

**Exploring the Experiences of Mindfulness-Based Teachers in
Saskatchewan Schools**

A Thesis Submitted to the
College of Graduate Studies and Research
In Partial Fulfillment of the Requirements for the Degree of
Master of Education
In the Department of Educational Psychology and Special Education
University of Saskatchewan

By
Delee Frances Mary McDougall

Copyright Delee McDougall, November 2016. All rights reserved.

Permission to Use

In presenting this thesis in partial fulfillment of the requirements for a Postgraduate degree from the University of Saskatchewan, I agree that the libraries of this university may make it freely available for inspection. I further agree that permission for copying of this thesis in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my thesis work or, in their absence, by the Head of the Department or the Dean of the College in which my thesis work was done. It is understood that any copying, publication, use of this thesis, or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of Saskatchewan in any scholarly use which may be made of any material in my thesis.

Disclaimer

Reference in this thesis to any specific commercial products, process, or service by trade name, trademark, manufacturer, or otherwise, does not constitute or imply its endorsement, recommendation, or favoring by the University of Saskatchewan. The views and opinions of the author expressed herein do not state or reflect those of the University of Saskatchewan, and shall not be used for advertising or product endorsement purposes.

Requests for permission to copy or to make other uses of materials in this thesis in whole or part should be addressed to:

Head of the Department of Educational Psychology & Special Education
University of Saskatchewan
Saskatoon, Saskatchewan S7N 0X1
Canada

Abstract

This basic interpretive qualitative study investigated the benefits of a mindfulness-based approach to teaching. Six participants were recruited for this study including one homeschooling educator, three elementary school teachers, one high school teacher, and one elementary school administrator. Semi-structured interviews were used to generate data in order to understand how mindfulness affects teachers in their personal and professional lives, and how they are using mindfulness to support students in their classrooms. As participants' stories were reviewed, four major themes were identified using a wellness model perspective (Myers & Sweeney, 2008): (1) Connecting to the curriculum: Mindfulness and its curriculum links; (2) Creating, coping, socializing, meaning making, and exercising: Mindfulness and its connections to teacher health and wellness; (3) Managing and supporting students: Mindfulness and its links to a caring classroom environment; and (4) Motivating, engaging, and meeting students' needs: Mindfulness and its benefits for students. The current study's findings have contributed to furthering research in the area of mindful education and health, and have several implications for both practice and future research in the area.

Acknowledgements

The successful completion of this thesis was accomplished with the support, guidance, and participation of many important individuals.

First, I would like to thank my thesis supervisor, Dr. Laureen McIntyre. Thank you for your guidance and encouragement throughout this process. I would also like to thank my committee member, Dr. Jennifer Nicol, and external examiner Dr. Jeff Park, for your insights, expertise, and recommendations for my research.

Second, thank you to the six teachers who took the time to participate in this study. I appreciate your enthusiasm and willingness to share your experiences with me. It was wonderful to meet all of you and to hear your mindfulness-based perspectives and experiences teaching mindfulness in the classroom. I hope that the findings of this study will be helpful and encourage more Saskatchewan teachers to become involved in mindfulness education.

Third, I'd like to thank the graduate students of the School and Counselling Psychology program, particularly Jill Zurevinski. Thank you for your friendship and support over the last 5 years. You have helped to motivate me to overcome obstacles and keep going. I look forward to our continued friendship and support of one another to accomplish our future educational and career pursuits.

Finally, to Cameron, thank you for your patience, love, and support as I completed this thesis. And to my family, thank you for your unwavering support and encouragement throughout my years in University, especially as I completed this thesis. Because of you I had the opportunity to accomplish my goal of completing a Master's Degree in Educational Psychology.

Dedication

This thesis is dedicated to Lewis and Wendy McDougall.
Retired elementary school principal and teacher, father and mother.
Thank you for instilling in me the value of education.
Love, your daughter.

This thesis is dedicated to the six Saskatchewan mindfulness-based educators who participated in this study. Thank you for sharing your knowledge and experiences.
You have made a valuable contribution to the field of mindfulness education.

Table of Contents

Permission to Use	i
Abstract.....	ii
Acknowledgements	iii
Dedication	iv
Table of Contents	v
List of Tables	vii
List of Appendices.....	viii
Chapter 1: Introduction	1
Purpose of the Study	8
Key Definitions	8
Chapter Organization	9
Chapter 2: Literature Review	10
Defining Mindfulness	10
Mindfulness-Based Interventions	11
Mindfulness-Based Interventions for Adults	11
Mindfulness-Based Interventions for Children and Adolescents	12
Mindfulness Training for Teachers.....	19
Models of Mindfulness and Wellness.....	23
Summary	24
Chapter 3: Methodology.....	26
Rationale for Qualitative Methodology	26
Basic Qualitative Research	26
Theoretical Framework.....	27
Participant Selection and Recruitment.....	27
Data Generation	28
Data Analysis	30
Trustworthiness.....	31
Ethics Approval	32
Chapter 4: Results.....	34
Participants.....	34
Theme 1: Connecting to the Curriculum: Mindfulness and its Curriculum Links	36

Theme 2: Creating, Coping, Socializing, Meaning Making, and Exercising: Mindfulness and its Connections to Teacher Health and Wellness	38
The Creative Self	38
The Coping Self	43
The Social Self	46
The Essential Self	47
The Physical Self	48
Theme 3: Managing and Supporting Students: Mindfulness and its Link to a Caring Classroom Environment.....	48
Effective Classroom Management.....	48
Emotionally Supportive Climate.....	51
Positive Teacher-Student Relationships	52
Theme 4: Motivating, Engaging, and Meeting Students’ Needs: Mindfulness and its Benefits for Students.....	53
Summary	61
Chapter 5: Discussion and Conclusion	62
Summary of Findings.....	62
Integration of Results with Existing Literature.....	63
Strengths and Limitations of Current Study	65
Implications for Practice	67
Implications for Future Research.....	67
Conclusion	69
References.....	70

List of Tables

Table 1. Examples of Mindful Versus Mindless Behaviours in the Classroom.....57

List of Appendices

Appendix A	Recruitment Poster	79
Appendix B	Participant Consent and Data	80
Appendix C	Interview Guide	83
Appendix D	Transcript Release Form	85
Appendix E	Acronym Identification	86

Chapter 1: Introduction

My personal experience with mindfulness began in 2007 when I took a healing through meditation course and experienced first-hand the psychological and physiological benefits of mindfulness to my health, wellness, and academic achievement. As a young adult, mindfulness helped me to overcome the challenges I faced when working towards a Bachelor's degree in Psychology and enabled me to function at my full potential as a graduate student in Educational Psychology. I completed beginner and intermediate courses in Zen Meditation with the Regina Zen Sangha in 2009 and 2010, taught by a 43rd generation Zen Meditation teacher, and attended a silent meditation retreat in 2012. In the spring of 2016, I completed the Mindfulness-Based Stress Reduction (MBSR) course through the Prairie Centre for Mindfulness in Regina. My personal mindfulness practice also consists of progressive muscle relaxation, and yoga.

Mindfulness is an important part of my professional life as well. When I was employed as an educational assistant (i.e., a paraprofessional who supports classroom teachers) from 2010 through 2016, I provided instructional support to students who have a range of physical, social, emotional, behavioural, academic, and mental health challenges. In this role I had the opportunity to work alongside teachers who are implementing mindfulness in their classrooms. Specifically, during the 2012-2013 school year I worked with two teachers to design and implement a mindfulness community (i.e., a yoga and meditation club) open to all staff, parents, and students from kindergarten to grade 8 within a public elementary school. During this experience, I witnessed the benefits of mindfulness when working with children, youth, and adults in a school setting, such as improved self-regulation and the development of positive relationships with peers and adults. In my current role as a psychometrist working within school settings, I recommend mindfulness to colleagues as a universal intervention and prevention strategy to support teacher and student health and wellness.

