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PROFICIENCY OF SOCIAL WORKERS IN TEACHING MINDFULNESS-BASED PRACTICES AND TECHNIQUES

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PROFICIENCY OF SOCIAL WORKERS IN TEACHING MINDFULNESS-
BASED PRACTICES AND TECHNIQUES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Vanessa L. Morales

August 2022

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ABSTRACT

This study explored the self-rated proficiency of social workers in teaching mindfulness-based practices as part of treatment. It paid special attention to what they feel is the benefit to incorporating mindfulness-based practices (MBPs) into treatment and as their own personal practice. Participant responses of what has helped to develop their perceived expertise are highlighted. The literature on mindfulness reveals that mindfulness-based interventions have been effective at decreasing psychological distress caused by mental illness. MBPs help individuals dealing with anxiety, depression, and post-traumatic stress disorder to gain a sense of control when it comes to their mental health.

The study employed an exploratory qualitative research design, non-probability sampling, and the data were collected through in-depth one-to-one interviews. The participant sample consisted of ten Master of Social Work professionals, with at least one year of post-MSW practice experience, and had some level of experience with mindfulness practice. Thematic analysis was applied to evaluate the data.

The data indicates that mindfulness-based practices are being employed by social workers on a regular basis for social work practice with clients. Data also concluded that there is an interest in learning about mindfulness-based practices but a perceived lack of expertise in teaching mindfulness-based practices. Implications for social work education, social work research, social work practice, and suggestions for future research are discussed.

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DEDICATION

This is dedicated to all the individuals who are in search of their own greatness. True peace and ultimate power can be found within. With a little support from each other we can all find our way and remember who we truly are.

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CHAPTER ONE: INTRODUCTION

Problem Formulation

The range of interventions that are used in mental health services by social workers continues to grow and change according to the needs of the client and the social workers knowledge. Social workers are clear in their understanding that all clients have individual needs. Therefore, knowledge and adeptness in a variety of treatment interventions is necessary. Mindfulness-based practices and techniques can be used as an alternative to non-pharmacological and pharmacological interventions. They can also be employed in combination with other mental health treatment for mental health illnesses. While the use of mindfulness-based practices in clinical social work has seen much growth, the proficiency of social workers being adept at teaching mindfulness-based practices and techniques is something that must be explored to ensure the best client care possible (Paulson, 2018). It is important to start with the perceived self-rated proficiency that a social worker has to encourage self-exploration and growth.

There has been a rise in research related to the effectiveness of mindfulness-based intervention (Edenfield and Saeed, 2012). The use of mindfulness-based practices as complementary mental health approaches to treating PTSD, specifically meditation, has been documented on many occasions (Reisman, 2016). The mental health issues of depression and anxiety have also

shown a positive response to mindfulness-based interventions to avoid relapse (Edenfield and Saeed, 2012). Mindfulness based practices have also been found to provide much needed self-care for students in social work programs as well as social workers already in the field (Gokel and Deng, 2016).

Purpose of the Study

The implications for adept social workers being able to provide service using mindfulness-based practices and techniques is one that must be paid attention to. Mental health has a stigma attached to it. The stigma is not just a public stigma but a self-stigma. As social workers on a macro level and micro level it is imperative that mental health stigma is addressed. Providing mindfulness-based interventions is a way to address the stigma by helping to make many clients comfortable in receiving treatment for mental health illness when mainstream practice is not preferred. Mindfulness-based interventions have been seen to grow in preference with clients (Edenfield and Saeed, 2012).

Significance of the Project for Social Work

The findings in this study will have major implications for social work practice as a whole. At the micro level, clinical social workers will feel encouraged to become experts in teaching mindfulness-based practices and techniques to increase their ability to provide the highest quality of care for a broader range of clients. On a macro level the study will help social workers in

adhering to the code of ethics competencies in integrity as well as cultural competence (National Association of Social Workers, 2020).

Social work is a field that continues to grow in knowledge, research, and practice. It is imperative that student social workers as well as professional social workers stay open to learning new ways of treatment to help empower their clients in their growth of self-awareness and understanding. Mindfulness-based practices will help clients experience their own capacity of being able to self-regulate instead of searching outside of themselves for a temporary fix. Learning mindfulness-based practices and techniques also helps social workers in their own self-care as well as grow in empathy, self-awareness, and professional growth that is in line with innovative treatments. The question that this study will address is: How proficient are social workers in teaching mindfulness-based practices and techniques?

CHAPTER TWO: LITERARY REVIEW

Introduction

It is in the NASW code of ethics that a social worker finds guidance in staying true to the profession by making clear the mission of a social worker. The competencies of social workers as well as continued growth in their expertise and knowledge is at the forefront (National Association of Social Workers, 2020). Proficiency of social workers in teaching mindfulness-based practices and techniques is significant for the growth of the social work profession.

The purpose of this literature review is to examine the self-perceived proficiency of social workers in teaching mindfulness-based practices and its importance. The first section will discuss the history of mindfulness, paying close attention to meditation. The second section will highlight mental health issues that have shown improvement from the use of mindfulness-based practices such as meditation. The third will discuss the methodological issues and directions for future research. Finally, the fourth section will describe the theory guiding conceptualization that is used to explore the importance of the issue at hand.

History of Mindfulness, Paying Special Attention to Meditation

As mindfulness continues to become an essential part of overall health care, mindfulness practices and techniques are on the rise in the field of social work. These practices may be new to social work, but they have a long history of

use within the world. Implementation of mindfulness can be seen throughout many religions in the world such as Hinduism, Islam, Christianity, Buddhism, as well as the Jewish religion (Trousselard, Steiler, Claverie, and Canini, 2014). Buddhist traditions have been embraced by western medicine in the last 40 years (Kabat-Zinn, 2003). Mindfulness can be seen through all Buddhist traditions. Buddhists believe that an untrained mind can be the basis for suffering found throughout humanity (Kabat-Zinn, 2003). The practice of mindfulness is not one that is tied to religion. Mindfulness is a state of mind. Practicing mindfulness means that you are aware of your thoughts, feelings, and surroundings because you are present. Learning to be conscious and aware is something that takes practice (Trousselard, Steiler, Claverie, and Canini, 2014).

Meditation is a practice of mindfulness that is used all over the world to help regulate mind and body (Cahn and Polich, 2006). Meditation helps to bring one's attention to the moment (Edenfield and Saeed, 2012). There is an altered state of consciousness that is experienced when one meditates due to the connection to cerebral networks and neurobiological functioning that occurs. According to Trousselard, et al., (2014), research has concluded that there has been found to be improvement of such networks and neurobiological functioning due to the practice of regular meditation. The use of participant experience data and the neurophysiological data uphold the finding that there is a positive correlation between regular meditation practice and neurobiological improvements (Cahn and Polich, 2006).

