewal undertaken to prevent the burnout cascade, it might not even matter. That is, if we are working off the premise that mindfulness has the health benefits and classroom renewal properties posited in both the literature review and conceptual framework for this study, how the teachers practice mindfulness might not be as important as the fact *that* they practice mindfulness.

Here we also know from the PD literature that teachers' thinking is influenced by their knowledge and beliefs, and the beliefs people hold on things they care about are difficult to change (Kennedy, 2005). In short, teachers hold beliefs and values that justify their current practice. It is the reason why teachers often adapt, rather than wholesale adopt, certain reforms. According to Kennedy (2005), "Beliefs and values influence teachers' interpretations of virtually all their experiences, their interpretations of institutional guidelines, and the construction of nearly all their teaching practices" (p.

230). Teacher adaption over adoption may not always be to PD reformers' or the educational research community's liking. However, an important difference distinguishes mindfulness PD from a typical curricular-focused PD. That is, teachers do not learn the CARE toolkit to teach it to their students; rather, they learn these strategies to better manage stress, descend the emotional ladder, and take a compassionate stance toward themselves and others—all with the goal of being a more effective teacher in the long run. From that point of view, allowing teachers to *adapt* the PD experience, rather than adopt, could be a real strength of this type of PD.

Taken together, the data described here point to the effectiveness of sustained, experiential, and collaborative communal structures as important elements to mindfulness PD. An approach that meets these criteria, and one that has been increasingly featured in the literature, is the professional learning community (PLC). In this model, teachers work together and engage in continual dialogue to examine practice and to develop and implement more effective strategies (McLaughlin & Talbert, 2006). Teachers in PLCs also learn about, try out, and reflect on new practices in their specific context, sharing their individual knowledge and expertise (Darling-Hammond & Richardson, 2009).

Considering the three participants' "Musings on PD" collectively, I learned that two of them wanted a session at CARE to discuss ways to bring mindfulness techniques to students (Dennis and Allison), one wanted a forum for teachers to share individual mindfulness expertise and what they were already doing in the classroom (Dennis), while two others (Carmen and Allison) wanted a "shot" of mindfulness to be administered to teachers, with Carmen calling for the building of trust as an important first step in the process, and Allison putting forth the idea of monthly "check-ins" at salons. Their

collective input on mindfulness PD is redolent of the aforementioned definitions of a PLC. Moreover, Allison felt that this type of PD should be mandatory, similar to the county's mandated weeklong Responsive Classroom training, while Carmen felt that the "right" type of person might be a better fit, someone more amenable to the concept of mindfulness, though she herself admitted she was an initial skeptic who had reconsidered her preliminary stance after participation in CARE.