Mindfulness, a mind-body discipline, is: (1) a concept with ancient roots in Buddhism, (2) embedded within an ethical framework, and (3) practiced to gain insight into the nature of human suffering and how to relieve it (e.g., Baer, 2010; Ergas, 2014; Olendzki, 2010). Recently there has been an exponential growth in the scientific study of mindfulness within the fields of neuroscience, medicine, psychology, and education (Ergas, 2014). The teachings of mindfulness can be understood through the lens of educational psychology because the field explores topics such as attention, awareness, "sensation, perception, emotion, motivation, cognition, mind, and

consciousness” (Mikulas, 2011, p. 5). Mindfulness-based interventions (MBIs) for adults are increasingly being used as psychotherapeutic interventions to promote mental and physical health and wellness through a reduction in stress physiology (Meikeljohn, 2012; Roeser et al., 2013). For example, reviews of the literature on the effects of MBIs for working adults have shown psychological benefits (e.g., increased well-being, reduced emotional reactivity and psychological distress, stress, anxiety, and depression, and improved regulation of behaviour; Keng, Smoski, & Robins, 2011; Khoury et al., 2013; Virgili, 2013). Studies on the effects of mindfulness training (MT) for teachers have shown increased wellness through psychological and physiological health benefits (e.g., increased mindfulness, acceptance without judgement, satisfaction with life, positive emotion, and compassion, and reduced stress, negative emotion, rumination, symptoms of anxiety and depression, number of sick days, lowered blood pressure and daily physical symptoms of ill health), and the prevention of stress and burnout for both pre-service teachers (Hue & Lau, 2015; Poulin et al., 2009) as well as elementary and high school teachers (Franco, Manas, Cangas, Moreno, & Gallego, 2010; Gold et al., 2010; Jennings, Frank, Snowberg, Coccia & Greenberg, 2013; Manas, Justo, & Martinez, 2011; Roeser et al., 2013).

Initiatives have been developing in Canada and internationally to integrate mindfulness into kindergarten to grade 12 education for the benefit of teacher and student health and wellness (Meikeljohn, 2012; Roeser et al., 2013). For example, in 2013 the World Health Organization (WHO) published the *Mental Health Action Plan 2013-2020*. Central to the plan is the global principal that there can be “no health without mental health” (WHO, 2004, p. 10). Mental health is an essential part of health and well-being, as reflected in the definition of health from the WHO Constitution: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO Constitution, 1946, p. 1). WHO defined mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2013, p. 38). Mental health is affected by “a complex interaction of biological, genetic, economic, social and psychological factors” (Mental Health Commission of Canada, 2012, p. 14), “that need to be addressed through comprehensive strategies for promotion, prevention, treatment, and recovery in a whole-of-government approach” (WHO, 2013, p. 7).

In Canada, the Mental Health Commission of Canada (MHCC) released a document entitled *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* (2009). The vision statement in this framework asserted, “all people living in Canada have the opportunity to achieve the best possible mental health and well-being” (MHCC, 2009, p. 13). This document broadly outlined the kind of mental health system Canada needs, one where mental health is recognized as being integral to our quality of life and research and knowledge are used not only to address mental health illnesses equally with physical health issues, but also more importantly to promote mental wellness. The first mental health strategy for Canada, entitled *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* (2012), was then developed and published. This document translated the vision statement into recommendations for action in six key strategic directions: (1) “promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible” (MHCC, 2012, p. 8); (2) “foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights” (MHCC, 2012, p. 11); (3) “provide access to the right combination of services, treatments, and supports, when and where people need them” (MHCC, 2012, p. 8); (4) “reduce disparities in risk factors and access to mental health services, and strengthen the response to needs of diverse communities and Northerners” (MHCC, 2012, p. 8); (5) “work with First Nations, Inuit, and Metis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures” (MHCC, 2012, p. 8); and (6) “mobilize leadership, improve knowledge, and foster collaboration at all levels” (MHCC, 2012, p. 8). Professionals across the country are now working together to, “improve mental health outcomes, both by working with individuals and by seeking ways to enhance the social and economic conditions that influence everyone’s mental health” (MHCC, 2012, p. 6).

Within Canada, provincial governments are responsible for the provision of most health, social, and educational services (MHCC, 2012). In 2014, the province of Saskatchewan released its first Mental Health and Addictions Action Plan in a report entitled, *Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan* (Winder, 2014). Saskatchewan’s vision statement declared:

Mental health and addictions support will be available across the lifespan, responsive to client, family and caregiver needs and services will be easily accessible through any point

of entry in the system. All residents of Saskatchewan will have access to appropriate and coordinated mental health and addictions services that promote recovery to the greatest extent possible, improve mental well-being, and ultimately enhance the overall health and vibrancy of our communities and our province. (Winder, 2014, p. 6)

Underlying Saskatchewan's vision are the principles of: (1) person-centered, (2) quality, (3) accessible, (4) equitable, (5) culturally-responsive, (6) client-informed choices, (7) coordinated, (8) capacity, (9) accountable, (10) prevention and intervention, and (11) evidence-based innovation and evaluation (Winder, 2014). In this report, the Saskatchewan public identified prevention and early intervention as one of three key areas of priority (Winder, 2014).

Currently one in five Canadians experience a mental health illness (Kessler, Chiu, Demler, & Walters, 2005). Specifically, in Saskatchewan approximately 220,000 people are suffering from mental health issues (Winder, 2014). It is further estimated that: (a) 70% of mental health problems and illnesses have their onset during childhood and adolescence (Government of Canada, 2006), (b) 10-20% of Canadian youth are affected by a mental illness or disorder (Canadian Mental Health Association (CMHA), 2016) and, (c) only 1 out of 5 children who need mental health services receives them (CMHA, 2016). The opportunity to reduce adult mental health problems lies in a holistic approach to mental health which includes prevention and early intervention of children and adolescents by individuals in daily contact with them such as teachers (MHCC, 2012; Winder, 2014; Wisner, Jones, & Gwin, 2010). Schools have become the primary provider of mental health services to children (e.g., Rones & Hoagwood, 2000). Typically only one staff member (i.e., psychologist, counsellor, nurse, or social worker) is responsible for providing mental health services to students (Teich, Robinson, & Weist, 2007). Schools are overwhelmed with the chronic shortage of mental health care professionals and services and the increase in demand for service (Petch & Tepper, 2013). The mental health management of children is placing a significant burden on teachers as primary care providers in the community (Petch & Tepper, 2013).

In the Saskatchewan Teacher's Federation (STF, 2013) report, *Teacher Time – A Study of the Challenges of Intensification of Saskatchewan Teachers' Professional Time*, increases in teacher workload and stress, decreases in job satisfaction, and a greater tendency to leave the profession were documented. Research studies have also documented the increasing demands placed upon teachers' knowledge and skills, especially related to their responsibility to support

students who are struggling with academic, social-emotional, behavioral, and mental health challenges (e.g., Jennings & Greenberg, 2009; Napoli, 2005; Roeser, Skinner, Beers, & Jennings, 2012; Wisner et al., 2010). A relationship has been found between the chronic occupational stress of teaching and symptoms of mental and physical illness (e.g., Johnson et al., 2005; Montgomery & Rupp, 2005) and emotional exhaustion and burnout (e.g., Bauer et al., 2006). Therefore, MBIs are being integrated into teacher education and professional development (PD) programs to prevent burnout and promote resilience, health, and wellness for teachers since they have been found to reduce stress in adult working populations (e.g., Meikeljohn, 2012; Roeser et al., 2012; Virgili, 2013; Wisner et al., 2010; Zenner et al., 2014). MBIs are also being integrated into kindergarten to grade 12 education through the direct teaching of students (Meiklejohn, 2012; Wisner et al., 2010). The MHCC stated that, “the best results for mental health promotion, mental illness prevention, and suicide intervention have been achieved by initiatives that target specific groups (defined by age or other criteria) and settings (school, workplace, home)” (2012, p. 15). The MHCC recommended increasing comprehensive school health initiatives that promote mental health for all children and youth through prevention and early intervention (MHCC, 2012). Therefore, it is important for research endeavours to now consider how MBIs are being used in school environments.