Research has found that the way one processes negative emotions changes after implementing a daily practice of meditation (Kabat-Zinn, 2003). The ability of being able to bring one's attention to the present moment results in moments of clarity. The state of relaxation that is achieved aids in the process. These moments help people dealing with depression, anxiety, and PTSD to pay attention to their thoughts and their feelings and provide an opportunity to change their thinking. An accepting perspective is encouraged so that individuals become empowered by learning to view internal and external events as observers (Kostova, Levin, Lorberg & Ziedonis, 2019). Inner insight is then achieved in self-reflection. The benefits are found to be positive for both children and adults. Quantitative data and participant interview information of research of meditation courses given to incarcerated adolescents showed a rise in ability to self-regulate as well as an improved well-being (Kostova, Levin, Lorberg & Ziedonis, 2019). The neurobiological changes that occur have a positive effect on the part of the brain that processes information (Cahn and Polich, 2006). Research has shown that amygdala volume changes with a regular practice of meditation. In a recent study there was found to be a significant increase in amygdala volume which correlated with positive changes in maladaptive behaviors (Joss, Khan, Lazar, and Teicher 2021). The psychological distress that is experienced by individuals with the previously mentioned mental illnesses can be controlled with use of meditation by helping individuals pay attention to their response (Edenfield and Saeed, 2012). One learns to observe without

judgment and respond with clarity instead of reaction. Studies have shown that the use of meditation helps to control the ups and downs that are experienced in PTSD (Boyd, Lanius, and McKinnon 2018). After an individual learns to implement meditation to their daily life the result is improved attention. Improved attention leads to control over maladaptive thoughts and results in emotional self-regulation. When meditation has been used as a complementary treatment for PTSD with military veterans the data shows improvement in their ability to self-regulate (Rosenthal, Grosswald, and Rosenthal, 2011).

Methodological Issues and Directions for Future Research

There is plenty of training and education on several types of interventions such as cognitive based therapy, but not enough emphasis is placed on mindfulness-based practices specifically. Because of this, there may not be enough interest in its use considering its effectiveness as described previously. Methodological issues can be easily found in the lack of training of mindfulness-based practices incorporated into social work pedagogy (Gockel and Deng, 2016). As one of the fastest growing interventions, mindfulness-based practices need to become an essential part of social work education. True learning of a subject comes with experiencing it for oneself. Social workers are told to practice self-care. Teaching students of social work mindfulness helps them with their own self-care as well as practicing the skills themselves to be able to correctly teach their future clients. The inclusion of mindfulness-based practices to MSW programs provides effective training for social workers helping to become

proficient in teaching mindfulness-based practices and techniques (Gockel and Deng, 2016).

Theory Guiding Conceptualization:
Bronfenbrenner's Ecological System Theory

The theory used to conceptualize the ideas in this study is the Bronfenbrenner Ecological System. The Bronfenbrenner Ecological System was developed in 1979 by psychologist and professor Urie Bronfenbrenner. The theory simply states that the environments throughout our life have an effect on our behavior. Bronfenbrenner's Ecological Model as outlined by Zastrow and Kirst-Ashman (2019), is broken down into five sections: Microsystem/Individual level, Mesosystem/Family and Peer level, Exosystem/Community level, Macrosystem/Societal level, and Chronosystem. The Microsystem/Individual level is influenced by the individual. The Mesosystem/Family and Peer level is influenced by immediate family, child-care center or school, and neighborhood play area. The Exosystem/Community level would include extended family, friends and neighbors, workplace, and community health services. Bronfenbrenner's fourth section of the ecological model is the Macrosystem/Societal level which includes values, laws, and customs. The last section is the Chronosystem and that would encompass all the experiences in a lifetime for an individual.

This theory helps to frame the process that a person's environment has an impact on the individual therefore also having an impact on their mental health.

Mental health problems such as depression, post-traumatic stress disorder, and anxiety can be explained using ecological models. The ecological model says that there are different ecologies that impact you at the internal level such as the way you were raised. If you had a caregiver that was very austere that could make you feel nervous causing anxiety and depression resulting in future PTSD symptoms. All these mental health issues can also be affected by the community in which you live in and the societal expectations. For example, an individual is expected to behave in a socially acceptable manner while in public. If someone does not show socially accepted behavior they might be ostracized, persecuted, forcing them to relive moments from past situations that have caused them distress. This would hinder their ability to feel in control and emotionally stable. Having mindfulness-based coping skills as part of their toolbox could help them feel grounded, stay present, and pay attention to how they respond to external stimuli. Mindfulness empowers and caters to an individual regardless of environment.

Summary

This study will explore the self-rated expertise of social workers in teaching mindfulness-based practices and techniques as well examine the results of implementing meditation as an intervention. The school of social work strives to embrace innovation and research. Social workers must become allies for change and that includes embracing and becoming proficient in teaching holistic based practices and techniques. Social workers must continue to uphold

their promise to help empower the people they serve, and this includes empowering them by teaching them coping skills such as meditation that helps them to self-regulate as well as grow in awareness.

CHAPTER THREE:

METHODS

Introduction

This study will seek to evaluate the perceived proficiency of social workers in teaching mindfulness-based practices and techniques paying close attention to meditation, and additionally identifying the benefits that mindfulness-based interventions produce as an outcome of implementation. This chapter contains the details of how this study will be approached. The sections discussed will be study design, sampling, data collection and instruments, procedures, protections of human subjects, and data analysis.

Study Design

The purpose of this study is to examine social workers expertise in teaching mindfulness-based practices paying close attention to meditation, and why it is a beneficial intervention to consider. This is a qualitative research project, since much having to do with mindfulness is through self-experience and self-experience cannot be measured with quantification. The best data source would be the data that is given by the professional social workers through one-to-one interviews regarding the topic of this research study.

A strong point in using a qualitative approach with one-to-one interviews is that the participants can express their own views regarding their own proficiency in teaching mindfulness-based practices (MBPs). Since this question has not

been asked in-depth in prior research, this will give the interview participants an opportunity to explore not just their proficiency of teaching MBPs but also to pay close attention to their beliefs and own experiences regarding meditation or other mindfulness-based practices within their own self-care practice, as well as with their clients. Another benefit of using a qualitative research approach is that the researcher can clarify questions and probe for more in-depth insight.

A limitation of using one-to-one interviews is that the participants may feel a potential invasiveness with the question at hand being their proficiency, choice, and their level of understanding of the intervention. This may cause participants to feel threatened professionally if they do not answer in the way that they believe is expected of them by other professionals. In using a qualitative research approach there is a limited number of respondents that is included therefore the study group may not be representative of the larger population of social workers. A final limitation to using a qualitative research method is that participants must be truthful and not fear judgment or criticism; trust and rapport happens over time creating a safe space for honest self-representation by the interviewee.

Sampling

Researcher will be implementing a non-probability purpose of sampling technique. This sample will focus on a professional group of social workers providing interventions and techniques for coping to the clients that they serve. Social workers are part of an agency, in a private practice setting, or both and

they assist individuals who are experiencing psychological distress. Social workers will have completed an MSW degree from a CSWE-accredited program and have at least one year of post MSW practice experience working with either children or adults. Social workers will serve populations residing in San Bernardino County, Orange County, as well as Los Angeles County. There will be a total of 10 subjects to be interviewed in a one-to-one setting. Respondents will be recruited by sending out an email within researcher's network as well as through other agencies this investigator has communication with.

Data Collection and Instruments

The qualitative data will be collected in a one-to-one interview setting via live, audio recorded interviews, as well as Zoom interviews taking place in February 2022 and March 2022. The interview will start with an explanation of the research study and the importance of the study. Demographic information will be collected before the beginning of the one-to-one interview (see Appendix B). Demographic information includes age, ethnicity/race identification, achieved education level, and number of years in practice and whether professional practice is private or part of an agency.