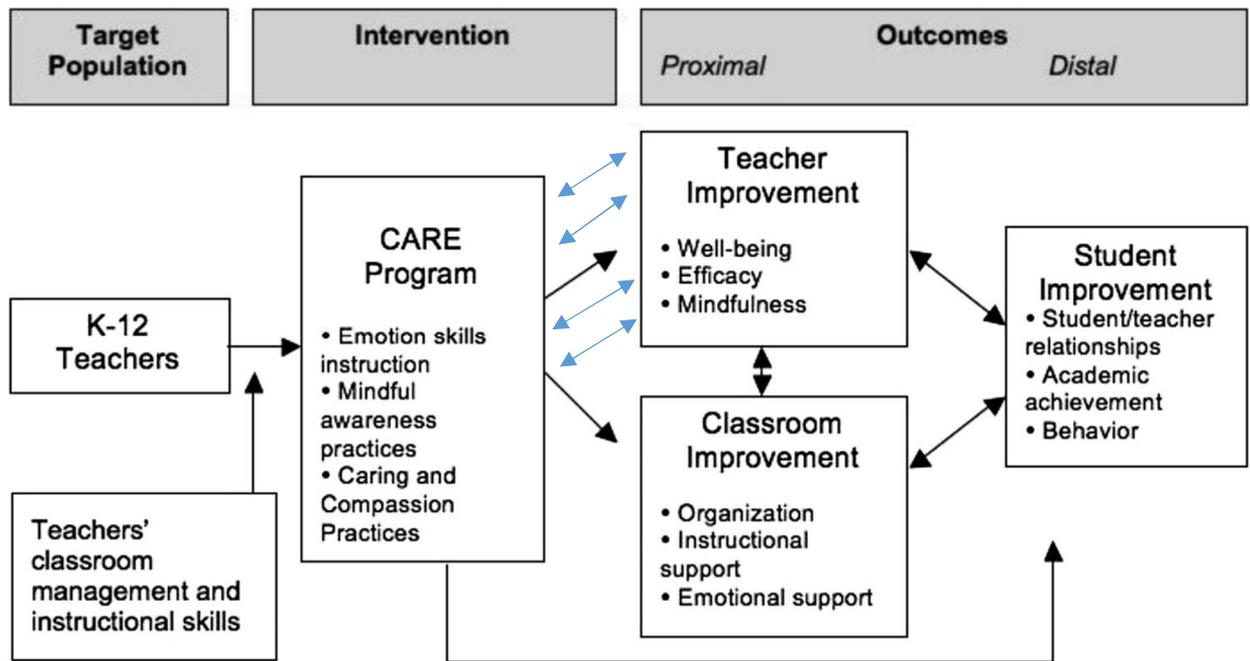
The ad hoc monthly potluck follow-ups, initiated by Dr. Jennings during the gratitude portion of CARE, may be a form of a mindfulness PLC in the making as well as a nice encapsulation of the participants' musings on PD. Recall that the original CARE program does not include these group follow-ups; participants instead receive intersession coaching calls, and once the final booster session is complete, the intervention ends and teachers return to their individual teaching sites. Perhaps having a time and place for teachers to assemble on a regular basis to practice CARE techniques, receive guidance from external sources with necessary resources and new perspectives (Hawley & Valli, 2007), and support one another in incorporating mindfulness more fully into their professional lives might be the direction CARE moves in order to maximize teacher renewal, consistent with the literature on high-quality PD.

Why Centerpieces Might Not Have Worked: No Connection to the Classroom

With regard to all three participants sustaining their mindfulness practices after CARE, and both the mindfulness and PD literature heralding the importance of sustained practice over time, we now must turn to the obvious elephant in the room: Did these mindfulness practices have any impact upon the teachers' teaching? That is, these types of mindfulness PD opportunities may run the risk of weak implementation if teachers

only focus on themselves and their own mindfulness growth, at the expense of their students and classrooms. For that discussion, I return to the conceptual framework that undergirded this study.

The CARE conceptual framework for this study functioned as a lens to direct my attention throughout data collection, analysis, and reporting. The framework allowed me to approach CARE as an MBI with an articulated logic model by which teachers were able to facilitate mindfulness practices both at the intervention and at five-month follow-up. Additionally, the CARE framework allowed me to unpack this complex practice into component parts to better understand the phenomenon at play.



Jennings, Frank, Snowberg, Coccia, & Greenberg, 2013

Figure 3: Conceptual Framework for Study

Considering the proximal Teacher Improvement outcomes specifically, probably the most surprising finding in these data was the lack of explicit evidence regarding

teachers' efficacy, the second item in the box. Quantitative data from past studies (see Jennings et al., 2013) showed statistical significance in all but one of the efficacy subscales when participants were tested at the post-intervention point. In that particular study, efficacy beliefs were defined as *teachers' judgments* (emphasis my own) about their own capacities to affect student learning and student engagement, even with challenging students (Tschannen-Moran & Hoy, 2001). In addition to these findings on the CARE program, other studies using a different MBI have shown a statistically significant increase in self-efficacy post intervention (Benn et al. 2012; Kemeney et al. 2013; Poulin et al., 2008). Furthermore, a majority of the reviewed studies for this dissertation also showcased improvements in specific classroom measurements (i.e., increases in observer-related classroom organization [Flook et al., 2013]; improvements in curriculum development [Napoli, 2004]; and improvements in behavior management [Albrecht et al., 2012]).