Findings from reviews of the literature suggest that MBIs may promote psychological, physiological, and wellness for children and adolescents (e.g., Burke; 2009; Chadwick & Gelbar, 2016; Harnett & Dawe, 2012; Rempel, 2012; Zenner, Herrnleben-Kurz & Walach, 2014). For example, studies most relevant to school contexts have shown MBIs influence several areas of wellness for children and adolescents such as: psychological health (e.g., emotion regulation; improvements on personal goals, increased attention, self-esteem, optimism, happiness, and mindful awareness, reduced anxiety and depression symptoms, reduced involuntary response to stress including rumination, intrusive thoughts, and emotional arousal, greater trust in friends; Biegel et al., 2009; Bogels et al., 2008; Liehr & Diaz, 2010; Schonert-Reichl & Lawlor, 2010; Zylowska, 2008), physiological health (e.g., reduced blood pressure and heart rate, improved sleep, calmness, and relaxation, less reactivity, increased self-care, self-awareness, and a sense of connection with nature; Gregoski et al., 2011; Wall, 2005), as well as ability to learn (e.g., improvements in executive functions, enhanced social skills, improved academic performance,

increased attention, reduced test anxiety, and symptoms of ADHD; Beauchemin et al., 2008; Flook et al., 2010; Napoli et al., 2005; Semple et al., 2010).

While there is a growing body of literature to suggest that MBIs are promising interventions to promote children and adolescent health and wellness, there is limited research literature related to teachers' experiences with, and use of, mindfulness in an educational context. For example, Hue and Lau (2015) is one of several studies that have focused on the benefits of MT for pre-service teachers. These researchers used focus group interviews to explore the effects of a six-week MT on pre-service teachers. Teachers reported increased wellbeing, reduced negative emotions, stress and anxiety (Hue & Lau, 2015). Several studies have also focused on the experiences of mindfulness-based teachers in the classroom (e.g., Napoli, 2004; Roeser et al., 2013; Schonert-Reichl & Lawlor, 2010). For example, Schonert-Reichl and Lawlor (2010) evaluated the effectiveness of the MindUP program and assessed teachers' perceptions of the program. Qualitative data indicated that teachers found the mindfulness exercises easy to implement, and students often requested to practice them. Teachers reported that they saw change in students' behaviours such as increased focus and attention to academic lessons. While, Napoli (2004) completed in depth interviews with three elementary school teachers and found four core themes on how mindfulness impacted their teaching behaviour, student-teacher relationships, and their personal lives: (1) curriculum aid changes, (2) dealing with conflict and anxiety through the breath, (3) improved quality of personal life, and, (4) changes in the classroom. Roeser et al. (2013) presented the Teacher mindfulness training logic model and theory of change in which they hypothesized the effects of MT on teaching and learning in the classroom. In the proposed theory of change, MT provides teachers with skills and mindsets (e.g., mindfulness and occupational self-compassion) that may exert effects on:(a) teacher resiliency and coping which leads to, (b) specific classroom outcomes (e.g., effective classroom management, emotionally supportive climate, and positive dyadic teacher-student relationships), and (c) student outcomes (e.g., promoted belonging in the classroom, motivation to learn, engagement in learning and prosocial classroom conduct). Roeser et al. (2013) examined the effects of MT on teachers' ability to cope with job stress and reduce feelings of occupational burnout. Teachers randomized to MT showed greater mindfulness, focused attention and working memory capacity, and occupational self-compassion, as well as decreased occupational stress and symptoms of burnout, anxiety, and depression than those in the control

group. The results of this study suggest that MT may improve teaching and learning in public schools by assisting teachers in managing job stress and feelings of burnout more effectively.

Given that limited research literature has considered mindfulness from an educational context, additional research is still needed to further our understanding of teachers' experiences with, and use of, mindfulness in the classroom. Currently, there is no research literature to support whether MT programs designed for teachers lead to the kinds of skills, mindsets, and outcomes proposed by Roeser et al. (2013). Therefore investigating the potential effects of MT on the health and wellbeing of teachers, their teaching practice and classroom outcomes, and student outcomes represent an important next step in mindfulness research (Roeser et al., 2013). Roeser et al., (2012) suggested that research on the effects of MT on teachers, classrooms, and students should involve, "phenomena finding investigations with rich ethnographic descriptions, case studies of exemplars, and other forms of qualitative assessment of mindfulness and MT in education" (p. 170). Examining the experiences of mindfulness-based teachers directly from their perspectives will further understanding about the health and wellness benefits of mindfulness for teachers, classroom outcomes, and student outcomes. In turn this will help support educational professionals who are implementing MT within teacher education and PD programs, and MBIs within school settings to promote teacher and student health and wellness.

Mindfulness-based teachers have the potential to improve their own wellness (Roeser et al., 2013). Teacher wellness can be viewed through the lens of *The Indivisible Self (IS-Wel)*, an evidenced-based holistic model of wellness (Myers & Sweeney, 2008). Adlerian theory is used as an organizing principle in the IS-Wel model to provide a coherent explanation of wellness (Myers & Sweeney, 2008). Specifically, Adler (1927/1954) believed in "the unity and indivisibility of the self, observing that human beings are more than the sum of our parts and cannot be divided. This foundation of holism became the explanation of the wellness model in which the self is at the core of wellness and is depicted graphically (and ultimately statistically) as indivisible" (Myers & Sweeney, 2008, p. 484). The IS-Wel is an effective theoretical model to study mindfulness as it relates to teacher wellness, because each of the five factors (e.g., creative self, coping self, social self, essential self, and physical self) and 17 components of wellness (e.g., thinking, emotions, control, work, positive humour, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, gender identity, cultural identity, self-care, exercise, and nutrition) have been considered within the institutional context of education

and are important aspects within teachers' lives. Therefore, this model is appropriate to use as a lens for analyzing the experiences of mindfulness-based teachers and considering how mindfulness impacts teacher wellness within an educational setting.

Purpose of the Study

The purpose of the present study was to investigate the experiences of mindfulness-based teachers (i.e., teachers with MT, who have a personal mindfulness practice, and purposefully integrate mindfulness within their teaching in the classroom) in order to understand how mindfulness affects teachers in their personal and professional lives, and how they are using mindfulness to support students in their classrooms. Specifically, the following research questions were explored:

1. What are the personal and professional experiences of mindfulness-based teachers in the Saskatchewan classroom environment?
2. How are teachers using mindfulness as an intervention or instructional strategy and what are their perceptions of student outcomes in the classroom environment?

Definitions

For the purpose of adding greater clarity, the following terms are defined:

Mindfulness. In the context of this study, mindfulness was defined as, “paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994, p. 4). Mindfulness is a mental capacity that can be strengthened through training methods such as meditation (Meikeljohn et al., 2012).

Meditation. The Canadian Oxford English Dictionary defined meditation as, “a) exercise the mind in contemplation; b) focus on a subject in this manner; and c) plan mentally; design” (2004, p. 963). The term meditation conveys the idea of a practice in which an individual trains the mind and/or induces a mode of consciousness to realize some benefit (Lutz et al., 2008).

Wellness. Wellness can be defined as:

A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (Myers et al., 2000, p. 252)

Educational Psychology. Educational Psychology is a distinct discipline that applies the methods and theories of psychology as well as having its own theories, research methods,

problems, and techniques (Woolfolk, Winne, Perry, & Shapka, 2009). Educational psychologists study learning and teaching, and strive to improve educational practice (Pintrich, 2000).

Chapter Organization

A review of the literature related to mindfulness from an educational psychology perspective follows in Chapter 2. A description of the research methods and procedures used in this study is provided in Chapter 3. Chapter 4 presents the results and the major themes found. Lastly, Chapter 5 concludes with an integration of the findings related to existing literature, strengths and limitations of the current study, and implications for future research.

