2011

The relationship between educational attainment and mindfulness practice

Carlos Anthony Castro

THE RELATIONSHIP BETWEEN EDUCATIONAL ATTAINMENT AND MINDFULNESS PRACTICE

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

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ABSTRACT

Occupational stress and burnout has been identified among mental health practitioners as occurring in alarming quantities. Mindful practice (MP) has been shown to decrease compassion fatigue and work related stress among mental health providers. The purpose of this study was to examine the relationship between mindfulness practice and education level, specifically, if educational attainment is a predictor of exposure to mindfulness practice techniques. Quantitative analysis in the form of survey responses was performed to answer this question. The sampling for this study included 63 subjects currently providing mental health services in San Bernardino County. Additionally, among participants indicating an awareness of mindfulness practice, subjects were queried where this information was obtained. Lastly, survey responses were reviewed to explore whether a relationship exists between recency of educational attainment and exposure to mindfulness practice. It was found that a positive correlation exists between educational attainment and exposure to mindfulness practice in this sampling. Participants in this study most frequently reported work based training as the conduit of exposure to MP. Lastly, no relationship was noted between recency of educational attainment and exposure to MP.

TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION

Introduction

The contents of Chapter One present an overview of this project. Within this chapter a problem statement is identified and discussed. Finally, the significance of this project for future social work practice is presented and explored.

Problem Statement

The social service field is one whereby knowledge and skills are conferred both from academic investigation, and from experience providing services in a professional capacity. As there is no substitute for know-how garnered in the field, social service institutions have an ethical and practical obligation to find ways which will allow direct practice staff to serve longer, gaining in ability and efficiency, and improving the aid rendered to clients and social service systems alike.

Unfortunately there is a well-documented history of inordinate levels of stress among direct practice social service providers. This stress often metastasizes into a condition of apathy or professional overload which negatively impacts the clinician's ability to function

within their social work role. Compassion fatigue is a condition, also described as burnout, which afflicts the social work and social service fields and which if unaddressed leads to the loss of personnel to other less demanding pursuits (Baker, 2003). It has been suggested that high levels of burnout among social service practitioners is attributable to the unique requirements of the direct practice social work role. Often mental health clinicians are the only one providing services to needy clients. The aged, vulnerable children, physically disabled, mentally ill, those with few legal rights such as undocumented immigrants, and those who have been discarded by society such as parolees are the individuals who social workers serve. Social workers often struggle to help meet the needs of these individuals in the face of ever shrinking resources and political will.

According to Ying (2009) social workers are at a heighten state of vulnerability for compassion fatigue due to present fiscal realities caused by the recent economic downturn. In addition to those traditionally served by social service institutions there is the added strain of erstwhile functional individuals within the social strata who have been the victims of circumstance and like their more traditionally served peers, all look to the individual

in the social work role as a source of aid and respite (Ying, 2009).

The clinical field of study and therapeutic treatment are characterized by philosophical shifts in thinking and practice. Psycho-therapy has undergone phases of evolution over its existence and a significant trend at present is for service delivery to include aspects of mindfulness practice (Germer, Siegel & Fulton, 2005). Mindfulness is based on ancient Eastern religious practices, whereby the practitioner seeks to experience present reality and is actively engaged in the process of avoiding future and past thought (Germer et al., 2005). To differentiate from other forms of meditative practice or guided imagery which try to adjust the practitioner's state of mind to a more serene but not present reality or thought, mindfulness suggests one should note each occurring thought or feeling, give them validity and allow them to pass (Germer et al., 2005).

The operationalized form of this technique currently being used by social service practitioners is Dialectical Behavioral Therapy (DBT). DBT was pioneered by Marsha Lineman only in the last several years as a method of addressing borderline personality disorder and has since been proven to be an effective evidenced based practice for those suffering from mood disorder, and in co-occurring

treatment with chemical dependency (Baer, 2006). DBT has become an integral and heavily used form of treatment and is viewed as effective in addressing issues related to chronic thought based psycho-pathologies.

According to Perseius, Kaver, Ekdahl, Asberg and Samuelsson (2007) the application of Dialectical Behavioral Therapy to self-harming clients with borderline personality disorder was not shown to increase levels of burnout for the practitioner, establishing that applying DBT to consumers does not contribute to compassion fatigue despite the acuity of pathology with which the social worker is presented. As previously mentioned DBT has value as an evidenced based practice for borderline personality disorder due in part to the aspects of mindfulness practice that have been incorporated into the treatment approach (Perseius et al., 2007). Mindfulness practice is effective in reducing anxiety and has been shown to improve some chronic health issues (Galantino, Baime, Maguire, Szapary & Farrar, 2005). Mindfulness practice has been utilized among students to mediate performance anxiety, and was shown to be effective where traditional cognitive based approaches faltered (Galantino et al., 2005).