From the data analyzed for this study, I learned about teachers' perceptions of two of the subscales in the teacher improvement box: well-being and mindfulness. Only Dennis, however, spoke directly of CARE as helping to improve his efficacy, and the examples he gave appear to fall more into the classroom improvement box of the model. From Dennis's data, I could speculate that his Zen Moment led to classroom improvement through greater organization ("It does wonders in crafting how I'm going to give the big picture.") and emotional support of his students when he reaches out to them based on their compassion board sharing. These two items contributed to his reported successful classroom management philosophy and ability to impart instructions without a struggle. However, it may in fact be the case that Dennis's taking two to three minutes

(and sometimes as much as “six or seven minutes”) each class period decidedly *did not* make him a more efficacious teacher but rather made him a middle school social studies teacher who is wasting class time and perhaps even being played by his students.

Furthermore, with regard to the second research question, it is also difficult to ascertain whether Dennis’s reported efficacy stemmed from his Zen Moment (a practice started before CARE) or the conversations outside of class time (a compassionate follow-up that arose out of CARE), or a combination of the two.

The other two participants provided more indirect examples of how their efficacy may have improved. Carmen, for instance, spoke briefly about how she does not “get as upset about things” that happen in her classroom as she used to. She also spoke about reaching out and sending the caring practices to one of her most challenging students the day after the CARE retreat. She then spoke of how surprisingly well-behaved this student had been in that particular class on account of it. From an efficacy standpoint, a teacher’s ability to reach a challenging student presumably lends itself to more efficacious interactions with that student and perhaps even more efficacious interactions with the class as a whole when such an acrimonious relationship is neutralized. Allison, likewise, anecdotally speculated how the Yoga4School stretches and CARE mindful walking techniques she had taught her third graders may have helped some of them do better on their state exams—she “definitely had some surprises with some of my friends that I thought would not pass.” However, neither Carmen nor Allison really discussed at length how their *teaching* had benefitted because of CARE. Given that many researchers have argued mindfulness improves efficacy, and that the conceptual framework for this study posits the same, these findings give me a bit of pause.

Even though my findings are somewhat inconclusive with regard to teacher efficacy, this study cannot summarily disregard the efficacy subscale of the conceptual framework. Presumably, the mastery of the teachers who participated in the CARE intervention remained fairly constant over the course of the study. That is, they did not experience a decrease or a spike in their content knowledge and skills related to teaching either the week after the retreat or at the five-month follow-up. The findings from this study could, however, lead one to speculate that greater compassion, emotional regulation, and mindfulness may affect, by way of example, some negative efficacy beliefs by creating a more positive mind state for the teacher. In other words, although a teacher's mastery remained fairly constant, he may just feel more in control of the classroom situation and hence more competent, given that he feels a heightened sense of control over his emotions and a compassionate understanding toward others, somewhat akin to what Dennis described. Perhaps this reasoning could account for why nobody spoke out explicitly about teaching efficacy. Researchers in the future could enhance the value of this variable by developing methodological tools that test for it specifically.

In order to truly discern teacher efficacy, a different research design is arguably needed. Such a research design might have included a classroom component as well as outside observer-rated interpretations of efficacy. Moreover, interviews with students and colleagues, as well as pre- and post-intervention observations of teaching skill, would indicate efficacy in a far stronger manner. Similarly, had I studied the more traditional CARE I might have garnered more data on teacher efficacy. However, my intervention and my research design identified teachers' experiences of a mindfulness-based intervention through their own admissions and what they wanted to share with me. That

said, how deeply one's life (on both a professional and personal front) is influenced by an intervention such as CARE, and how lengthy the effects of such "treatment," are complicated processes and will continue to remain so. Such is the nature of the somewhat esoteric phenomenon of mindfulness.