Chapter 2: Literature Review

A review of mindfulness from an educational psychology perspective is valuable in understanding a mindfulness-based approach to health and wellness, teaching, and learning. This review of the literature is divided into four major sections: defining mindfulness, mindfulness-based interventions, mindfulness-based training for teachers, and models of mindfulness and wellness.

Defining Mindfulness

Mindfulness, a mind-body discipline, is a concept with ancient roots in Buddhism that is embedded within an ethical framework, and practiced to gain insight into the nature of human suffering and how to relieve it (Baer, 2010; Ergas, 2014; Olendzki, 2010). The term mindfulness can be defined in a variety of ways depending on the setting in which the term is being used and the discipline in which the definition is being framed. For example, mindfulness is defined differently within the contexts of clinical/therapeutic settings (e.g., Kabat-Zinn, 1994), classroom/instructional settings (e.g., Langer & Moldoveanu, 2000), and according to Buddhist theory (e.g., Grabovac, Lau, & Willett, 2011). From a clinical psychology perspective mindfulness can be defined as, “paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994, p. 4). This definition is the most common secular definition of mindfulness found within the research literature and was therefore chosen for this thesis. Mindfulness as an approach to teaching and learning within classroom/instructional settings has been defined as having four basic characteristics: (1) a greater sensitivity to one’s environment, (2) more openness to new information, (3) the creation of new categories for structuring perception, and (4) enhanced awareness of multiple perspectives in problem solving (Langer & Moldoveanu, 2000). This definition differs from Kabat-Zinn’s (1994) definition in that it focuses on the applications of mindfulness within an educational context. Lastly, mindfulness from a Buddhist psychological theory perspective is defined as, “the moment-by-moment observing of the three characteristics (impermanence, suffering, and not-self) of the meditation object” (Grabovac et al., 2011, p. 4). This definition considers mindfulness within the context of the religion of Buddhism which differs from Kabat-Zinn’s (1994) and Langer and Moldoveanu’s (2000) definitions of mindfulness within secular disciplines. Although these definitions of mindfulness from different settings and disciplines vary, a common theme amongst them is that mindfulness is a way of directing attention

(Schonert-Reichl & Lawlor, 2010). Directing an individual's attention, or the "focusing of mental processing on a particular stimuli" (Ormrod, 2015, p. G-1), is of particular importance to a classroom teacher because in order for children to learn, they must be able to focus their attention (Napoli, Krech, & Holley, 2005). Therefore, it is important to consider how individuals, particularly teachers, can be trained to use mindfulness.

Mindfulness-Based Interventions

Mindfulness-based interventions for adults. Mindfulness began to be studied as an intervention to enhance psychological wellness during the 1970's when Dr. Kabat-Zinn founded The Center for Mindfulness in Medicine, Health Care, and Society at the University of Massachusetts in 1979 (Keng, Smoski, & Robins, 2011). Kabat-Zinn explored the use of mindfulness as a therapeutic intervention for treating patients with clinical problems (e.g., chronic pain); and developed the Mindfulness-Based Stress Reduction (MBSR), an 8-week intervention designed to encourage individuals to participate more fully in their health and wellness, which includes mindfulness practices such as the body scan, mindful yoga, and mindful sitting meditations focusing on the breath (Kabat-Zinn, 2003). MBSR is now offered in hospitals, clinics, schools, workplaces, universities, and other settings (Kabat-Zinn, 2003). In addition to MBSR, the predominant MBIs of Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behaviour Therapy (DBT), and Acceptance and Commitment Therapy (ACT), are considered third generation cognitive behavioural therapies (CBT) (Cook-Cottone, Tribole, & Tylka, 2013). MBIs differ from traditional CBTs in how they address internal events (i.e., thoughts, feelings, memories, and physical sensations) (Greco & Hayes, 2008). Rather than identify and change the content, frequency, and form of thoughts and feelings, MBIs address and alter the function of internal events and, thereby decrease their behavioural impact (Greco & Hayes, 2008). Mindfulness is a decentered approach to internal events; these events are considered to be the same as external sensory impressions (Baer, 2005). For example, individuals can learn to observe their feelings just as they would observe a tree, they do not need to react to either experience (feeling or tree); instead they simply acknowledge the experience. Through self-observation individuals can learn to recognize internal states just as they learned to recognize external experiences (Baer, 2005). MBSR and MBCT use regular mindfulness meditation practices to develop mindfulness skills, whereas DBT and ACT do not, therefore exploration of DBT and ACT is outside the scope of this paper.

There is over three decades of research examining the health and wellness benefits of MBIs for adults. One recent review and two meta-analyses of the literature on the health and wellness benefits of MBIs for adults exist (Keng, Smoski, & Robins, 2011; Khoury et al., 2013; Virgili, 2015). Keng et al., (2011) reviewed research from 1986 to 2010 that looked specifically at the relationship between mindfulness and psychological health. They organized the mindfulness research found (e.g., correlation studies, clinical intervention studies, and laboratory-based experimental studies) into four areas: randomized controlled trials (RCTs) of MBSR, MBCT, DBT and ACT. When participating in MBIs, existing research noted that mindfulness facilitates adaptive psychological functioning, and positive psychological health effects, including increased well-being, reduced psychological symptoms and emotional reactivity, and improved regulation of behavior (Keng et al., 2011). These findings supported the belief that participation in mindfulness-based interventions promoted psychological health.

A meta-analysis assessing the effect of mindfulness for reducing psychological distress, stress, anxiety, and depression for working adults reviewed 19 MBIs, involving 1,139 participants (Virgili, 2015). These researchers found medium-to-large mean effect sizes for both before and after control studies, and this effect was maintained at 5 week follow-up, and applied to short as well as longer interventions. Khoury et al., (2013) conducted a larger meta-analysis assessing the effect of mindfulness and mental health problems. They looked at 209 studies, involving 12,145 participants and found a moderate effect size in both pre-post comparisons and control, including where the control was other types of psychological treatment. Both meta-analyses concluded that MBIs are an effective treatment for a variety of psychological problems in working adults (Khoury et al., 2013; Virgili, 2015). These findings supported the belief that participation in MBIs promoted mental health. Similar studies have considered mindfulness-based interventions for children and adolescents.

Mindfulness-based interventions for children and adolescents. MBIs for elementary and high school students have been developed and implemented around the world since 2007 (Chadwick & Gelbar, 2016). For example, there are MBIs for use within school settings such as the MindUP curriculum (The Hawn Foundation, 2016), and adaptations specific to clinical populations of anxious children such as Mindfulness-Based Cognitive Therapy for Children (MBCT-C; Semple, Lee, Rosa, & Miller, 2010). MBCT-C is a manualized twelve week group psychotherapy intervention program consisting of weekly 90-minute sessions, designed to teach

children ages 9-12 years with anxiety new ways to relate to anxious thoughts and feelings, increase social-emotional resiliency and self-regulation through the development of mindful attention (Semple et al., 2010). The MBCT-C program explores mindfulness through stories, games, activities, and movement, such as focused sensory activities, short breath meditations, mindful body scan, visualization practices, and drawing or writing exercises. Four recent systematic reviews and one meta-analysis of the literature have considered MBIs for children and adolescents (Burke, 2009; Chadwick & Gelbar, 2016; Harnett & Dawe, 2012; Rempel, 2012; Zenner, Herrnleben-Kurz & Walach, 2014). Burke (2010) reviewed the current research base of MBIs with children and adolescents, focusing on MBSR/MBCT models. This review concluded that although the research base did not provide generalized empirical evidence for the efficacy of MBIs due to multiple variations in intervention formats and methodological issues within studies (e.g., small samples, few with controls or randomization, no standardized measures, reliance on self-report, etc.), it did provide support for the feasibility of MBIs with children and adolescents. More recently, current research was reviewed concerning school based MBIs (Chadwick & Gelbar, 2016). These researchers summarized that there are two key issues when developing MBI programs for schools: (1) school teams must define the purpose for the MBI, define a target population and decide which outcomes they are targeting, since MBIs could be implemented at any of the tiers of a multitiered delivery system (e.g., Tier 1, Tier 2, or Tier 3); and (2) it is essential to choose outcomes to evaluate the efficacy of MBIs (Chadwick & Gelbar, 2016). In another review, 24 studies were reviewed that evaluated MBIs targeting children, adolescents or families published since 2009 (Harnett & Dawe, 2012). They concluded that MBIs are an important addition to existing therapeutic techniques because they improve aspects of individual functioning that are associated with better developmental outcomes for children and families, such as increased acceptance of problem behavior in children by parents and teachers that leads to an increase in the quality of these relationships. While Rempel (2012) reviewed the MBI literature for children and youth (e.g., Yoga, Tai Chi, Mindfulness on the Soles of the Feet, MBSR, MBCT, MBCT-C) and concluded that MBIs can have a positive impact on academic performance, psychological wellbeing, self-esteem, and social skills in children and adolescents because they provide students with an effective strategy to manage stress. In a systematic review and meta-analysis that considered the evidence from 24 studies looking at the effects of MBIs on psychological outcomes for children and youth in school settings, MBIs in a school context