Mindfulness practice is a vital tool not only for clients but also practitioners as a form of self-care, and a protective feature against compassion fatigue.

Purpose of the Study

The purpose of this study was to identify what possible correlations exist between education level and the utilization of mindfulness practice with regards to self-care among direct practice mental health professionals and paraprofessionals. Additionally, the orientation of provider was explored among those surveyed to ascertain whether a link existed among educational ideology and application of mindfulness based self-care. An additional feature of this study was to identify any possible correlations which existed among professionals who are newly educated versus those educated less recently.

Dialectical Behavioral Therapy as previously mentioned is a more recent approach utilized in direct practice social work. To a large degree individual therapy approaches are taught at the Master's level of expertise and above. This poses a problem as much of the work which goes into mental health practice occurs at the paraprofessional level. It is unlikely that Bachelor's level social workers would be exposed to these types of clinical interventions and thus

would be unable to practice them in regards to self-care. Therefore it is vital to establish the use of mindfulness practices among those providing services.

For the purpose of this study data were collected through survey format from individuals practicing within San Bernardino County in public mental health settings. Surveys were distributed to over one hundred practitioners within the expansive confines of this county, with the expectation of having 40-60 returned. The only viable option for a sole researcher given the number of potential subjects was to conduct a primarily quantitative approach to research with limited qualitative questions offered, as a primarily qualitative approach to researching this question would have required resources not available to this study.

In this study, the parameters of what was being measured were specific and the variables well defined. Little would be gained at this juncture by addressing these questions primarily through a qualitative approach. A quantitative analysis of active mental health workers provided the data necessary to accurately represent mindfulness based self-care within this population.

Significance of the Project for Social Work

This study was vital to the field of social work for several reasons. First it was vital to identify who among direct practice social service workers are practicing mindfulness based self-care and was there in fact a correlation between those who provide DBT professionally and mindful based self-care. The results of this question would be able to inform institutions of higher education and mental health systems of ways to approach compassion fatigue, and the likelihood that individuals are administering self-care based on their own educational level or philosophical orientation. If positive correlations were found it could have informed future curricula for paraprofessional education to include dialectical treatment and a component of self-care.

The application of mindfulness practices have been found to improve social work students comfort with silence, and thereby improve their ability to provide timely interventions divorced from their own anxieties. Mindfulness practices have been shown to have a positive impact on health and wellness and can reduce chronic medical issues. All of these positive indicators of health as well as improved comfort with silence and reduced anxiety can inform

future efforts toward staff retention in mental health settings.

The final benefit to the field for this study is that it provided a rare glimpse into the variances among mental health workers with different educational backgrounds and recentness of education, and the effects this has on the practitioner themselves. The data produced from this study did form a basis for future research into topics such as job satisfaction, correlations among physical health, longevity, and educational background.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Mental health practice is a fluid occupation which has been marked by constant shifts in approach, philosophical underpinnings and resources. There has been however a recent marked shift toward mindfulness based mental health treatment programs, programs which among other characteristics emphasize present thought over reflection, rumination and contemplation. That mindfulness based approaches to self care and cognitive therapies organize treatments around fully experiencing the present moment, noting cognition and sensation, then stress attuning to the following moment is what separates these programs from other cognitive therapies and programs which address assigned values to instances rather than present experience.

Theories Guiding Conceptualization

Mindfulness is a form of awareness which involves total consciousness to present moment experience, such as thoughts, emotions, and sensations (Christopher & Maris, 2010). According to Baer (2006), within the last ten or more years mindfulness has exploded in the fields of psychotherapy, counseling and behavioral medicine.

Mindfulness based practices have their origins in far Eastern religious practices, and thus have been applied to human subjects throughout history. Theravada and Zen Buddhism in particular have served as templates from which modern social scientists have gleaned information. In a study conducted by Gilpin (2008), mindfulness-based cognitive therapy was explored from a Theravada Buddhist perspective. The study concluded Westernized clinical therapists understand the Theravada Buddhist prospective involving mindfulness practice, yet the clinical application is adapted. The subtle changes can be explained by the varying world views (Gilpin, 2008).