The researcher will conduct each one-to-one interview with a clear interview guide containing 14 questions (some with multiple parts) to be asked to all participants (resource in Appendix C). Some of the questions included will be 1) How many years have you been practicing mindfulness in your own life? 2) What types of resources contributed to your knowledge of mindfulness? 3) What

is your level of expertise in terms of you teaching mindfulness-based practices such as meditation to others? 4) Would you say that you are a beginner, intermediate, or advance in your mindfulness-based practice? Please describe the basis for your self-evaluation. 5) Have you incorporated mindfulness-based practices into any of your interventions with clients? If so, please describe how? 6) Do you believe that incorporating mindfulness into your treatment interventions [would] complement[s] or enhance[s] the effectiveness of the treatment? If so, what benefits have/did your clients receive? 7) What are your thoughts about meditation and its effectiveness as an intervention?

The researcher will conduct the qualitative study with a non-threatening conversation style interview approach as well as the integration of the research questions. Research questions were informed by the literature. Questions were created and refined based on the information by the literature and further refinements developed after consultation discussion with the research instructor as well as the research supervisor pertaining to interview questions. During interviews field notes will be made by the researcher to record observations such as participants body language, understanding of the questions asked and ease and comfortableness when answering the questions.

Interview questions may feel intrusive for the participants if not given enough time to build trust and rapport before the interview begins. Once trust and rapport are established in a natural environment for the participant, the data collection instrument chosen will be applied in a one-to-one interview.

The researcher will use unstructured follow up probing to further elicit more detailed information from participants. Follow up questions will be asked on new and unexpected topics that may surface.

Procedures

The researcher will employ the collaboration of professional social workers that are in their networking circle to guarantee qualified participants for the research study. When contacting the social workers through phone or email, the researcher will describe the study, its goals, time required as well as participant qualifications (see Appendix D). Once the social worker agrees to participate, they will be asked for a few dates and times when they can accommodate a one-to-one interview via Zoom audioconferencing. The participant will then receive a Zoom link uniquely created for their interview date and time. The participant will also receive the informed consent to review.

Before the interview the researcher will take 5-10 min. to build rapport and trust through light conversation. The researcher will thank the participant for their time and will proceed with a review of the research study as well as go over informed consent and confidentiality. The researcher will then ask the participant to verbally consent/sign consent form (Appendix A). The audio recording will be turned on and the researcher will begin by asking the demographic questions (see Appendix B). At the end of the interview the participant will be thanked and reminded of the importance of the study and their contribution to social work research.

Protection of Human Subjects

The identity of each participant will be kept confidential from each other. Only the researcher will have access to such information. One-to-one interviews will take place in an environment that provides privacy for both interviewee and researcher. Before the interview begins each participant will be given the opportunity to review the informed consent and verbally consent/sign consent as well as a consent to be audio recorded (Appendix A). The audio recordings will employ school resources that will provide security for information that is collected. Before transcription occurs, each participants recording will be given an assigned number for transcription. The information collected as well as the forms collected will be deleted as well as shredded a year after research is completed.

Data Analysis

Once all interviews have been completed and all that was said during the interview is transcribed thematic analysis will be used to sort the data collected. Everything will be documented regardless of being counted as a statement. Thematic analysis will facilitate in identifying patterns in perception regarding the answers to the interview questions that were asked. The thematic analysis process includes coding which means that statements will be given a word or phrase that focuses on what was said. Major themes and sub-themes will be identified and coded. The researcher will use thematic analysis to organize the

data. Demographic information collected from respondents will be analyzed using descriptive stats.

Summary

This study will examine the expertise of social workers in teaching mindfulness-based practices and techniques such as meditation and its perceived understanding through self-experience. The one-to one interviews will be done in a professional manner and will create a safe space that elicits truthful responses and self-representation. A qualitative research method will be used as this is the best way to encourage participants subjective experiences.

CHAPTER FOUR:

RESULTS

Introduction

This chapter will discuss the findings of this qualitative research study. The study sought to examine the self-rated proficiency of social workers in teaching mindfulness-based practices (MBPs) and techniques. To achieve an in-depth idea of what supports the participants perceived proficiency the study also asked questions relating to their own mindfulness practice (if any), what resources contributed to their MBPs knowledge, if they incorporate mindfulness-based practices into social work practice with clients, and what are the benefits they have seen as a result of incorporating MBPs with clients as well as in their own practice. Lastly, participants' opinions were collected regarding whether schools of social work are active in providing adequate teaching of MBPs into their curriculum.

Table 1 contains the demographic information of the participants in this study. The chapter will conclude with the themes that emerged through data analysis. Themes consist of: certainty in knowing how long there has been a mindfulness practice, there was a personal interest in mindfulness, interest arose through professional development, positive results for self, relation to professional practice, professional development, positive impact on mental health, developed a stronger connection to self, meditation/guided meditation, breathing exercises, lack of expertise, beginner/intermediate, used regularly with

clients, meditation is effective as an intervention, meditation is difficult to do and not for every client, mindfulness-based practices, cognitive behavior therapy, incorporating mindfulness into treatment complements or enhances effectiveness, a belief that there is a high interests in learning more about mindfulness, there was not adequate coverage of mindfulness literature in the MSW micro/clinical curriculum, mindfulness-based practices elective courses should be offered, and definitely.

Demographics

The sample consisted of 10 participants who have completed an MSW degree from a CSWE-accredited program and have at least one year of post MSW practice experience. All participants have some level of experience with mindfulness practice. Table 1 displays the demographic characteristics of the participants. Participants' age ranged from 31-45 with a mean age of 38.3 years. All identified their gender as female. The participants' race/ethnicity consisted of 8 participants identifying as Hispanic/Chicana/Latina, 1 participant identifying as Chinese, and 1 participant identifying as Black. The participants' number of years in practice ranged from 5 to 14 years with a mean of 10.1 years. One-half of the participants worked in both private practice and within an agency, 3 worked at an agency only, and 2 worked in private practice only. All participants possessed their LCSW license.

Results

Table 1. Demographics

Table 1. Demographic Profile of Study Sample (N=10)						
Participant	Age in Years (<u>mean = 38.3</u>)	Gender	Ethnicity/Race	Education	Years in Practice (<u>mean = 10.1 years</u>)	*PP or Agency
Participant 1	37	Female	Hispanic	MSW/LCSW	11	Agency
Participant 2	41	Female	Hispanic	MSW/LCSW	13	Agency
Participant 3	45	Female	Chinese	MSW/LCSW	12	Agency
Participant 4	38	Female	Black	MSW/LCSW	12	PP & Agency
Participant 5	37	Female	Hispanic	MSW/LCSW	5	PP & Agency
Participant 6	39	Female	Hispanic	MSW/LCSW	12	PP
Participant 7	34	Female	Chicana	MSW/LCSW	7	PP & Agency

Participant 8	40	Female	Latina	MSW/LCSW	14	PP & Agency
Participant 9	41	Female	Hispanic	MSW/LCSW	10	Agency
Participant 10	31	Female	Latina	MSW/LCSW	5	PP & Agency

*Private practice

Findings and Themes

Once all the data was transcribed and thematic analysis was implemented interesting information as well as themes were found. The interview guide questions, themes, and some participant responses are found below.

Table 2. How many years have you been practicing mindfulness in your own life?

Theme[s]:	Participant Responses
1. Certainty in knowing how long there has been a mindfulness practice.	
Participant 2	"One year."
Participant 5	"Seven years."
Participant 7	"Ten years."

Table 2 above list the primary theme that emerged along with participant responses.