were found to have a significant effect on cognitive performance, and psychological measures of stress, coping, and resilience (Zenner et al, 2014). These findings supported the belief that participation in MT in a school setting promoted several areas of health and wellness for K-12 students.

Taken together the general findings of these four reviews and one meta-analysis on the MBI literature for children and adolescents are that MBIs are feasible, acceptable, well-liked by participants, with no reports of any adverse effects or harm to participants (Burke, 2010). Overall, many of the studies had varied MBI formats (e.g., type and length of MBI) and methodological issues (e.g., small samples, few with controls or randomization, no standardized measures, reliance on self-report, etc.) which prevent conclusions being drawn or generalized to a wider population of children and adolescents (Burke, 2010). However, MBIs have been found to have beneficial outcomes for students such as: enhanced learning, increased attention, focus, self-management, self-regulation of emotions and behaviour, improved sleep, social skills, and psychological well-being, and decreased stress and anxiety (Chadwick & Gelbar, 2016; Harnett & Dawe, 2012; Rempel, 2012; Zenner et al., 2014). That is, MBIs may promote wellness for children and adolescents through psychological and physiological health benefits. Therefore, a closer examination of research studies most relevant to children and adolescents within school settings is warranted.

Recent research most relevant to school contexts have looked at the effects of MBIs on the psychological health (i.e., mental and emotional wellbeing) of children and adolescents (e.g., Broderick & Metz, 2009; Huppert & Johnson, 2010; Joyce et al., 2010; Schonert-Reichl & Lawlor, 2010) including clinical populations (i.e., with diagnosed disorders; Biegel et al., 2009; Bogels et al., 2008; Napoli, Krech, & Holley, 2005; Zylowska, 2008), minority children (e.g., Liehr & Diaz, 2010) and children from disadvantaged backgrounds (Mendelson et al., 2010). Recent research has also looked at the effects of MBIs on children and adolescents' physical health (e.g., Gregoski et al., 2011, Wall, 2005), and learning (e.g., Beauchemin, Hutchins & Patterson, 2008; Flook et al., 2010; Semple et al., 2010; Schonert-Reichl & Hymel, 2007). For example, Broderick and Metz (2009) conducted a pilot study of Learning to BREATHE, a mindfulness program designed to support the development of emotion regulation skills for adolescents in a classroom setting. Qualitative feedback from 120 females (average age 17.4 years) who participated as part of their health curriculum indicated decreased negative affect and

increased feelings of calmness, relaxation, and self-acceptance. Significant improvements in emotion regulation and decreases in tiredness and aches and pains were found in the treatment group. The results of this study suggest that mindfulness is a promising method for enhancing adolescent girls' psychological and physical health. While a controlled trial of MBI with adolescent boys in a classroom setting compared intervention and control groups (N = 155) on measures of mindfulness, resilience and psychological well-being (Huppert & Johnson, 2010). Although there were no significant differences between the two groups, within the MBI group there was a significant positive association between individual practice time outside the classroom and improvement in psychological well-being related to personality variables (agreeableness and emotional stability). These findings suggest that mindfulness is a promising intervention for enhancing adolescent boys' psychological health.

Two studies examined the effects of MBIs for children. A Canadian study evaluated the effectiveness of the MindUP program (formerly Mindful Education (ME); The Hawn Foundation, 2016), a classroom-based universal preventive intervention that focuses on facilitating the development of students' social-emotional competence (Schonert-Reichl & Lawlor, 2010) among grades 4 - 7 students. Participants from six ME program classrooms and six wait-list control classrooms completed pre- and post-test self-report measures where results showed significant increases in optimism from pre-test to post-test for the ME group, while teachers' ratings on dimensions of classroom social and emotional competence also indicated improvements for ME program students. Another study, examined the effects of a ten-week mindfulness curriculum among grades 5 and 6 students (ages 10-12) at two primary schools (Joyce et al., 2010). Although the study is limited by its use of a pre-post design without comparison group, post-program there was a significant decrease in overall average score on both the Strengths and Difficulties Questionnaire and the Children's Depression Inventory. The authors suggested the potential of MBIs to be part of a whole-school mental health promotion program. Results of these studies suggest that MBIs may promote children's psychological health.

Three studies have examined the psychological effects of MBIs for use with clinical populations of children and adolescents (i.e., with diagnosed disorders). One study evaluated the impact of an eight week MBI on attention and impulsivity problems among 14 adolescents diagnosed with externalizing disorders such as AD/HD, oppositional defiant and/or conduct

disorder, and autism spectrum disorder (ASD) (Bogels et al., 2008). Adolescents and their parents, who also received mindful parenting training, were measured before and after waitlist, after training, and at eight week follow-up. Following the MBI, adolescents reported improvement on personal goals, increased sustained attention, happiness and mindful awareness, and decreased internalizing and externalizing symptoms and attention problems, while parents reported improvements on their personal goals as well as their children's goals, externalizing and attention problems, self-control, attunement to others and withdrawal. This study provided evidence to suggest that MBI's along with parent MT may positively impact the psychological health of adolescents' diagnosed with externalizing disorders. A second study, a RCT examined the effects of a modified eight week MBSR course among 74 adolescents (aged 14 to 18 years) with diverse diagnoses within an outpatient psychiatric facility (Biegel et al., 2009). When compared with a control group, the MBSR group self-reported reduced symptoms of anxiety, depression, and somatic distress, and increased self-esteem and sleep quality. The intervention group demonstrated a higher percentage of diagnostic improvement and significant global assessment of functioning scores relative to controls. The findings of this study provide evidence that MBSR may have beneficial effects on the psychological health of adolescents with various diagnoses within an outpatient clinic. Thirdly, Zylowska (2008) conducted a pilot study of an eight week MBI for eight adolescents with AD/HD. Participants who took part in the intervention showed improvements on tasks measuring attention and cognitive inhibition, and in externally observed and self-reported anxiety and depressive symptoms. Although there was no control group in this study, results showed that MBIs may enhance psychological functioning and mental health for adolescents with AD/HD.

Other recent studies on specific populations were found looking at the benefits of MBI for minority children, as well as those from disadvantaged backgrounds. Liehr and Diaz, (2010) carried out a small randomized trial comparing a MBI with a health education intervention. Eighteen minority children (average age 9.5) recruited from a summer camp were randomly assigned to either a MBI in which they went to classes on mindful breathing and movement for two weeks, or to a health education group, both interventions focusing on depression and anxiety. There was a significant reduction in depression symptoms for those in the MBI group and a reduction in anxiety for both groups post-treatment. Results of this study show that MBIs may decrease symptoms of depression and anxiety for minority children. While another

randomized control pilot study examined the effects of a twelve week MBI on self-regulation among 97 grade 4 and 5 students (aged 9 and 10 years) from disadvantaged backgrounds within four urban schools (Mendelson et al., 2010). The intervention included yoga-based physical activity, breathing techniques and guided mindfulness practice designed to help children manage arousal and stress levels. When compared to the control group significant reductions were found on measures of involuntary response to stress including rumination, intrusive thoughts, and emotional arousal, and there was a trend for greater trust in friends. The results of this study suggest that school-based MBIs may be beneficial in enhancing psychological patterns of response to stress among chronically stressed and disadvantaged urban children. Results of the studies with clinical populations, minority and disadvantaged children, suggest the universality of the benefits of MBIs with diverse populations of children and youth.