Though there have been several forays into mindfulness practice from mental health pioneers, the most successful and pivotal in changing the lexicon of mental health treatment has been that of Linehan (Perseius et. al, 2007). Dialectical Behavioral Therapy (DBT) is a treatment designed to address consumers with Borderline Personality Disorder, and when found to be an evidence based practice for this population was applied to other client populations (Germer et al., 2005). Due to the structure of DBT, many clinicians' find it useful as a form of therapy with difficult clients (Perseius et. al, 2007).

Currently DBT is applied to individuals with traditional axis one diagnoses as well as those with co-occurring disorders and clients with axis two issues. DBT has found success largely due to its fusion of traditional Cognitive Behavioral Therapy (CBT) with Mindfulness Practices (MP). Mental health practitioners in the present era of treatment are receiving increasing exposure to this effective treatment technique. For example in a study conducted by Perseius et al. (2007) the aim was to determine if occupational stress and professional burnout increased for mental professionals as a result of learning/using DBT with self-harming young borderline females. Results showed although learning DBT in itself was stressful for practitioners, the structure of DBT with this population was an extremely useful tool to employ, and long term results supersede the initial stress caused. Also, as a component to learning DBT the mindfulness aspect was beneficial for practitioners to incorporate into many other areas of their lives.

Compassion Fatigue and its Effect of Mental Health Systems

As previously addressed mental health practice has been marked by shifts in ideology as well as resources with which to meet the needs of the community. Present economic

realities have increased the need for mental health workers while limiting the amount of financial resource available to meet this need. This has placed mental health practitioners at special risk for burnout and compassion fatigue, conditions which often preempt social service workers' exit from this field. According to Skovholt, Grier and Hanson (2006) the field of counseling has been plagued by lack of resources and high demand, both of which boost the likelihood for professional burnout and compassion fatigue.

Unlike many fields of study and practice, the technical expertise and know how necessary to be effective as a social worker is highly experiential and thus matriculation from this field to other professions has the double effect of robbing increasingly needy consumers of their best options for receiving effective treatment due to losses in personnel. One way in which to help both parties involved is for the professional to learn self-care practices. According to Skovolt, Grier and Hanson (2001) burnout is best explained as the process in which decreased ability to attach with future clients is a direct result of the accumulation of emotion depletion over a period of time. Therefore, burnout functions as an injustice to all parties involved because it results in lack of engagement and mediocre work (Skovolt, Grier & Hanson, 2001).

The social problem of lack of resources and ineffectiveness in public mental health can be ameliorated in part by improvements in the qualitative measures that mental health practitioners can provide, which makes addressing the issue of burnout among mental health providers a timely consideration. According to Mullenbach & Scovholt (2000) balancing self care with professional care, in part can ameliorate these issues. For example learning how to balance physical, spiritual, emotional, and social health is crucial in the solution Mullenbach & Scovholt, 2000). Practitioners can obtain this balance by nurturing their connections with family and friends, attending personal therapy, and by engaging in restorative activities, designed to provide a diversion from work associated stressors (Mullenbach & Scovholt, 2000).

Effects of Education

Educational attainment has been documented to have substantial effects on an individual's worldview and awareness of social issues as well as health related conditions. At the same time educational attainment can impact an individual's options for advancement, and have effects on stress level, both positive and negative due to personal resources, exposure to new methods of coping, and

responsibility in one's professional life. For the purposes of this study special interest will be paid to the relationship between educational attainment and exposure to mindfulness practices, as well as application of MP in one's own life according to professional discipline and educational level.

Research suggests the notion of burnout is broad, though the original term was coined to refer to the emotional/physical exhaustion experienced by health care providers (Newsome, J. Christopher, Dahle & S. Christopher, 2006). A study conducted by Moore and Cooper (1996) suggests mental health professionals suffer both from emotional exhaustion and occupational stress, as a result of working in an emotionally draining environment in which burnout is a foreseeable outcome. Similarly, the results of Baker's study (2003) showed an extreme potential for compassion fatigue and vicarious traumatization for mental health professional. Equally, S. Shapiro, D. Shapiro and Schwartz (2000) found burnout and emotional fatigue can have a negative effect on the students' ability to be effective professionally, to concentrate and make decisions. Skovholt, Grier and Hanson (2001) state, counseling students spend the majority of their educational focus learning how to care for the emotional needs of others, with no focus geared towards self

care. In order for these students to increase professional longevity and avoid compassion fatigue, they must learn how to cope with the delicate balance of the caring cycle (Skovholt et al., 2001). According to Skovholt et al. (2001) the caring cycle is defined as the constant series of empathetic attachments, active involvements and separations, all of which are needed to increase consumer success. However, the continuous participation in the caring process by the counselor is the very thing that leads to burnout and decreased professional longevity.