Conclusions

In this dissertation study, I set out to investigate how teachers perceived and used a mindfulness-based intervention. The research questions that guided this inquiry were:

RQ1: How do teachers in a mindfulness-based intervention (MBI) perceive the intervention?

RQ2: How do teachers describe the influence or consequence of participation in the intervention?

This research was designed to address a gap in the existing literature regarding mindfulness-based interventions and their applications with teachers. The current research employed a qualitative case study design to give voice to how three teachers experienced and integrated CARE into their professional and personal lives. The three teacher-participants in this study provided information-rich cases (Patton, 1990) of the phenomenon of interest and provided insight into how they experienced the intervention, integrated mindful awareness practices they learned at CARE, and applied mindfulness at a follow-up point. Based on findings from individual cases and from a cross-case analysis, I have derived a set of conclusions in response to the study's main research questions.

Conclusion 1: Perceptions of the Intervention

The compassion component of CARE was particularly beneficial to the participants of this study as it appeared to assist them in an ability to perceive others, and their impact upon others, in new and welcome ways. This component, combined with emotional regulation and mindful awareness practices, appeared to help the teachers shift and widen their fields of responsiveness, thus creating more openness and receptivity

toward others. This finding contributes to the literature by confirming aspects of previous MBI studies that suggest that teacher compassion and empathy are enhanced through participation in MBIs (Benn et al., 2012; Kemeny et al., 2012). Other MBIs for teachers might look to CARE as a model for integrating compassion into the application of teacher mindfulness. The field of mindfulness PD in particular might consider incorporating compassion instruction as it may potentially impact upon relational trust, a known component for school improvement and success (Bryk & Schneider, 2002).

Conclusion 2: Influence of the Intervention

Teachers described the influence of CARE through their ability to adapt, rather than adopt, elements of the CARE training to fit their individual and school contexts. They also maintained follow-up Centerpieces through ongoing support mechanisms over the course of five months. I posit that CARE worked for the teachers in this study because, in addition to CARE's workshop format, the teachers themselves designed sustainability structures in which they were able to practice on an ongoing basis. Based on this study's results, I speculate that mindfulness PLCs, similar to the monthly CARE follow-ups that two of the participants attended, might be a promising next step for the field since they build upon elements of both the mindfulness literature, which suggests the importance of practice (Grossman et al., 2004; Meiklejohn et al., 2012), and the PD literature, which posits the effectiveness of sustained, collaborative PD opportunities as critical to teacher growth (Darling-Hammond & Richardson, 2009; Garet et al., 2001; Hawley & Valli, 2007; Kazemi & Franke, 2003).

Limitations

Methodological limitations are part of all research studies, and this study is no exception. I discuss the study's limitations below.

Sample

My chosen sample size of three participants was small; therefore, it is important to note that generalizability was not the aim of the current study (Miller-Day, 2004). The findings of the present study could possibly be loosely transferable to school personnel in similar settings, but should not be generalized. In addition, the sample included participants from a Mid-Atlantic state, and so that representativeness limits geographic diversity. The location also further limits diversity of experience in that they hail from a college town that boasts a university with researchers and research centers well-versed in the phenomenon under consideration, as well as a district-level human resources department that compiles and publicizes these types of PD activities. Finally, the sample also consisted of a motivated group of self-selecting participants who all received the intervention for free. Thus, it is unclear how this study would have played out in a community not as supportive to mindfulness PD, or with a sample of participants who had to pay for the intervention. Also recall the fourth high school teacher from Carmen's school who attended CARE but did not continue with the other teachers' after-school meditation group. Had I interviewed her instead of Carmen, I might have garnered completely different perceptions and implementations of CARE, or lack thereof. I do wish to point out, however, that despite these limitations to the sample pool, the participants in my study represented varying levels of teaching grade level, educational attainments, cultural backgrounds, mindfulness background, and gender. However, even

with this diversity of background, the small sample from this particular geographic area limits the ability to make wholesale claims about who benefits and how people who benefit from involvement in CARE do so.