In addition to studies that have looked at the psychological health benefits of MBIs for children and adolescents, two studies have examined the effects of MBIs on the physical health of children and adolescents. In a small study examining MBSR and Tai Chi with a group of 11-13 year olds in a school setting, participants perceived benefits such as improved well-being, calmness, relaxation, improved sleep, less reactivity, increased self-care, self-awareness, and a sense of connection with nature (Wall, 2005). Results of this study suggest that MBIs may have beneficial effects on the psychological and physiological health and wellness of children. While, Gregoski et al. (2011) in a randomized trial evaluated the effect of a twelve week breathing awareness meditation in the context of a summer camp with 166 adolescents who were at risk of cardiovascular disease. The intervention group showed greater reductions in systolic blood pressure than either control group of Life Skills Training or Health Education programs, and greater reductions for 24 hour diastolic blood pressure and heart rate compared to the Life Skills group. These studies exemplified the potential of MBI's to improve physical health of children and adolescents.

Four studies examined the effects of MBIs on learning among children and adolescents. A pilot study using a pre-post no control design examined the outcomes of a five week MBI administered to 34 high school students (aged 13-18 years) diagnosed with learning disabilities (Beauchemin et al., 2008). All outcome measures showed significant improvement, with participants who completed the program demonstrating decreased anxiety, enhanced social skills, and improved academic performance. Results of this study suggest that MBIs may enhance

learning as well as mental health among adolescents with learning disabilities. While, another study, a RCT evaluated the effects of a school-based MBI with 64 grade 2 and 3 students, (aged 7 to 9 years; Flook et al., 2010). The program was delivered for 30 minutes, twice per week, for eight weeks. Results from parent and teacher questionnaires indicated improvements in executive function (i.e., the ability to problem solve, plan, initiate and control and monitor one's own actions, to pay attention, be mentally flexible and multi-task, and to employ verbal reasoning). Participants in the intervention group with lower self-regulation were observed to experience the greatest improvements in behavioural regulation, meta-cognition, and executive function indicating a stronger effect of MBI on children with executive function difficulties. While a fourth study, randomized trial evaluated the effectiveness of MBCT-C with 25 children aged 9-13 years (Semple et al., 2010). Participants who completed the program showed fewer attention problems, and there were significant reductions in anxiety symptoms and behaviour problems for those children who reported clinically elevated levels of anxiety at pretest. Results showed that MBCT-C is a promising intervention for attention and behaviour problems, and may reduce childhood anxiety symptoms. Finally, another study examined the effects of a twenty-four week MBI program with 225 children (aged 5-8, grades 1-3) with high anxiety (Napoli et al., 2005). Results from three attentional measures showed significant decreases in both test anxiety and Attention-Deficit/Hyperactive Disorder (ADHD) behaviors and an increase in the ability to pay attention. This study demonstrates that MBI's may increase attention, reduce test anxiety and symptoms of ADHD in children. Results from these studies suggest that MBIs have potential to promote children's learning.

MBIs are promising approaches to promote several areas of wellness for children and adolescents such as psychological health (e.g., emotion regulation; improvements on personal goals, increased attention, self-esteem, optimism, happiness, and mindful awareness, reduced anxiety and depression symptoms, reduced involuntary response to stress including rumination, intrusive thoughts, and emotional arousal, greater trust in friends; Biegel et al., 2009; Bogels et al., 2008; Liehr & Diaz, 2010; Schonert-Reichl & Lawlor, 2010; Zylowska, 2008), and physiological health (e.g., reduced blood pressure and heart rate, improved sleep, calmness, and relaxation, less reactivity, increased self-care, self-awareness, and a sense of connection with nature; Gregoski et al., 2011; Wall, 2005) as well as ability to learn (e.g., improvements in executive functions, enhanced social skills, improved academic performance, increased attention,

reduced test anxiety, and symptoms of AD/HD; Beauchemin et al., 2008; Flook et al., 2010; Napoli et al., 2005; Semple et al., 2010). In addition to MBIs for adults, children, and adolescents there are also mindfulness training (MT) programs specific to teachers.

Mindfulness-Based Teacher Training Programs

Mindfulness-based training (MT) programs for teachers are being implemented in teaching education to promote wellness and stress management while preventing burnout (Hue & Lau, 2015). Three MT programs for teachers that are currently available, include: (1) Mindfulness-Based Wellness Education (MBWE; Poulin et al., 2009), (2) Cultivating Awareness and Resilience in Education (CARE for Teachers; e.g., Jennings et al., 2013), and (3) Cultivating Emotional Balance (e.g., Kemeny et al., 2011).

Studies on the benefits of MT programs for teachers have become increasingly prevalent. Recent research has looked at the effects of MT on the wellness, psychological and physiological health, and the prevention of stress and burnout for both pre-service teachers (e.g., Hue & Lau, 2015; Poulin, Mackenzie, Soloway, & Karayolas, 2008; Poulin et al., 2009) as well as elementary and high school teachers (e.g.; Franco, Manas, Cangas, Moreno, & Gallego, 2010; Gold et al., 2010; Jennings, Frank, Snowberg, Coccia, & Greenberg, 2013; Kemeny et al., 2011; Manas, Justo, & Martinez, 2011; Roeser et al., 2013). Three studies have examined the effects of MT for pre-service teachers (Hue & Lau, 2015; Poulin, 2009; Poulin et al., 2008). Hue and Lau (2015) conducted a pilot study investigating the effects of a six-week MT program on 70 pre-service teachers with poor wellbeing and mild anxiety in Hong Kong, China. Both intervention and control groups were assessed through questionnaire surveys at baseline and at post-intervention. Results indicated a significant increase in mindfulness and wellbeing for the intervention group at post-test. Qualitative data about the student participants' experience of the mindfulness program were also collected through focus group interviews and student teachers reported increased wellbeing, reduced negative emotions, stress and anxiety (Hue & Lau, 2015). These findings suggested improved mental health of pre-service teachers. Another study examined the effects of the MBWE program among 28 pre-service teachers and found increases in mindfulness, satisfaction with life, and teaching self-efficacy compared to controls (Poulin et al., 2008). The MBWE program, uses a wellness wheel as a framework to illustrate the principles and practices of mindfulness and to explore aspects of wellness and teaching strategies which are then applied with students, parents, and colleagues (Poulin, 2009). In a 2-year

controlled study examining the effects of the MBWE program results indicated increased mindfulness, teaching self-efficacy, and physical health ratings among MBWE participants compared with a control group (Poulin, 2009). These studies showed similar conclusions that MT may be effective to promote wellness for teachers through psychological and physical health benefits.

Six studies examined the effects of MT for elementary and high school teachers (Franco et al., 2010; Gold et al., 2010; Jennings et al., 2013; Kemeny et al., 2011; Manas, Justo, & Martinez, 2011; Napoli, 2004). For example, one RCT study examined the efficacy of the Cultivating Emotional Balance program, an eight week intensive (42 hour) meditation/emotion regulation training intervention among 82 healthy female school teachers (unclear whether elementary or high school; Kemeny et al., 2011). Participants were randomly assigned to a training group or a wait-list control group, assessed pre- and post-intervention and five months after training completion on measures of self-report and experimental tasks to capture changes in emotional behavior. The MT group reported reduced negative emotion, rumination, depression, and anxiety, and increased positive emotion and mindfulness compared to the control group. Performance on real life behavioural tasks indicated that MT increased teachers' recognition of emotions in others (Micro-Expression Training Tool), lowered blood pressure and decreased recovery time from a stressful task (Trier Social Stress Test; TSST), increased greater feelings of compassion (lexical decision procedure), and significantly decreased hostile behavior (Marital Interaction Task). Findings from this study suggest that MT may influence several aspects of teachers' mental and physical health. While another RCT study examined the efficacy of CARE, a mindfulness-based PD program designed to reduce stress and improve teachers' performance and classroom learning environments, among a sample of 50 public elementary and high school teachers (Jennings et al., 2013). Participants completed a battery of self-report measures at pre- and post-intervention and those randomly assigned to CARE reported significant reduction in daily physical symptoms of ill health and improvements in teacher wellbeing, physical health symptoms, sense of efficacy, burnout/time-related stress, and mindfulness compared with controls. Evaluation data showed that teachers viewed CARE as a feasible, acceptable, and effective method for reducing stress and improving performance. Results suggest that the CARE program may support teachers' wellness and physical health.