Faculty in counseling programs often voice the importance of teaching self care to students in the hopes of reducing occupational stress and passion fatigue. The need to incorporate stress management and mindfulness practices into the curriculum of mental health students is well noted. Yet despite the well published need, current educational programs do not offer the option of obtaining this training in their programs (Newsome et al., 2006). Students are often left to learn these practices on their own or during future employment. This lack of stress management and mindfulness integration into curriculum has prompted several researchers/professionals to address this need. For example Newsome et al. (2006) developed and offered a 15-week, three credit optional class to current students geared towards

teaching mindfulness practice, self-care, stress management and improve counseling skills. At the end of the course students reported positive changes in stress management, increased effectiveness in implementing counseling techniques and an amplified integration of mindfulness practices into their lives (Newsome et al., 2006).

Summary

In summary the theories which have guided the conceptualization of mindfulness practices have their foundations in Eastern meditative and religious arts, and it is the value of these practices which is being harnessed in the aforementioned modes of treatment. As present socio-economic realities deepen the levels of need for quality social service interventions in the community, issues related to staff retention and burnout become increasingly important. Educational attainment can mediate certain lifestyle changes, as experience impacts an individual, however the specific focus of this study was whether educational attainment mediates mindfulness practices among public mental health workers.

CHAPTER THREE

METHODS

Introduction

Study design, sampling, protection of participants, procedures and data analysis, are addressed in this chapter. Research methods and data collection instruments are identified. In addition, justifications for specific measurements of data are detailed.

Study Design

The purpose of this study was to identify what possible correlations exist between education level and the utilization of mindfulness practice with regards to self-care among direct practice mental health professionals and paraprofessionals. The research method was primarily quantitative data analysis. This particular method was chosen based on the anticipation of significant participation in this study, thus improving the validity of its findings. Data were gathered from surveys distributed to mental health practitioners in San Bernardino County. The survey was designed to answer the following research questions: Can education level be positively correlated with mindfulness practices? Does interval of time since highest educational attainment impact utilization of mindfulness

practices? Do variables such as age and gender play a role in the utilization of self-care practice?

Sampling

Surveys were distributed to mental health professionals based on availability, willingness to participate, time restraints of those involved and catchment area. The catchment area for the purpose of this study was San Bernardino County public mental health employees. One hundred surveys were dispersed, in the anticipation of having a minimum of forty returned. However, sixty-three surveys were returned. All returned surveys were utilized, to maximize the findings of this study.

Data Collection and Instruments

Data collected included demographic information on age and gender, as well as level of highest education. (See Appendix A.) Among Master's recipients an additional question to identify clinical degree received, was asked. The survey tool consisted of thirteen questions, which were answered through previous established scaled and ordered responses (e.g, highest level of education received: A-pre-bachelor's degree B-bachelor's degree C-master's degree D-doctoral degree), as well as real numbers when available. Education, age, gender, and interval of time since present

educational attainment, made up the independent variables. Mindfulness practice is the identified dependent variable. In addition to these questions, three qualitative responses as to the subjects understanding of mindfulness practice, the population the subject serves, and the interventions employed by the subject/practitioner were asked.

Procedures

Data were solicited from current mental health workers and direct supervisors. Opportunities for survey data collection were identified via email correspondence and phone request, with only those units and subjects expressing interest and willingness to participate in this study receiving surveys. Surveys were hand delivered. All information obtained from returned surveys was included in this study, for the purpose of statistical analysis. Surveys were collected by research aide and hand couriered to a secure mental health setting.

Protection of Human Subjects

The confidentiality of surveyed participants was protected through structuring the survey tool to exclude information which could provide identification of participants. Surveys collected were stored utilizing a doubled locked method, and discarded after a specified

amount of time, through approved disposal methods. Additionally, the researcher enlisted the help of third parties to distribute and collect surveys. This feature was designed to ensure subject identity was not available to the author of this study and issues of coercion were minimized.