Most of the participants (70%) did not hesitate when answering this question. They seemed to have a strong understanding of what mindfulness was and how long they had been practicing mindfulness in their own life. One participant was unsure of how long she had been practicing mindfulness and asked for clarification:

“Hmm, well actually, what would be the definition of mindfulness?”

Once the definition of mindfulness was provided the participant responded:

“I’ve been more in touch with it maybe in the last six years.”

Additionally, another participant shared that her practice had not been consistent.

“On and off 5 to 6 years.”

Table 3. How did you first become interested in practicing mindfulness?

Theme[s]: 1. There was a personal interest in mindfulness. 2. Interest arose through professional development.	Participant Responses
Participant 1	“I became interested in it when I started to feel kind of overwhelmed with expectations and things. I didn’t think people could understand so I started to go kind of inward.”
Participant 4	“Reading a lot of different things and I was interested in Buddhism and read books on that.”
Participant 7	“Through yoga.”
Participant 2	“When I was a school social worker, I started implementing it with my students.”
Participant 3	“When it became popular maybe 6 years ago. I felt that I needed to learn about it because I started to hear

	about it more and more (such as mindfulness CBT, Anderson Cooper mindfulness retreat). I knew that the concept of mindfulness had been in existence for decades and I wanted to have more knowledge about it.”
Participant 4	“I also use to work for LA County in a jail environment and they were really pushing that 7 years ago.”
Participant 6	“I learned about it in DBT training.”
Participant 9	“As a clinician in the past. I would use it on my own clients as an element to CBT.”

Table 3 above lists the themes that emerged along with participant responses.

Thirty percent of the participants felt that it was personal interest that led them to a mindfulness practice. Sixty percent of the participants felt that their interest was due to their professional life.

Table 4. What was it about mindfulness practices that led to you integrating it into your own life?

Theme[s]:	Participant Responses
1. Positive results for self. 2. Relation to professional practice.	
Participant 1	“I would feel better after contemplative prayer or journaling. I felt like I was walking away with more clarity and recharged.”
Participant 4	“I feel that the world we live in is moving too fast and mindfulness practices help you slow down. Essentially, it helps you calm down and stay in the present moment because you are focusing on the present task.”

Participant 5	“It helped me slow down and not rush into the process. It helped me to pay close attention to things. It allowed me to take a step back and not presume things.”
Participant 6	“The peace I felt when I would use it.”
Participant 10	“It helped me reduce the stress from the day-to-day activities in my life.”
Participant 2	“After attending lots of trainings, trying it out for myself and really practicing it I could see that it helped me.”
Participant 3	“I didn’t really buy into it since I am a realist and solution focused. I thought that it was all hokey pokey stuff. I had a colleague that was really into it. I ended up taking a continuation course on mindfulness CBT. I don’t know if it was that course, but I feel that organically over time as I started to practice it. I noticed that It helped me. I am not formerly diagnosed but I do know that I tend to be an anxious person. I started to use mindfulness-based practices as part of my coping tools.”
Participant 8	“I saw how it worked for my clients.”

Table 4 above lists the themes that emerged along with participant responses.

Sixty percent of the participants mentioned that positive personal results encouraged their integration of mindfulness practices into their own life. Some participants (40%) acknowledged that it was professional exposure to mindfulness that led them to integrating it into their own life.

Table 5. What types of resources contributed to your knowledge of mindfulness?

Theme[s]:	Participant Responses
1. Professional development.	
Participant 2	“Trainings and research on my own (textbooks, on-line resources, videos becoming familiar with different experts on mindfulness). I try to attend many live trainings so that I am able to implement it effectively with fidelity.”
Participant 3	“Mindfulness CBT class, You Tube, and researching guided meditation exercises.”
Participant 6	“The training in DBT.”
Participant 9	“Word of mouth, other clinicians, evidence-based models, trainings, articles, internet.”
Participant 10	“Basic training and workbook from my colleague, DBT team at the clinic.”

Table 5 above list the primary theme that emerged along with participant responses.

The vast majority of the participants (70%) actually mentioned words that were suggestive of the primary theme of professional development.

Table 6. What benefits to your mental health and physical health have you gained through mindfulness-based practices?

Theme[s]:	Participant Responses
<ol style="list-style-type: none"> 1. Positive impact on mental health. 2. Developed a stronger connection to self. 	
Participant 1	“I think they have kept me sane. There’s a lot of benefits. It gives me the opportunity to just release stuff. I feel more relaxed. I feel less stressed. I think recharged is the

	word that comes up for me after my mindfulness-based practice.”
Participant 3	“It has made an impact on my mental health grounding myself using CBT and mindfulness. Deep breathing helps me stay present. I notice that it helps get rid of anxiousness and muscle tension.”
Participant 4	“I can calm myself down quicker. It has helped me to deal with depression and anxiety in the past.”
Participant 2	“Being present in the moment, taking time just for me and being present with myself. I think it contributes a lot to my spirituality.”
Participant 7	“The metacognitive awareness. The ability to detach from thoughts, emotions, sensations to be able to observe versus being overwhelmed or just assuming things are true. I can reflect and consider why I am having a thought, feel this way and where does it come from. I can then decide how to move forward instead of being anxious and running on emotions.”
Participant 10	“More clarity and pay attention to the present moment. Helps to keep me grounded and active in doing the thing that I am doing. I have become aware of what is happening with my body and how I experience physical signs of stress, anxiety, and tension.”

Table 6 above lists the themes that emerged along with participant responses.

Approximately 60% of the participants discussed how mindfulness had a positive impact on their mental health. Some participants (40%) recognized that mindfulness helped them to develop a stronger connection to themselves.

Table 7. Are there specific types of mindfulness practices from which you benefit the most? If so, what are those?

Theme[s]: 1. Meditation/guided meditation. 2. Breathing exercises	Participant Responses
Participant 2	"I have an app (Calm and Abide) that has mindfulness exercises (guided talks, activities, imagery, deep breathing, feeling your body, noticing your body, silence) I really enjoy listening to someone guide me through it."
Participant 6	"I give myself 10-15 minutes of meditation at night to practice gratefulness for my day."
Participant 7	"Yoga, mindful breathing, guided meditations."
Participant 3	"Deep breathing is the easiest for me, so I stick with that. The other ones are a little too difficult for me to use."
Participant 4	"I like doing activities that focus on your actual breathing and not so much the thoughts passing through your mind. I have a difficult time with that because I get really attached thoughts."

Table 7 above lists the themes that emerged along with participant responses.

Thirty percent of participants preferred meditation/guided meditation as their mindfulness practice. Another, thirty percent of the participants preferred breathing exercises as their mindfulness practice.

Table 8. What is your level of expertise in terms of you teaching mindfulness-based practices such as meditation to others?

Theme[s]: 1. Lack expertise.	Participant Responses
Participant 1	“I’m not a full expert but because of my current role at work, I identify behavioral activation techniques that can help people with their mood, including self-regulation and I recommend for patients to us an app called calm. I downloaded it myself and I go through that. I do self-breathing and relaxation techniques with my clients. I say I am proficient in mindfulness-based practices.”
Participant 2	“I have facilitated meditation practice time for teachers, and I usually use you tube videos or other material that I have. I wouldn’t say that I am an expert in teaching it. You do need to have some kind of formal training/certification in it.”
Participant 4	“I think I have a lot of knowledge about it but not necessarily a lot of practice of implementation about it beyond a specific type like DBT.”