Franco et al., (2010) examined the efficacy of a MT program called Flow Meditation to reduce psychological distress in a sample of 68 public secondary school teachers. Levels of psychological distress were measured, in both the control and experimental groups by the Symptom Checklist-90-R (SCL-90-R) before and after the program. Statistical analysis showed significant reduction of three general measures of psychological distress (Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total), as well in all its dimensions (somatization, obsessive-compulsive, interpersonal sensibility, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism), in the experimental group compared with the control group. Results of this study indicate that MT may enhance psychological health of teachers. In another study, Manas, Justo, and Martinez (2011) examined the efficacy of a MT program to reduce the levels of teachers stress and the days of sick leave taken among a group of 31 secondary school teachers. Levels of teacher stress were measured by the Teacher Stress Scale (ED-6) before and after application of the MT program. Statistical analysis showed significant reduction of levels of teacher stress and the number of days of sick leave, as well as in three dimensions of the ED-6 (pressure, demotivation, and coping poorly) in the experimental group compared with the control group. Results of this study indicated that MT may be an effective intervention for reducing stress in teachers.

Studies have also examined the effects of MT specifically for elementary teachers (e.g., Gold et al., 2010; Napoli, 2004). One study investigated the effects of an eight week MBSR course on levels of anxiety, depression, and stress, as well as movement towards a stated goal and changes in awareness among a sample of nine primary school teachers and two teaching assistants (Gold et al., 2010). Results showed improvement for most participants for anxiety, depression, and stress, with some statistically significant improvements on two of the four dimensions of a mindfulness skills inventory (acceptance without judgement and observe). On average, participants reported that they had progressed 60% of the way toward achieving their set goals in less than three months. Results of this study provide evidence that MBSR may be an effective intervention for occupationally stressed teachers. Lastly, a qualitative study by Napoli (2004) included in depth interviews with three elementary school teachers on how mindfulness impacted their teaching behaviour, student-teacher relationships, and their personal lives. The following themes of teacher experience following MT were found: “(1) curriculum aid changes, (2) dealing with conflict and anxiety through the breath, (3) improved quality of personal life,

and (4) changes in the classroom” (p. 31). Results of these studies supported the belief that MT has beneficial psychological and physical health effects for teachers, thereby promoting their wellness.

As shown by the number of studies completed, the connection between MT programs for teachers and health has begun to be explored more frequently in the last decade. Among the studies published in peer reviewed journals, the majority were quantitative or mixed-methods, and only one qualitative study was found (e.g., Napoli, 2005). These studies have generated useful data suggesting that MT was beneficial for both teachers in training as well as elementary and high school teachers. Findings from these studies were similar to the adult literature on the effects of MBIs and suggested that MT programs for teachers promote wellness through mental and physical health benefits, such as cognitive performance, as well as reductions in stress, burnout and anxiety. Though all of the studies mentioned above have established research on this topic and begun to generate a data base, there has also been a call for more research in the area.

Based on gaps in previous research (e.g., lack of qualitative analysis and mechanisms of change research, important future directions for research have been identified. Specifically, Rempel (2012) noted that qualitative studies are necessary to gain a richer understanding of how and why mindfulness training works, and posed questions such as: a) “How and why mindfulness benefits the whole person and why this is a valuable addition to existing curriculums?” (p. 214); b) “What conditions are most conducive to optimizing the effects of mindfulness training in a school setting? For example, is mindfulness practice at the start of the day more beneficial than mindfulness practice after lunch?”; and c) “Where does it fit in the curriculum and who should teach it?” (p. 216). While, Harnett and Dawe (2012) suggested that because there were no studies which used methodology to investigate the mechanisms of change involved in mindfulness, future research focus on understanding the mechanisms responsible for change. Given that MBIs and MT are the systematic practice and development of specific skills (e.g., attention) and encompass both mental processes and mindful practices (e.g., Grabovac, Lau & Willett, 2011) in order to better understand mindfulness-based teaching one must consider the mechanisms of mindfulness (i.e., the core mental processes and exercises underlying mindfulness and the methods used to teach these mental exercises) explained through mindfulness models.

Models of Mindfulness and Wellness

From a religious and psychological perspective, Grabovac et al. (2011) presented the Buddhist psychological model to understand the mechanisms of mindfulness based on Buddhist psychological theory. From a neuropsychological perspective, Malinowski (2012) presented the Liverpool Mindfulness Model, to conceptualize the neural mechanisms of attentional control in mindfulness meditation. While both of these models are important to gain an in depth understanding and appreciation for the complexity of the mechanisms of change involved in mindfulness, only Roeser et al.'s (2013) theory of change model from an educational psychology perspective relates to the use of MT and MBIs specifically for teachers and students in schools. In 2012, Roeser et al. first developed a logic model of mindfulness and theory of change in which they hypothesized the effects of MT on teaching and learning in the classroom. The authors proposed that MT, through its effects on cultivating teachers' mindfulness and habits of mind (e.g., tolerance for uncertainty, attentional focus, cognitive flexibility, and emotion regulation), should increase teachers' occupational health, well-being and engagement, and decrease occupational stress and burnout. The original model was modified and proposed that the theory of change provides teachers with skills and mindsets (e.g., mindfulness and occupational self-compassion) that may exert effects on: (a) teacher resiliency and coping which leads to (b) specific classroom outcomes (e.g., effective classroom management, emotionally supportive climate, and positive dyadic teacher-student relationships), and (c) student outcomes (e.g., promoted belonging in the classroom, motivation to learn, engagement in learning and prosocial classroom conduct; Roeser et al., 2013).

Roeser et al. (2013) examined the first couple of steps in the logic model of mindfulness and theory of change with regard to the hypothesized effects of an eight week, 11-session MT program on teachers' ability to cope with job stress and reduce feelings of occupational burnout. They conducted two randomized, waitlist-control trials with a sample of 113 elementary and secondary school teachers from Canada and the United States. Measures were collected at baseline, post-program, and three month follow up. Teachers randomized to MT showed greater mindfulness, focused attention and working memory capacity, and occupational self-compassion, decreased self-judgement and self-criticism and an increase in self-acceptance and self-kindness, as well as decreased occupational stress and symptoms of burnout, anxiety, and depression at post-program and follow-up, than did those in the control group. No statistically significant

differences due to MT were found for physiological measures of stress. The results of these randomized trials suggest that MT may improve teaching and learning in public schools by assisting teachers in managing job stress and symptoms of burnout more effectively. There is currently no research literature to support whether MT programs designed for teachers lead to these kinds of skills, mindsets, and outcomes therefore, Roeser et al. (2013) recommended that investigating the potential effects of reductions in teacher stress and burnout on the health and wellbeing of teachers', their teaching practice and classroom climate, and student outcomes represent an important next step in mindfulness research.