Participants received a consent statement within the survey packet which stated the subject's right to refuse to participate in this study, and that services were available should participation in this study result in vicarious harm. (See Appendix B.) No potential participant was required or coerced to participate in this study. Participants were provided with a debriefing statement at the end of the survey. (See Appendix C.)

Data Analysis

Data collected were analyzed through the use of bivariate analyses, specifically correlation tests, and a pearson's chi squared test. Additionally, a means analysis was conducted among selected independent variables. Independent variables were measured using nominal and ordinal scales. Independent variables gender, educational attainment, mindfulness practiced professionally, educationally, and personally were categorized using nominal coding. Additionally the survey item identifying clinical

degree received among master's recipients was measured utilizing a nominal scale. The dependent variable regarding mindfulness practice was measured using the nominal scale. Interval and years since completion of highest level education was measured using scale, as was age of subject.

Summary

In summary the aforementioned design of this study was selected based on available resources and in the interest of maximizing sample size and thereby the validity of this study's findings. The nature of this study required an approach that both assumed no existing knowledge base and was necessarily explanatory, and yet captured the data for those subjects who have a background in the study's topic of mindfulness practice. The survey method of collecting data provided the greatest specificity and standardization of experience for subjects while being available to the largest number of subjects possible. Standard subject protections were observed and referrals were included for seeking appropriate assistance should said assistance become necessary.

CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four is a review of the data this study yielded. This study examined the relationships which exist between mindfulness practice and educational attainment among public mental health practitioners. Qualitative and quantitative data were analyzed for the purpose of verifying findings of this study, and the results of this study were analyzed statistically for validity.

Presentation of the Findings

This study included 63 participants (N=63), consisting of current mental health direct service practitioners and supervisors of direct service staff. Due to availability of subjects, the majority of these participants were employees of public mental health in San Bernardino County. Among participants of this study 17 self-identified as male, and 47 as female. Subjects ranged in age from 20 years old to 70, with a mean of 44 years of age, and modes of 31, 40 and 57.

Subjects were asked to report highest level of educational attainment with 11 subjects indicating they had completed some college or university coursework short of an

undergraduate degree, and 16 subjects indicated they had completed an undergraduate degree. Additionally, 31 subjects reported having completed a graduate degree and 5 subjects indicated they had a doctoral degree. Of those responding that they have a master's degree there was an additional question as to the type of graduate degree the participant held; 23 identified that degree with 17 respondents claiming a Masters of Social Work (MSW) and six Masters of Psychology.

A follow up to the aforementioned question of education level was posed asking respondents the number of years since attainment of most recent education level. Responses ranged from no years (still in school or within one year of attainment) to 47 years since attainment of highest education level. The mean response was 8.6 years and the mode was 0 with ten subjects indicating they had just attained their highest educational level.

Subjects were asked if they had been exposed to mindfulness practice (MP), and of 63 participants 31 indicated they had with 32 participants indicating they had not. Those reporting they were not exposed to mindfulness practice were instructed not to respond to the remainder of the survey. A follow-up question asked that subjects define their understanding of mindfulness practice with a

qualitative response. Additional qualitative responses were sought as to the population participants serve and the interventions they utilize in their clinical practice.

Remaining participants (N=31) were asked four additional questions relating to the areas in which they were exposed to mindfulness practice. The first related to exposure to mindfulness practice through employment functions and training with 3 subjects indicating they had not received MP from their employment setting and 28 indicating they had received exposure to MP through employment. Subjects were asked if they had been exposed to MP through education and 13 indicated they had not with 18 indicating they had. Last, subjects were asked if they had been exposed to MP through methods/ efforts of their own (e.g., self-help literature, yoga, meditative practices), with 10 participants indicating they had not and 21 indicating they had.

Subjects were asked about MP in their own lives. Among the 31 participants indicating they had exposure to MP, 23 indicated they practice MP in their own personal lives, and eight indicated they do not. Subjects were queried regarding the degree of practice of MP with the option of four ordered responses: occasionally, monthly, weekly, and daily. Among subjects indicating they practice MP (N=23) eight indicated

they practice daily, six indicated they practice weekly, no subjects responded they practice monthly, and nine subjects indicated they practice occasionally.

Subject responses to the questions of education level and exposure to mindfulness practice were examined utilizing a crosstabs and chi-squared analysis. Among subjects with a graduate degree or higher (N=36) approximately 67% reported having been exposed to MP, whereas among subjects reporting a bachelor's degree or lower of education attainment (N=27) only 22% reported having been exposed to MP. This relationship was verified to be statistically significant to the .001 level per a Chi-Squared test.