Table 8 above lists the theme that was found along with participant responses.

Although the participants have some knowledge as well as some experience with meditation half (50%) of the participants rated themselves not an expert in teaching it. One participant clarified that she is not a meditation instructor.

“I don’t teach people how to meditate. I use guided deep breathing, body scans, and I am proficient at those, but I wouldn’t consider myself a meditation

instructor.” Additionally, another participant gave great insight on how she feels about teaching mindfulness to clients.

“I can explain it to someone and tell them about resources where they can learn more about it. I have tried getting my client to try a mindfulness-based exercise during a session, but I feel silly and uncomfortable teaching them.”

Table 9. Would you say that you are a beginner, intermediate, or advance in your mindfulness-based practice? Please describe the basis for your self-evaluation.

Theme[s]: 1. Beginner/Intermediate.	Participant Responses
Participant 1	“Intermediate because I feel that I can still use techniques. I am basing this on my personal experience journaling, prayer, and self-regulation meditation which has helped me but I feel that I can still learn.”
Participant 2	“I always question if I am doing it correctly so I would say between beginner and intermediate.”
Participant 3	“Beginner, I still feel uncomfortable in my own practice. I wouldn't know how to explain it to someone that I am presenting it to.”
Participant 5	“As a beginner I was still learning a lot of concepts (the importance behind it, purpose and becoming comfortable in applying it into my own life). Now intermediate based on my knowledge and ability to be comfortable with that intervention and facilitating it with larger groups of people.”
Participant 6	“Beginner/intermediate, I practice meditation on my own. That is easy because it is focused on myself.”

Participant 8	“Intermediate because of years of experience, research, and positive outcomes.”
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Table 9 above list the theme that was found along with participant responses.

Almost all the participants (90%) rated themselves in the range of beginner to intermediate in their mindfulness-based practice.

Table 10. Have you incorporated mindfulness-based practices into any of your interventions with clients? If so, please describe how?

Theme[s]: 1. Used regularly with clients.	Participant Responses
Participant 2	“I use it all the time with my students especially for anxiety and depression. I also incorporate it with students who have difficulty focusing or regulating their emotions. I use it in individual and group settings. I use different resources that are designed for elementary students (kits and activity books) as a guide for the session. We started incorporating mindfulness Mondays into our school weeks.”
Participant 4	“Yes, I use it a lot to help my clients self-regulate their emotions.”
Participant 5	“Yes, I have incorporated it with clients who struggle with schizophrenia and other chronic mental illness. When I am with a client and I can tell they need to calm down I engage with them by going for a walk and have them focus on certain visuals in the environment, and smells in their environment. It helps them to become mindful of their surroundings as well as calm them down.”

Table 10 above list the theme that was found along with participant responses.

All (100%) of the participants incorporate mindfulness-based practices into their interventions with clients.

In regards to question 10, there was no need to ask this question since all participants responded yes to question 9

Table 11. What are your thoughts about meditation and its effectiveness as an intervention?

Theme[s]: 1. Meditation is effective as an intervention. 2. Meditation is difficult to do and not for every client.	Participant Responses
Participant 4	"I do feel that it is effective in an active moment of anxiety or in a moment of disassociation. It helps to bring you back to the present moment."
Participant 5	"I think that it is a powerful tool if we allow ourselves to learn from it. It is very much underestimated. It is not fully credited as many other interventions. This is something that requires nothing other than our own being. Everybody can do it and can use their senses. It can be practiced anywhere."
Participant 6	"I think it is very beneficial, but it is a difficult intervention because it requires a client to focus and ground themselves. The client may not be able to do that and regulate themselves to get to a mindfulness state of mind."
Participant 7	"I think meditation can be effective. There are different types of meditation. In session I wouldn't have someone do a seated meditation"

	<p>where we are just quiet. I think sessions are more active. I work with a lot of trauma survivors and if I use what most people think of meditation (just sitting quietly and observing what comes up) it can be triggering. I use more short interventions such as breathing, something with a guide to help them connect with a positive sensation, something such as imagery. I think meditation can be useful for some people, but I don't think it's a fit for everyone.”</p>
Participant 10	<p>“I think it can be effective. It takes time to build a practice and clients sometimes don't have that. I think it would be effective if a client had a daily practice of it.”</p>
Participant 2	<p>“I feel that it depends on the client and their symptoms/ problems. For some clients it may not be the best treatment. Meditation can be triggering for clients with specific types of traumas. It sounds easy but it is not easy. I have a hard time with meditation. It is easy to give up on it.”</p>
Participant 3	<p>“I find meditation intimidating and too hard to do. I feel that it brings up an image of you sitting with your legs crossed for an hour. I don't encourage my clients to meditate. I encourage them to use deep breathing or guided imagery such as a picture of a peaceful environment and imagine themselves in that environment. I have no idea if meditation is effective as an intervention.”</p>

Table 11 above lists the themes that emerged along with participant responses.

A large number of participants (70%) felt that meditation was a beneficial intervention. A few participants (30%) agreed that meditation is difficult and not for all clients.

Table 12. What types of interventions do you prefer to specialize in?

Theme[s]: 1. Mindfulness-based practices specialty. 2. Cognitive behavioral therapy specialty.	Participant Responses
Participant 1	"Mindfulness based practices. I encourage clients to practice deep breathing, journaling, and walking as a form of mindful movement."
Participant 5	"I consider myself a holistic clinician. I believe in mindfulness and allowing the person to really identify the best interventions for them as opposed to applying and intervention. I use a lot of mindfulness-based interventions as well as CBT."
Participant 6	"DBT, mindfulness, and CBT"
Participant 8	"Mindfulness, trauma focused, CBT, DBT."
Participant 9	"Solution focused, short term CBT."
Participant 10	"CBT."

Table 12 above lists the themes that emerged along with participant responses.

Fifty percent of participants list mindfulness-based interventions as a specialization. Sixty percent of participants list cognitive behavioral therapy (CBT) as a specialization.

Table 13. Do you believe that incorporating mindfulness into your treatment interventions [would] complement[s] or enhance[s] the effectiveness of the treatment? If so, what benefits have/did your clients receive?

Theme[s]: 1. Incorporating mindfulness into treatment complements or enhances effectiveness.	Participant Responses
Participant 1	“Absolutely, I think that incorporating mindfulness enhances effectiveness of the treatment. I have had clients tell me that going for a walk or going to another room to practice deep breathing has helped them to self-regulate their emotions and deescalate a situation for patients that are anxious (that includes me as well). Mindfulness-based practices helps patients to be in the moment and not worry about the future.”
Participant 2	“It definitely enhances my treatment interventions. A lot of my clients come to me struggling with regulating their emotions and regulating their bodies. It helps them to calm down and to get to a place where they can learn other skills. I see the change immediately. They appear calmer and more focused. I help them notice the changes by using rating scales before and after the mindfulness practice.”
Participant 4	“I do think it enhances the effectiveness of treatment by bringing a level of focus to a chaotic mind. I think that it helps clients feel calmer relaxed and more capable of controlling moments of anxiety. It helps people who feel overwhelmed to get some self-awareness about their life and determine if they need to set better boundaries and make active changes.”