Interviews

While the interviews were semi-structured and participant-driven in an attempt at an in-depth exploration of the phenomenon, I only conducted two one-hour interviews with each participant. I did, however, conduct a third interview via email to shore up themes, member check various data points, and clear up essential background data. With regard to my role as interviewer being a limitation, I conducted these interviews after playing an active role as participant observer during the CARE intervention and was thus present throughout the entire weekend. I also compensated the three teachers for participation in my study. Obviously knowing me, knowing that they would be compensated, and knowing that I would follow up with them in five months could have affected their experiences and/or what they decided to share with me. Therefore, it is impossible to know what perceptions participants had regarding my role and the extent to which, if any, this knowledge impacted their responses. Another limitation that may have inadvertently arisen in my role as interviewer comes from my background in mindfulness and personal experiences with retreat modalities such as CARE. While I endeavored to ask non-leading questions and allow the participants to drive the interview, my body language or verbal validations may have inadvertently biased some of the participant's responses. To ward off this particular limitation, however, I actively made clear in both interviews that I had no connections to the CARE program and that I presumed no impact of their participation in the intervention.

Longitudinal Follow-Up

While I posited that my five-month follow-up was a real strength of this study in that it filled a gap in the MBI literature, this study may have benefited from another, longer follow-up interview to see if these effects continued to hold over time. My findings provided only immediate and short term results, and this study in particular would have benefited from an additional follow-up, as two of the participants were moving to new positions next year, apart from the support structures they discussed as so crucial to their mindfulness maintenance. It would certainly be interesting to see if Carmen's meditation practice continued in Mexico despite all the roadblocks she anticipated, and how Allison's practice fared outside of the county's support groups and within the new demands of a doctoral program. Finally, the evolution of Dennis's Mindfulness 101 course for middle schoolers would be fascinating to follow, as well as the ways in which compassion still played or did not play a role in his Zen Moment. All of these data indeed would have been of further interest, but they were investigations beyond the scope of this study. That said, a longer time period would have allowed me to ascertain just how resilient the participants' practices were across different sectors and contexts. Truer longitudinal studies over multiple-year time periods would help move the literature forward.

Implications for Future Research

This study offers several implications for future research on mindfulness PD. First, it prompts the need for similar research with other MBIs and other populations. Second, it prompts the need for data that account more fully for the teacher efficacy subscale and for the classroom perspective. Third, it prompts an investigation of some of

the conceptual issues that were beyond the study's scope, such as the mindfulness "dosage" amount.

First, as I described in this study's limitations, this research investigated three teachers in a county that houses a university and district office favorable to the concept of mindfulness. Though some findings were consistent with the related PD and mindfulness literature, the emerging body of mindfulness PD literature would profit from similar investigations of other teachers in other parts of the country, to see if perceptions and uses of MBIs hold across contexts. As mentioned in my literature review, sitting in contemplative silence as a form of PD might seem perfectly rational for some teachers, perfectly radical (and disturbing) for others. The desirability and social validity of these types of interventions were never fully attended to in the literature nor in my present study, and thus we simply do not know whether these types of interventions are important to K-12 public school teachers writ large or not.

Second, future investigations of MBIs for teachers would benefit from the classroom perspective. At present, the field is only moving in this direction, and I was heartened to hear that Dr. Jennings is analyzing preliminary student effects data of a CARE dataset from New York City. This necessary next step may move the field forward and perhaps foreclose those who might dismiss MBIs as an unnecessary self-help distraction. Elmore (2007) perhaps said it best when he asked quite simply: "If it's not teaching and learning, why are we doing it?" (p. 198). According to Elmore (2007), much of the policy making around PD that occurs has only a remote connection to teaching and learning, and much of it even complicates the already full plates of teachers by creating "a penumbra of distractions from the core problems of schooling" (p. 198). It is reasonable to expect that

any action of PD should be evaluated in terms of the value it adds to instruction. If it fails that standard, then it should bear a very large burden of proof. This study has identified and analyzed teachers' perceptions and utilizations of an MBI. An important extension of that investigation is an understanding of how students and classrooms respond to teachers' participation in an MBI, and whether and how their teachers' new skills impact them at all.