Among participants responding that they had been exposed to MP (N=31), six participants reported educational attainment to the bachelors level (BL) or below and 25 participants reported educational attainment of a graduate degree (GL) or greater. Among subjects reporting exposure to MP with the BL education 50% (3 of 6) reported that they currently engage in MP in their personal lives. Among subjects reporting exposure to MP with the GL of education 80% reported that they currently engage in MP in their personal lives. This finding was analyzed for validity utilizing a Chi-Squared analysis and was not found to reach

the .05 significance level. Here as well the limited number of participants confounded a crosstabs analysis.

Among subjects indicating they practice MP (N=23) 87% reported exposure in the work environment through trainings and work activities, 52% reported exposure through higher education, and 74% reported exposure through their own efforts. Chi-Squared tests were run and none of the aforementioned results were found to meet the .05 significance level. Independent of education level or method of exposure to MP, among subjects indicating they have been exposed to MP 74% indicated they do practice it in their personal lives.

A t-test was run to determine if any significant relationship exists between years since most recent level of educational attainment and exposure to mindfulness practice and no significant relationship was found. Variable such as age and gender of subject were reviewed and no significant relationships could be found with exposure to mindfulness practice, or currently being engaging in mindfulness practice. Qualitative responses regarding an operational definition of MP demonstrated a high degree of consistency among all levels of educational attainment, which was unexpected among researchers.

Subjects were asked to respond to three qualitative questions, the first asking the client to operationalize MP according to their own understanding of it. Among subjects responding to this question 34 left this answer section blank, 26 answered this question with a satisfactory response consistent with this study's operationalized response, and one subject had an incomplete answer. Participants were then queried regarding the population they serve or clinical setting they operate within with 32 respondents indicating they work in a mental health clinic setting, eight perform crisis intervention in the community, three work at inpatient psychiatric treatment centers, 10 work with addictions and co-occurring treatment, and six work in a supervisorial capacity. The final item asked subjects to list clinical approaches on interventions they most commonly utilize. Over thirty discreet responses to this question provided however the most common responses were: Crisis Intervention, Solution Focused Therapy, Trauma Resiliency Model, Eclectic Therapies, Cognitive Behavioral Therapy, and Motivational Interviewing. These responses help inform this study as to the scope of practice and treatment mode which this subject sampling represents.

Summary

Chapter Four reviewed the results of this study, which did have significant findings of correlation among educational attainment and mindfulness practice among direct practice public mental health providers and their direct supervisors. The means of data extraction and evaluation were reviewed and the specific findings were enumerated within this chapter, as were the statistical measures of validity which serve to inform researchers of the value of the findings this study did yield.

CHAPTER FIVE

DISCUSSION

Introduction

Included in Chapter Five is a presentation of the conclusions gleaned as a result of completing the project. Additionally, the findings of this study are reviewed and limitations of this project and recommendations for follow-up studies are reported. Last, implications for future social work practice and social work education will be discussed.

Discussion

This was an exploratory study examining the relationship between mindfulness practice (MP) and educational attainment. Additional variables affecting exposure to mindfulness practice, and those characteristics which practicing mental health practitioners share who engage in MP were explored. Of specific interest in this study was the variable of recency of educational experience as a primer to awareness of MP. Last, the means by which individuals had exposure to MP were explored, to better understand how public mental health practitioners have accrued this knowledge.

In this study a positive relationship was found between education attainment and MP, specifically at the master's level of education and above. As noted in the introduction section of this project, there has been a marked shift toward paraprofessionals providing much of the direct service to consumers of public mental health services. And as originally posited these members of the mental health provider community are exposed to MP and practice MP at levels which were significantly lower than their graduate level peers in the sample of subjects in this study.

There was no significant relationship between the recency of educational attainment and exposure to MP. This was unforeseen, however among those with exposure to MP (N=31) the most common response as to method of exposure was through work based educational programs, with 87% listing this as a source of exposure to MP. In looking at employment based educational programs as a primer for exposure to MP one could then infer that this method of exposure can have had a standardizing effect on diverse mental health workers. In fact, formal education was listed lowest among the three options for method of exposure with only 52% of those reporting exposure to MP having occurred in this way. This can be viewed as an area in which formal educational systems

may include MP instruction for new mental health practitioners.