Participant 5	“I think it enhances the treatment. Mindfulness has helped my clients struggling with chronic mental illness such as schizophrenia. It helps them to have a sense of control in a moment of their own space. They become aware of their environment. I have noticed that mindfulness helps my clients build a relationship with me as their therapist. My clients will verbalize wanting to go for a walk and talking.”
Participant 6	“Yes, I believe it is very beneficial for clients. To process trauma and rumination they need to be able to ground themselves and mindfulness helps them to remain grounded and present. Clients have learned to catch themselves when they don't remain present. It has helped them to observe their thoughts and emotions and not judge them so that they can label their emotions.”
Participant 8	“Yes it does have benefits. From what I have seen it lowers the level of intensity of feelings and thoughts as well as helping to lower the duration. Clients have told me that they have less cognitive distortions and when they do experience one, they can talk themselves through it.”

Table 13 above list the prominent theme that emerged along with participant responses.

A vast majority of participants (90%) felt strongly that positive effects result from incorporating mindfulness into treatment.

Table 14. What are your thoughts regarding whether social workers have an interest in learning more about mindfulness-based practices?

Theme[s]: 1. A belief that there is a high interest in learning more about mindfulness.	Participant Responses
Participant 1	“I think that the majority of social workers are actually interested in learning more about mindfulness-based practices and would advocate for that. But as a profession we may struggle with it the most because we don’t practice what we suggest for clients to practice.”
Participant 2	“Social workers that I know have a very high interests in mindfulness-based practices. We collaborate and talk about it. We discuss the interventions that we use, how we use them, and share resources. This lets me know that other social workers are using it.”
Participant 4	“A lot of social workers have a big interest. It is incredibly popular right now and whatever is popular tends to attract a lot of people. It also has an element that isn’t as book based as other evidence-based practices. Mindfulness has a spirituality quality to it and is indigenous to many cultures, more than other techniques that come from a more intellectual background. It’s something that people can connect with more because it is about how someone feels.”
Participant 7	“I think social workers are interested in it. I think that some of the limitations are that people may not have enough training on it. You can’t just tell someone about it and have them go do it. You must know how to engage people in mindfulness

	practice in session for them to feel comfortable using it on their own. If social workers aren't trained in it and have the felt experience, they will not be effective in using it with clients."
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Table 14 above lists the primary theme that developed along with participant responses.

Most of the participants (80%) felt that social workers have an interest in learning more about mindfulness-based practices.

Table 15. Based on your own MSW student experience, do you believe that schools of social work offer adequate coverage of mindfulness literature into their micro/clinical practice curriculum?

Theme[s]:	Participant Responses
1. There was not adequate coverage of mindfulness literature in the MSW micro/clinical practice curriculum.	
Participant 1	"I don't remember if mindfulness literature was part of the micro clinical practice curriculum. I remember the term self-care and burnout. If it was it was very vague, just being told to pay attention to burnout and make sure to take care of yourself. They didn't dedicate courses to teach you how to take care of yourself. I don't think there is adequate coverage."
Participant 2	"No I don't."
Participant 3	"No."
Participant 5	"No, sometimes a client is not ready for the EBT we learn in school and that is why I feel that they need to emphasize mindfulness-based practices in their curriculum."

Participant 9	"I don't remember it being part of their curriculum."
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Table 15 above list the theme that emerged along with participant responses.

Most of the participants (90%) felt strongly that adequate coverage of mindfulness literature was nonexistent within their MSW curriculum.

Table 16. Do you believe that schools of social work should offer an elective course on mindfulness-based practices?

Theme[s]:	Participant Responses
1. Mindfulness-based practices elective courses should be offered.	
Participant 1	"Yes."
Participant 4	"Definitely."
Participant 5	"Definitely."
Participant 9	"Absolutely."

Table 16 above list the theme that emerged along with participant responses.

All of the participants agreed that mindfulness-based practices elective courses should be offered.

Table 17. Do you believe that, if appropriate, that field placements should offer training and hands-on experience with mindfulness-based practices for their MSW interns?

Theme[s]:	Participant Responses
1. Definitely	
Participant 1	"Yes."
Participant 2	"If as a field instructor I am not trained in mindfulness-based practices then I would not feel comfortable in training my interns. I would recommend that the agencies have someone

	appropriately trained to do that for field placements.”
Participant 4	“Yes, it is the place where the money is being spent right now and where the research is being done.”
Participant 10	“Yes.”

Table 17 above list the theme that emerged along with participant responses.

All the participants (100%) agreed that field placements should offer training and hands on experience with mindfulness-based practices for their MSW interns.

Summary

The first part of this chapter reviewed this study’s sample demographics. The second part of this chapter discussed the themes and participants’ representative responses to the interview questions on which these themes are based.

CHAPTER FIVE: DISCUSSION

Introduction

This chapter will evaluate the findings from this study. The section will provide a discussion of the implications of findings, emerging themes from the data, limitations and recommendations for future research, and study' significance to social work practice.

Implications of Findings

Participants' vulnerability in answering the researcher's interview questions resulted in valuable information for this study. Their in-depth information on personal experience, self-reflection as well as self-evaluation awakened the researcher to the personal views and feelings of social workers regarding mindfulness-based practices.

The results of this study have shed light on the lack of curriculum attention that schools of social work place on mindfulness-based practices. From the findings the conclusion can be drawn that schools of social work lack in giving their students proper exposure to knowledge as well as hands on experience on MBPs. This leads to questioning why it is that schools of social work drill the idea of the importance of self-care to their students but have nothing in place in their programming curriculum to care for the wellness of their students.

Evidence based practices and western interventions have for many years been the preferred mode of treatment in social work. With more and more people searching for a connection to self, there has been a significant growth in embracing eastern holistic practices to aid in the treatment of mental health illnesses. There is a need for practices that connect us with the roots of who we are as peoples. The underutilization of MBPs such as meditation by clinical social workers seems to have a correlation to lack of true understanding of the practice. When researching previous meditation studies, it was found that many studies did not categorize meditation into simply one type of meditation practice such as silent meditation. During the study at hand the researcher found that the interview participants all seemed to assume that the topic of meditation was about silent meditation. In fact, the topic of meditation was based on it being something that helps to bring one's attention to the moment (Edenfield and Saeed, 2012). The vast majority of the interview participants seemed to have a limited view and understanding of meditation when in fact the mindfulness-based practices they employ reside under the umbrella of meditation. As stated previously by the researcher, "True learning of the subject comes with experiencing it for oneself.

Emerging Themes

Certainty

A majority of clients knew without a doubt the number of years they had been practicing mindfulness in their own life. Participant 8 recalled having a mindfulness practice: “Four years”. This may suggest that the social work practitioners in this study made a conscious choice to develop an understanding of mindfulness practice and can even recall when that process began.

Personal Interest In mindfulness

A theme of personal interest in mindfulness evolved when asked about initial interest in practicing mindfulness. With one participant it was grad school that sparked an interest in practicing mindfulness: “I became aware of it and interested in grad school and started to practice it myself.” From the findings it was recognized that there was only one respondent who attributed their initial interest in mindfulness to grad school. This finding may suggest that it was not until after completing their MSW education and entering practice did the social workers in this study learn of the positive benefits of mindfulness practices for themselves as well as for their clients.

Interest Arose Through Professional Development

A theme of interest arising through professional development was also found when asked about initial interest in practicing mindfulness: “A colleague that is certified in MBSR who started to offer it for staff members.” The above

direct response supports how sharing of knowledge between professionals can influence the acceptance of MBPs.