Similar to the classroom perspective, the teachers' efficacy subscale would benefit from a more robust means of accounting for it, as detailed in the "Why Centerpieces Might Not Have Worked: No Connection to the Classroom" section above. Future research might consider ways in which a more extensive CARE (one that afforded opportunities for teachers to further foster these modalities in students) might then affect teacher efficacy. Such a line of future research stems from this study in particular since two of the participants (Dennis and Allison) both requested a student-focused furtherance of CARE in their "Musings on PD."

A third suggestion derives from some conceptual issues, well beyond the scope of this project, but in particular the "dosage" or amount of mindfulness that is needed to truly create a mindful individual. Both Carmen and Allison gave advice on spreading mindfulness to more teachers by way of a "shot" of mindfulness, no more than an hour long. Yet both spoke of how important the entire CARE weekend was and how the combination of time and tested protocols helped them to fully enter into the experience. Perhaps such is the question the field may be running up against; that is, can mindfulness be distilled down into a one-hour PD session? Similarly, with questions related to dosage, the intervention I studied was a shortened version of the typical CARE, down

half the time from 30 to 15 hours. Yet all three teachers continued with the practice at the follow-up point. Perhaps something can be said about a shortened intervention weekend but with continuous and ongoing support structures initiated by the teachers themselves. My data are inconclusive with regard to dosage, and the question was beyond the scope of this study, but it raises questions worth further pursuit.

The ways in which participants integrated mindfulness and described and reflected on their use of it varied greatly in the present study; hence, these findings illuminate the need for further research. The integration of more qualitative program evaluation into larger-scale studies may also provide valuable feedback for program improvement. In a similar vein, additional qualitative research on CARE has the potential to assist in the development and refinement of measures associated with how participants internalize and apply what they learn from CARE, and ultimately to help clarify how they are different as a result of their involvement in the intervention. Furthermore, mindfulness should not be considered solely for its stress reduction properties; other benefits such as contentment and lifestyle exist that future research may also profit from examining. With more evidence of program efficacy, we may experience a shift in how policymakers approach PD so that they consider not only the skills the teachers need to educate students, but also the “habits of mind” they need to care for themselves so that they have a greater capacity to meet the needs of all those they serve.

Study Summary

K-12 teachers play a vital role in creating classrooms that foster student learning and school success. However, those same classrooms can also bring myriad stressors.

Mindfulness-based interventions (MBIs) may be one way to combat the stressors inherent in the profession as well as tackle the “burnout cascade” (Jennings & Greenberg, 2009) that can lead to costly teacher turnover (Ingersoll, 2001). Even with growing interest in MBIs in the past few years, researchers do not have a firm grasp on why or how these mindfulness professional development measures work for teachers. Without a systematic understanding of the ways that teachers experience and utilize MBIs, we cannot fully understand how—or if—these types of interventions are useful in any way.

In an attempt to address this gap in the literature, this study utilized a well-established MBI, Cultivating Awareness and Resilience in Education (CARE), to examine teachers’ perceptions and utilizations of mindfulness as a professional development protocol. The three teachers under consideration in this study have shown that learning and sustaining mindfulness practices is a personal process, but they also demonstrated that certain aspects of compassion, adaptability, and community were important at the intervention and through their continual maintenance of the measures at a five-month follow-up. This knowledge offers a foundation for continued research of its kind on more teachers, more MBIs, and in more parts of the country. My hope is that through a richer understanding of teachers’ expectations and perceptions of MBIs, researchers and program administrators can better support and advocate for those who endeavor to enliven their teaching, forestall burnout, and remain in the profession for the long term if they truly wish to and if they truly should.