Age of subject and gender were not found to be significant in predicting exposure to MP or whether participants practice MP currently. Among those graduate level subjects who listed the type of clinical degree they possess there was a slightly higher ratio of MSW recipients than those possessing a Masters in Psychology, which also represents an unexpected result. No other relationship among variables was found which was significant.

Limitations

Though this project amply met the expectation for participants, sample size became a limitation and impediment to achieving statistically valid findings in this study as sub-sets of the overall sample were reviewed, lowering the number of subjects in each sample set. An unexpected amount of subjects of all educational attainment levels were aware of MP, and as determined by qualitative responses were well versed in its application to clinical populations.

Many of the surveys were distributed to practitioners in a large public mental health agency, which itself may represent an anomaly in the public mental health field at large. The public mental agency where surveys were dispersed

was the Department of Behavioral Health. The Department of Behavioral Health (DBH) serves a large cross section of the mentally ill and recovering of San Bernardino County. Historically this agency has been proactive in seeking cutting edge material which can be applied to a variety of clients and practiced by the diverse practitioners employed thru this department. Employment based training has been made available to all treatment providers, regardless of education level. This is true specifically of educational opportunities in the Trauma Resiliency Model (TRM); TRM is a form of treatment which addresses issues surrounding trauma, interventions employ aspects of MP for the purpose of ameliorating issues identified. The wide application of this forward thinking curriculum may have helped narrow the gap among pre graduate level practitioners and those who possess a graduate degree. In examining surveys bachelor level practitioners referenced TRM with similar frequency as graduate level practitioners.

Another limitation of this study was the structure of qualitative data, and its use in a hybrid survey which sought both quantitative and qualitative response from subjects. On further review the data exacted from these sections of qualitative response could have been better utilized if they too were in an ordered response and

therefore could have been included in statistical analysis with other data provided in this study. The survey instrument itself proved difficult for subjects with many of the graduate level participants not answering follow-up questions regarding the specific clinical degree they hold. The format of this survey tool can be viewed as a preliminary effort with future applications of similar research to include visual cues for participants to note questions they are to answer such as asterisks or a numbering system.

In reviewing samples to determine whether they accurately represent a larger population it is important to note not only those limitations which exist in polling public mental health workers but also the uniqueness of the San Bernardino County area as a whole. San Bernardino represents a land mass.which is vast and contains therein microcosms of culture, and diversity of experience which may themselves be anomalous to the experience of others in this field, and may hinder the generalizability of these findings. As previously mentioned the public mental health agency at which many of the subjects are employed may offer unique strengths which confound relationships which would have been in evidence in other settings.

A central consideration in reviewing the qualitative data which was provided is that mindfulness practice is an umbrella term. This is to say that it is an inclusive term to describe a method of intervention; however as became clear in reviewing the data many of the participants know these interventions under other names. Specifically, among those participants serving clients struggling with addiction or co-occurring disorders, the vernacular differs without the practice differing. Future efforts might be better served by operationalizing MP for the participant rather than having the subject operationalize it for themselves, and often respond that they do not practice MP in their work environment, only to describe mindfulness based approaches in the follow-up question.

An unconsidered effect which was brought to the researcher's attention during the completion of this project is the effect of internet based learning, and social media among mental health providers. Several colleagues when they became aware of this project's inception offered certain social media sites where mindfulness based practices are addressed, and awareness of this intervention style in promulgated. Follow-up studies may include this as an option for exposure to MP, particularly as social media and virtual

education appears to be a growing force in influencing the attitudes of clinicians and society at large.

Recommendations for Social Work Practice, Policy and Research

A clear implication for future social work policy and practice is the argument that MP should be covered to a greater degree within institutions of higher learning. Specifically, at the bachelor's level of education where many of these interventions have not traditionally been taught, it is important to present this information if not as an option for clinical practice then at minimum as a method of self-care. The rigors of mental health work as an occupation and the well documented hemorrhaging of qualified practitioners to other fields of study and occupations demands that self-care practices be taught at the level at which stress is likely to occur, and as paraprofessionals perform a fair amount of the work in this system of care it augers well that this should be a point of emphasis among education programs in this field.

Future research should be undertaken to advance or duplicate these findings in other settings to rule out variables related to sampling. Additional research methods should be employed in this area, such as a study utilizing purely qualitative data to study the participants'

experience in mental health related education and trainings, and levels of compassion fatigue. Furthermore longitudinal studies of future mental health practitioners may be employed to better understand a progression of knowledge and how learning occurs over the career of clinicians.