Positive Results for Self

Although, positive results for self was one of two primary themes that emerged when asked what was it about MBPs that led to the integration of it into your own life; there was an interesting sub-theme that emerged. The sub-theme was a connection with eastern spirituality: “It was helpful and during a time I was interested in eastern spirituality. I spent some time in southeast Asia. I started reading about Buddhism. I later started to learn about and separating it from its cultural roots.” This brings attention to mindfulness having a spiritual aspect to it. This type of practice encourages clients to look deeper into themselves and explore other aspects of themselves that they may not be fully aware of. This can result in a connection to their own spirituality as well as a greater source of healing.

Relation To Professional Practice

Relation to professional practice was the second theme that emerged when asked what was it about mindfulness practices that led to the integration of it into your own life: “I saw how it worked for my clients.” Previous research discussed in this study found that mindfulness supports a growth in awareness that results in viewing internal and external events as observers (Kostova, Levin, Lorberg & Ziedonis, 2019).

Professional Development

When asked about resources that contributed to the study participants' knowledge base of mindfulness the one theme that resulted was professional development. An interesting sub-theme that emerged was peer mentoring group: "In junior high I participated in a peer mentoring program. That is when I started to learn about coping tools and techniques, and I decided to try them myself." This supports the idea that mindfulness is something that can be learned by kids and adults. Teaching kids MBPs can support them in learning at a young age how to self-regulate their emotions. MBPs can be effective in lowering the number of kids dealing with such mental health issues such as anxiety and depression.

Positive Impact On Mental Health

When asked about gained benefits through the use of MBPs to mental health and physical health two primary themes were developed. One of the themes was positive impact on mental health. With their responses some participants supported previous literature research findings that stated that mindfulness had a positive impact on mental health: "Relieves anxiety."

Developed A Stronger Connection To Self

The second theme that developed from the question mentioned above was that there was a development of a stronger connection to self: "I'm always juggling a lot. It helps me to stay balanced. I use it as part of my self-care." This supports the idea that mindfulness can be very useful to individuals dealing with

a variety of daily expectations. One population in particular are M.S.W. students who will benefit from the use of MBPs to help them find balance during a time of a heavy academic workload.

Meditation/Guided Meditation

Two major themes developed when asked if there were specific types of mindfulness practices from which interview participants benefited the most. The first theme was meditation/guided meditation: "Walks, being present with my environment (noises, smell of things), being able to just take a second to take a break and accept myself in that moment." The theme of meditation/guided meditation supports previous studies that point out the positive benefits that are derived from a regular meditation practice

Breathing Exercises

This theme was the second primary theme that was found when asked the question above. Many research studies have mentioned the MBP of breathing exercises as an effective way to help one calm down to be able to achieve clarity and awareness. One participant mentioned other great examples of MBPs from which she benefits the most: "Body scan exercises and grounding techniques using the 5 senses.: This supports the fact that there are a variety of MBPs that one can employ.

Lack Expertise

When asked about the level of expertise in terms of teaching MBPs such as meditation to others there was a primary theme of lack expertise that was

developed. This theme supports the researcher's idea that training in MBPs is needed to change the social workers self-rated proficiency of teaching MBPs. Social workers must feel confident in what they are teaching so that clients comfortably engage in their healing process.

Beginner/Intermediate

When participants were asked to rate themselves beginner, intermediate, or advance in their mindfulness practice the primary theme that emerged was beginner/intermediate. One participant rated herself as advanced: "Advanced I have a lot of background knowledge about it. My thesis was on mindfulness. I know a lot of the research behind it and how to apply it to practice (trauma treatment, CBT). I feel confident in guiding others in learning about it." The researcher found that there was one client who consistently answered interview questions with more confidence due to the exposure they have had with MBPs.

Used Regularly With Clients

The primary theme of used regularly with clients emerged when asked if participants had incorporated MBPs into interventions with clients. This theme supports the fact that MBPs are being used as part of effective treatment in clinical social work. Previous research on mindfulness has pointed out the growth in preference by clients of MBP interventions (Edenfield and Saeed, 2012).

Meditation Is Effective As An Intervention

When asked about thoughts regarding meditation and its effectiveness as an intervention meditation being effective was one of the two primary themes that was identified. Participants recognized positive changes with their clients. This supports the growing research that talks about the effectiveness that MBPs have in mental health care.

Meditation Is Difficult To Do And Not For Every Client

When asked the question above, meditation is difficult to do and not for every client was recognized as the second primary theme. This seems to be the common consensus of individuals who do not employ an everyday practice of meditation or lack training and understanding of the practice.

Mindfulness-Based Practices Specialty

When participants were asked about what types of interventions, they prefer to specialize in two primary themes emerged. One of the themes was MBPs specialty. This supports the previous studies that find mindfulness to be a type of intervention that is being embraced by many clients as well as mental health practitioners such as clinical social workers.

Cognitive Behavioral Therapy Specialty

When participants were asked the question above, the second primary theme that developed was cognitive behavioral therapy (CBT) specialty. This is something to be expected since CBT is one of the interventions that has for many years received much praise by mental health practitioners.

Incorporating Mindfulness Into Treatment Complements/Enhances Effectiveness

When asked whether mindfulness complemented/enhanced effectiveness of treatment the primary theme that emerged was that incorporating mindfulness into treatment complements/enhances effectiveness. This aligns with previous study results which state that mindfulness works effectively as a co-intervention to mental health treatment.

Belief In A High Interest In Learning More About Mindfulness

When participants were asked about their opinion regarding whether there is an interest in learning more about MBPs with social workers the vast majority felt that there is a high interest. This supports the growing number of mental health practitioners who have decided to embrace holistic ways of treatment as a way of growing professionally as well as providing overall support to a client's wellbeing.

Not Adequate Coverage of Mindfulness Literature

When asked about MSW schools of social work curriculum and MBPs all respondents felt strongly that there is not adequate coverage. This aligns with the implication from findings in this study that was previously mentioned by the researcher in regard to lack of interest in MBPs in schools of social work curriculum.

Mindfulness-Based Practices Elective Courses Should Be Offered

When asked if participants believed that schools of social work should offer an elective course on MBPs the theme across participants was that MBPs

elective courses should be offered. This helps support social workers growing interests in MBPs/education, proficiency in practice, commitment to providing the highest level of care for their clients, and growing self-care practice.

Definitely

When participants' opinion was asked on whether field placement should offer training and hands-on experience with MBPs the theme was a very passionate definitely. This theme aligns with the researcher's idea that change must start within the schools of social work.

Limitations and Recommendations for Future Research

Once the study had been completed four limitations were recognized. Two limitations were a result of the Covid 19-restrictions. The first limitation was that as a safety precaution all the interviews were administered via Zoom. Relying on technology to conduct the interviews meant that the participants as well as the researcher needed to have reliable access to internet service/phone as well as a place where there was privacy. A few of the interviews needed to be rescheduled due to technological issues or privacy limitations. The second limitation was that the researcher was not able to see the body language cues that are seen during a face-to face interview therefore limiting the amount of data to be interpreted. Other limitations that were identified include the third limitation which was the sample size of 10 participants. The small sample size is not representative of the many social workers who are qualified to be part of this study. The fourth limitation is that this was a qualitative research and so the

process was time consuming, but due to it being exploratory in nature, this research methodology was most appropriate for the task.