APPENDIX A: Interview Protocol

I took a semi-structured approach to interviewing so I that I could stay as close to possible to the phenomenon. I also intentionally left my questions open-ended so as to privilege the participant and not presume any impact of the intervention. Finally, I tried to be as inviting as possible and encourage my “expert” informants to tell me a story rather than tread through a long list of protocols. To that end, follow-up questions specific to each participant’s particular answer were often asked for additional explanation. Following Patton’s (1990) advice, I asked such follow-up questions to add dimension to participant insights, including questions about their behaviors; opinions and values; knowledge; and senses and feelings.

RQ#1: How do teachers in a mindfulness-based intervention (MBI) perceive the intervention?

RQ#2: How do teachers describe the influence or consequence of participation in the intervention?

Interview #1: Perceptions (First Week Following the Intervention)

1. Please share some basic information about yourself, your teaching background, and your current teaching placement.
2. What was your immediate reaction to CARE now that the weekend is over?
3. What made you enroll in CARE and what were your expectations?
4. How would you describe your prior experience with mindfulness?
5. What aspect about the weekend did you find most helpful? Least helpful?
6. If you don’t mind sharing, what was the takeaway you wrote on your notecard?
7. What was missing from the program? What would have helped you more?
8. Is there anything else you would like to add to help me understand your experience with CARE this past weekend?

Interview #2: Influence of Participation (Five Months after the Intervention)

1. I hope you can help me better understand my second research question which is: “How do teachers describe the influence of their participation in CARE?” I want you to know that I do not work for CARE, do not presume any impact, and am not looking for any particular answers. I just want to find out how things stand now that we’re five months past the training. That said, is there anything that’s still holding for you from the training?
 - a. Follow-up questions specific to each participant’s response.
2. Now that the school year’s almost over, where do you see yourself going with these practices?
 - a. Follow-up questions specific to each participant’s response.
3. What, if anything, about the program was memorable to you?
 - a. Follow-up questions specific to each participant’s response.
4. Have you attended any of the CARE follow-up sessions; if so, can you speak to those?

- a. Follow-up questions specific to each participant's response.
5. Is there anything that I have not brought up or that you haven't had a chance to talk about that would help me to understand your experience better?

APPENDIX B: Observation Protocol

Observer: _____ Event: _____

Data: _____ Time: _____

Location: _____

Participants:

Setting:

Descriptive Account of Training Session

Time	Running Notes	Comments
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Initial interpretations and follow-up questions

APPENDIX C: Participant Recruitment Letter

December 4, 2015

Dear CARE participant,

Thanks for registering for the upcoming Cultivating Awareness and Resilience in Education (CARE) retreat! My name is Molly Dunn Deeley, and I am a doctoral student in the Department of Teaching and Learning, Policy and Leadership at the University of Maryland. For my dissertation research, I am conducting a case study on mindfulness-based trainings for teachers and thus invite you to participate.

In appreciation for your contribution, **you will receive a \$90 gift card.** I hope you will consider lending expertise which can help us develop insights into the exciting and growing field of teacher mindfulness.

Should you decide to participate, I will ask you to engage in **two to three semi-structured interviews, lasting forty-five minutes to 1-hr each.** During these interviews I will ask about your perceptions of mindfulness, the manner in which the CARE training impacted you, along with ways you intend to use or have used the training. The interview dates are as follows:

Interview 1: December 7-11, 2015

Interview 2: May 2016 (5 month follow-up)

Interview 3: If needed, at discretion of researcher and dissertation committee

The first interview will occur via Skype. The second interview I will return to Charlottesville and meet you at a location and time most convenient to you. The third interview may or may not be needed. **The total investment of time (including email or phone correspondence to coordinate meetings) is unlikely to exceed four hours.**

I hope you will consider participating! Please let me know if you would like to discuss the study further. I am happy to answer any questions you might have.