Greater opportunities for MP in continuing education units should be considered. To advance this professional associations should be involved, or perhaps a specific association for social workers who are practitioners of MP. And perhaps the greatest implication for future research and practice is that there should be an effort toward greater standardization of language among related fields of study. As it stands presently those of specific orientations of therapy, or specific clinical degree accrued refer to these terms according to their own understanding of the word, often to the exclusion of similar terms, all of which serves to confound efforts toward measurement.

Conclusions

It must be noted that there are differences of experience within the mental health provider field, and as such there will always be differences which can be measured. Whether those differences are correctly cataloged and accurate attributions are made is what will determine

whether the mental health field is able to maintain its advance toward more informed methods of education and sustained growth among its constituents and as a field of study.

As initially posited burnout is a primary concern among mental health practitioners, and as such methods for improved self-care must be addressed. In this sample among those who had exposure to MP, 74% practiced MP in their own lives, and the research is clear regarding the value of this practice in reducing stress and chronic mental health and medical issues. The findings contained within this study can be used to inform future training and education of social workers and therapists, and can be built on to seek increasingly valid understandings of mindfulness and how it functions among clinical providers.

APPENDIX A

QUESTIONNAIRE

Survey

Please complete the following questions, by marking an "X" next to your response:

1. Gender: **Male**___ **Female**____

2. How old are you? _____

3. Education Level: **Some College**____ **Bachelors**_____ **Masters**_____
Doctorate_____
If Masters or above please specify_____

4. Years since completion of present education level: _____

5. Have you ever been exposed to Mindfulness Practice: **Yes**____ **No** ____

6. If yes, how do you define Mindfulness Practice:
_____
_____
_____

7. What clientele/ population do you currently serve: _____

8. What treatment approaches do you use: _____

For the next questions mark all that apply:

9. If "yes" were you exposed to Mindfulness practice through, if not stop here:
Trainings _____ **Employment**_____
For Continuing Education Units (C.E.U)____

10. Were you exposed to mindfulness practices through an Educational Program:
Higher Learning _____ **Towards your degree**_____

11. Were you exposed to Mindfulness practices on your own through:
Self Help Literature____ **Yoga** _____ **Meditation**_____

12. Do you presently engage in Mindfulness Practice yourself: **Yes** _____ **No** ____

13. If so, how frequently do you engage in these practices: **Daily**_____ **Weekly**_____
Monthly_____ **Occasionally**____

Developed By: Carlos Anthony Castro

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is being conducted by Carlos Anthony Castro, MSW Candidate, California University San Bernardino, School of Social Work, under the supervision of Dr. Rosemary McCaslin. The purpose of this study is to gather data on mental health practitioners self care practices and educational background. The information obtained will be recorded and analyzed to contribute additional knowledge to the field. This study is performed with the approval from the Institutional Review Board Sub-Committee within the School of Social Work at California State University San Bernardino.

This study will consist of a brief survey, 10 questions in length and will take approximately 10 minutes to complete. There are no foreseeable risks or personal benefit as a result of your participation in this study. Please be advised that participation in this study is completely voluntary. You have the right to withdrawal at any time without penalty. Please be assured that your name will not be used in this study at any time. All data will be recorded by a number coding system and your responses will remain confidential.

Your responses are valuable to the social work profession and will contribute to the professional literature regarding mental health practitioners and self care.

For questions regarding participant's rights please contact Rosemary McCaslin Ph.D. A.C.S.W. at (909)537-5507, California State University San Bernardino. The results of this study will be made available at the John M. Pfau Library at California State University San Bernardino after December 2011.

By placing an "X" on the line below, you acknowledge that you have been informed of, and understand the nature and purpose of this study. You freely consent to participate in this study. You also acknowledge that you are at least 18 years of age.

_____ _____

"X" indicates agreement **Date**

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Thank you for your participation in this study. The survey you have just completed was designed to gather information regarding the correlation between mindfulness practice and education level. The survey consists of 10 questions and should not take longer than ten minutes to complete. .This study was conducted by Carlos Anthony Castro, MSW Candidate, California State University San Bernardino, School of Social Work.

If you have any questions regarding participation in this study, findings, publication, or if you would like to obtain a copy of the results of the study it will be made available at the John M. Pfau Library at the California State University, San Bernardino after December 2012, or you feel free to contact Rosemary McCaslin Ph.D. A.C.S.W. Professor of Social Work at (909) 537-5507 at the School of Social Work located at California State University San Bernardino. Again thank you for taking the time to participate in this study.

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