The researcher recognized valuable recommendations for future research from the study findings. First, a broader sample size as well as a more diverse sample would serve as a better representation of the social work community. This will help to show that in fact there is a vast interest in mindfulness-based practices within the field of social work. Second, future studies should also investigate the willingness of client participation in treatment when social workers who have an expertise in teaching mindfulness-based practices incorporate it into treatment. This is important because many indigenous cultures believe in a balance of mind, body, and spirit. Mindfulness-based practices follow those three pillars of holistic healing. This would help social workers further practice cultural sensitivity making it more acceptable for individuals to seek mental health support. Additionally, more research needs to be done to bring more attention to the benefits of employing MBPs such as meditation to help make neurobiological improvements (Cahn and Polich, 2006). Having more research that supports the use of MBPs will encourage mental health practitioners to remain open and excited to learning and incorporating holistic ways of treatment.

Significance for Social Work Practice

Social work practice continues to grow at a rapid rate partly due to the number of individuals seeking support to find some sense of control with their mental health. The need to conduct this study evolves from a social work

responsibility to provide the highest quality of care to individuals seeking support. Social workers must always question their perceived proficiency in practice to make sure that they are always upholding the social work core values. Self-reflection is always necessary to see the truth. This study encourages social workers to be lifelong learners and continue to make education and hands on experience a must in their practice.

Additionally, this study encourages schools of social work to update their curriculum to include mindfulness training as an effort to include wellness for their students and provide adequate knowledge of MBPs being used regularly for social practice with clients. Change needs to begin with schools of social work pedagogy.

Conclusion

As the number of individuals dealing with mental health illness continues to rise it is imperative that the highest level of client service is provided. Mindfulness-based practices helps individuals to self-regulate their emotions providing them with some control over how they respond to what they are feeling. Awareness can result in freedom from emotional distress, mental health illness, and physical illness.

Having social workers truly be experts in teaching mindfulness-based practices requires a regular practice of their own as well as continuous training to assure that there isn't a perceived feeling of lack of expertise. It is imperative that social workers truly know and feel confident in what they practice. To

encourage client participation and success in their treatment social workers must possess a confidence in teaching holistic interventions and techniques that align with the beliefs of their clients.

APPENDIX A:
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate examines the topic of mindfulness-based practices (MBP) and techniques that social workers incorporate into their lives and into their interventions with their clients. It seeks to understand the contexts in which these are applied, and the benefits derived from the social worker, and their clients if the social worker incorporates this technology into their work with their clients. The study is being conducted by Vanessa L. Morales, a graduate student, under the supervision of Dr. Herb Shon, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: This study seeks to understand the relationship between social workers perceived competence with MBP and their integration of them into their clinical interventions with clients. It also seeks to understand the contexts in which social workers integrate MBP and the benefits derived by their clients as well as themselves.

DESCRIPTION: This is a qualitative exploratory study designed to understand the relationship between social workers' self-reported level of expertise and experience with mindfulness-based practice and techniques and the extent to which they incorporate them into their interventions with clients. Participants will be interviewed by the researcher via Zoom audioconferencing and asked sociodemographic questions as well as questions related to social workers' mindfulness-based practices and techniques and their application to self and, if applicable, their clients, as described more fully discussed in the "Purpose" section above.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences by informing the researcher of your choice/decision.

CONFIDENTIALITY: Your identity and responses will remain completely confidential and protected by the researcher via the use of passwords on their computer, where this information will be safely stored, then destroyed entirely 3 years after this study has been completed.

DURATION: It will take approximately 30-60 minutes to complete the interview via Zoom audioconferencing with the researcher.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer any question and you can skip the question or end your participation by informing the researcher of such.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Shon at (909) 537-5532.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2022.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Verbal consent provided to researcher by participant.

Yes

No

APPENDIX B:
DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

1. What is your age?
2. What is your gender identification?
3. What is your ethnicity identification?
4. What is your achieved educational level?
5. How many years have you been in practice?
6. Do you work in private practice or at an agency?

Developed by: Vanessa L. Morales

APPENDIX C:
INTERVIEW GUIDE

INTERVIEW GUIDE

Developed by: Vanessa L. Morales

1. How many years have you been practicing mindfulness in your own life?
2. How did you first become interested in practicing mindfulness?
3. What was it about mindfulness practices that led to you integrating it into your own life?
4. What types of resources contributed to your knowledge of mindfulness?
5. What benefits to your mental health and physical health have you gained through mindfulness-based practices?
6. Are there specific types of mindfulness practices from which you benefit the most? If so, what are those?
7. What is your level of expertise in terms of you teaching mindfulness-based practices and techniques such as meditation to others?
8. Would you say that you are a beginner, intermediate, or advance in your mindfulness-based practice? Please describe the basis for your self-evaluation.
9. Have you incorporated mindfulness-based practices into any of your interventions with clients? If so, please describe how?
10. If not, please describe why not?
 - a. Was it related to the type(s) of clients who you see?
 - b. Was it related to the type of agency where you work or the type of practice?
 - c. Are there any barriers to you being able to incorporate mindfulness interventions with your clients?
11. What are your thoughts about meditation and its effectiveness as an intervention? -
12. What types of interventions do you prefer to specialize in?
13. Do you believe that incorporating mindfulness into your treatment interventions [would] complement[s] or enhance[s] the effectiveness of the treatment? If so, what benefits have/did your clients receive?
14. What are your thoughts regarding whether social workers have an interest in learning more about mindfulness-based practices?
 - a. Based on your own MSW student experience, do you believe that schools of social work offer adequate coverage of mindfulness literature into their micro/clinical practice curriculum?
 - b. Do you believe that schools of social work should offer an elective course on mindfulness-based practices?
 - c. Do you believe that, if appropriate, that field placements should offer training and hands-on experience with mindfulness-based practices for their MSW interns?

APPENDIX D:
LETTER FOR RECRUITMENT

LETTER FOR RECRUITMENT

Hello _____,

I hope you are well.

I received your name and email address from a mutual friend, _____.

I am reaching out to you to enquire if you would be willing to participate in a social work research study. This study is designed to examine mindfulness-based practices (MBP). More specifically the study examines the relationship between a social workers perceived level of competence with mindfulness-based practices and their inclusion of them into their clinical practices. Additionally, the study will explore the benefit of MBP in the clinicians' and their clients' lives. The study is being conducted by myself Vanessa Morales, a graduate student, under the supervision of Dr. Herb Shon, Assistant professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB. Data will be collected during a 30-60 minute interview. Interviews will be conducted on a one to one basis via Zoom audioconferencing software to protect confidentiality. The interview will be audio recorded for transcription purposes.

To be eligible to participate in this study you must be 1) 18 or more years of age, 2) have completed an MSW degree from a CSWE-accredited program, 3) have at least one year of post-MSW practice experience, and 4) have some level of experience with mindfulness practice.

This study has been approved by the CSUSB IRB-FY2022-105.

If you have any questions about this study, please feel free to contact me @ 005000160@coyote.csusb.edu. I thank you for your time and consideration.

Sincerely,

Vanessa L. Morales
CSUSB MSW Advance Year Student
005000160@coyote.csusb.edu

APPENDIX E:
INSTITUTIONAL REVIEW BOARD APPROVAL

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-105

Herbert Shon Vanessa Morales
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Herbert Shon Vanessa Morales:

Your application to use human subjects, titled “Proficiency of Social Workers In Teaching Mindfulness-Based Practices And Techniques” has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**

- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-105 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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