Sincerely,

Molly Dunn Deeley
PhD Candidate/Teaching and Learning, Policy and Leadership
College of Education
University of Maryland
Cell: 773.308.6331
Email: mdunn125@umd.edu

APPENDIX D: Participant Consent Form

Project Title	Habits of Mind: A Case Study of Three Teachers' Experiences in a Mindfulness-Based Intervention
Purpose of the Study	This research is being conducted by Molly Dunn Deeley, under the direction of Dr. Robert Croninger, in the Department of Teaching, Learning, Policy and Leadership at the University of Maryland, College Park. We are inviting you to participate in this research project because you are a teacher enrolled in the Cultivating Awareness and Resilience in Education (CARE) program. The purpose of this research project is to better understand the experiences of teachers who participate in a mindfulness-based professional development program.
Procedures	<p>The procedures involve two forms of data collection: interviews and observations.</p> <p>(1) You will be asked to engage in two to three (1-hour) semi-structured interviews over the course of the program; once at the conclusion of the training and once at a five month follow-up to the training. A third interview may or may not be necessary. The first interview will be conducted via Skype the week of December 7-11, and the second interview will take place at a setting of your choosing in Charlottesville in May 2016. These interviews will be recorded and transcribed; all audio and text files will be stored on my personal, password-protected computer. <u>At the end of your participation, I will provide you with a \$90 gift card as an appreciation for your time.</u></p> <p>The total investment of time required of you, including email or phone correspondence (to coordinate meetings) and interviews, is unlikely to exceed four hours over the course of the research project.</p> <p>(2) I will also observe the training and participate the weekend of December 4-6. The training as a whole will be observed; your individual participation in it will not.</p>
Potential Risks and Discomforts	During interviews I will ask you to discuss your expectations, experiences, and evidence of use with the mindfulness training. These interviews may at times cause discomfort due to the personal nature of discussing the practice of mindfulness. However, the interviews are semi-structured, and you will never be pushed to answer any questions that cause discomfort.
Potential Benefits	The benefits to you might include self-reflection on the mindfulness training that may lead to improved professional practice. We hope that, in the future, other people might benefit from this study through improved understanding of approaches to teaching mindfulness as a professional development protocol.

<p>Confidentiality</p>	<p>Confidentiality will be maximized in that I will store all interview recordings, transcripts, and observation notes on a password-protected Dropbox folder on my computer. Additionally, before saving any study-related documents to my computer, I will first remove any identifying information from transcripts and documents.</p> <p>In the final report, your identity and well as the identity of your school will be protected to the maximum extent possible with only pseudonyms used. Your information may be shared with representatives of the University of Maryland, College Park, or governmental authorities if you or someone else is in danger or if I am required to do so by law.</p> <p>After a period of 7 years or until I no longer need the data to use for the purposes of my own research and publication (whichever comes first), I will destroy all the data I have collected for this study.</p>
<p>Compensation</p>	<p>You will receive \$90 in a gift card format. You will be responsible for any taxes assessed on the compensation. If you earn \$100 or more as a research participant in this study, you must provide your name, address, and SSN to receive compensation. If you do not earn over \$100, only your name and address will be collected to receive compensation.</p>
<p>Right to Withdraw and Questions</p>	<p>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized. If you have questions, concerns, or complaints, please contact the investigator:</p> <p style="text-align: center;">Molly Dunn Deeley Teaching and Learning, Policy and Leadership College of Education 2311 Benjamin Building College Park, MD 20742 773.308.6331 mdunn125@umd.edu</p>
<p>Participant Rights</p>	<p>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</p> <p style="text-align: center;">University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742</p>

	E-mail: irb@umd.edu Telephone: 301-405-0678 This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.	
Statement of Consent	Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form. If you agree to participate, please sign your name below.	
Signature and Date	NAME OF SUBJECT	
	[Please Print]	
	SIGNATURE OF SUBJECT	
	DATE	

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