Mindfulness-based teachers have the potential to improve their own wellness (Roeser et al., 2013). With this rationale in mind, further research into models of wellness was conducted. One evidenced-based holistic model of wellness exists in the research literature: the IS-Wel (Myers & Sweeney, 2008). Adlerian theory is used as an organizing principle in the IS-Wel model to provide a coherent explanation of wellness (Myers & Sweeney, 2008). Specifically, Adler (1927/1954) believed in "the unity and indivisibility of the self, observing that human beings are more than the sum of our parts and cannot be divided. This foundation of holism became the explanation of the wellness model in which the self is at the core of wellness and is depicted graphically (and ultimately statistically) as indivisible" (Myers & Sweeney, 2008, p. 484). The IS-Wel is an effective theoretical model to study mindfulness as it relates to teacher wellness, because each of the five factors (e.g., creative self, coping self, social self, essential self, and physical self) and 17 components of wellness (e.g., thinking, emotions, control, work, positive humour, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, gender identity, cultural identity, self-care, exercise, and nutrition), have been considered within the institutional context of education and are important aspects within teachers' lives. Therefore, this model is an appropriate lens for analyzing the experiences of mindfulness-based teachers and considering how mindfulness impacts teacher wellness within an educational setting.

Summary

Wellness benefits, such as psychological health effects (e.g., increased well-being, improved regulation of behavior, and reduced emotional reactivity, psychological distress, stress, anxiety, and depression; Keng, Smoski, & Robins, 2011; Khoury et al., 2013; Virgili, 2013), exist for working adults due to participation in MBIs. There are also wellness benefits for

children and adolescents due to participation in MBIs, including: psychological health benefits (e.g., emotion regulation; improvements on personal goals, increased attention, self-esteem, optimism, happiness, and mindful awareness, reduced anxiety and depression symptoms, reduced involuntary response to stress including rumination, intrusive thoughts, and emotional arousal, greater trust in friends; Biegel et al., 2009; Bogels et al., 2008; Liehr & Diaz, 2010; Schonert-Reichl & Lawlor, 2010; Zylowska, 2008), physiological health benefits (e.g., reduced blood pressure and heart rate, improved sleep, calmness, and relaxation, less reactivity, increased self-care, self-awareness, and a sense of connection with nature; Gregoski et al., 2011; Wall, 2005), and improvements related to an individual's ability to learn (e.g., improvements in executive functions, enhanced social skills, improved academic performance, increased attention, reduced test anxiety, and symptoms of ADHD; Beauchemin et al., 2008; Flook et al., 2010; Napoli et al., 2005; Semple et al., 2010). Studies on the effects of MT for teachers have shown increased wellness through psychological and physiological health benefits (e.g., increased mindfulness, acceptance without judgement, satisfaction with life, positive emotion, and compassion, and reduced/prevention of stress and burnout, negative emotion, rumination, symptoms of anxiety and depression, reduced number of sick days, lowered blood pressure and daily physical symptoms of ill health), for pre-service teachers (e.g., Hue & Lau, 2015) and elementary and high school teachers (e.g., Jennings et al., 2013). However, only one study (Roeser et al., 2013) has examined the logic model of mindfulness and theory of change with regards to the effects of MT on teachers in the classroom, and furthermore, qualitative research has yet to be done looking specifically at the wellness benefits of MT for teachers in the classroom. Therefore, this topic needs to be further explored.

Chapter 3: Methodology

This chapter outlines the methodology and is divided into the following sections: rationale for qualitative methodology, basic qualitative research, theoretical framework, participant selection and recruitment, data generation, data analysis, trustworthiness, and ethics approval.

Rationale for Qualitative Methodology

The present study explored the experiences of mindfulness-based teachers (i.e., teachers with MT, who have a personal mindfulness practice, and purposefully integrate mindfulness within their teaching in the classroom) in order to understand how mindfulness affects teachers in their personal and professional lives, and how they are using mindfulness to support students in their classrooms. Qualitative research “is designed to inductively build rather than to test concepts, hypotheses, and theories” (Merriam, 2009, p. 66). Qualitative research attempts to answer questions about what an experience is like for a particular individual or group of people (Merriam, 2002). It is a way to understand and explore the meaning individuals or groups give to a social or human issue (Creswell, 2009). Qualitative inquiry can be useful for exploring phenomenon about which little is known (Strauss & Corbin, 1990). A basic qualitative study is the most common form and has as its goal understanding how people make sense of their experiences (Merriam, 2009). Currently, limited research exists which explores the experiences of mindfulness-based educational professionals (e.g., Napoli, 2005). More information is needed to better understand the experiences of mindfulness-based teachers. Therefore, the present study employed a basic qualitative research design and explored the following research questions:

1. What are the personal and professional experiences of mindfulness-based teachers in the Saskatchewan classroom environment?
2. How are teachers using mindfulness as an intervention or instructional strategy and what are their perceptions of student outcomes in the classroom environment?

Basic Qualitative Research

Basic research is motivated by intellectual interest in a phenomenon and has as its goal the extension of knowledge (Merriam, 2009). A qualitative research design was chosen to support the study’s purpose of exploring how mindfulness affects teachers in their personal and professional lives and build on previous research (e.g., Roeser et al., 2013, Myers & Sweeney 2008, Hue & Lau, 2015, & Napoli 2004). Although basic research may eventually inform

practice, its primary purpose is to know more about a phenomenon (Merriam, 2009). Qualitative researchers conducting a basic qualitative study are interested in “(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences” (Merriam, 2009, p. 23). Data can be collected through interviews and analyzed inductively to address the research question posed (Merriam, 2009). The findings are the recurring patterns or themes which the researcher derives from the data (Merriam, 2009). Uncovering and interpreting these meanings is a basic qualitative inquiry’s primary goal. Methodologies such as basic qualitative research constitute research designs that affect the choice of methods to be used (Merriam, 2009).

Theoretical Framework

The theoretical framework is, “the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs your research” (Maxwell, 2005, p. 33). The problem of the study, specific research questions, data collection and analysis techniques, and the interpretation of findings will depend on the disciplinary theoretical framework of the study (Merriam, 2009). An educational psychologist for example, might be interested in understanding the teaching-learning transaction in a classroom (Merriam, 2009). The IS-Wel model of wellness (Myers & Sweeney, 2008) was used as a theoretical model to organize and analyze the data in this study. Each of the five factors (e.g., creative self, coping self, social self, essential self, and physical self) and 17 components (e.g., thinking, emotions, control, work, positive humour, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, gender identity, cultural identity, self-care, exercise, and nutrition) of this wellness model are relevant to teachers’ lives and have been considered within the institutional context of education (Myers & Sweeney, 2008).

Participant Selection and Recruitment

After University of Saskatchewan Ethics Board Approval was received (Behavioural Research Ethics # 15-242), purposeful sampling and snowball sampling were used to recruit participants. When an investigator aims to discover, understand, and gain insight into a phenomenon the goal of purposeful sampling is to select a sample from which the most can be taught (Patton, 2002). This means that the selected participants will be knowledgeable about the phenomenon under study and willing to participate fully (Morse & Richards, 2002). Therefore, the inclusionary criteria that were used to determine participant eligibility included: (1)

Occupation: all participants were an educator currently working in an elementary or high school; (2) Pedagogy: all participants had a mindfulness-based perspective with a minimum of one year experience using mindfulness in their teaching practice; and an ongoing practice of mindfulness (e.g., using mindfulness in a sustained manner and practicing mindful activities themselves); and (3) Ability and willingness: all participants were willing and able to share their story and describe their experiences through interviews.

Participants were recruited through a recruitment poster (see Appendix A). The notice was posted: (1) on an online bulletin site for students attending a Western Canadian university; (2) in a print bulletin published by a provincial teacher professional organization and (3) at yoga studios and meditation communities in two urban centres. A typical sample would be one that is selected because it reflects the average person, situation, or instance of the phenomenon (Merriam, 2009). Therefore, an in-depth study of teachers implementing mindfulness within their classroom or school illuminated that interest. Discussing the credentials of the persons teaching the mindfulness practices was considered given that it was a common limitation of previous mindfulness studies (Wisner et al., 2010). Before the interview process began, each participant was screened for eligibility (i.e., whether they met the stated inclusionary criteria) through a telephone/email conversation with the researcher. Fifteen potential participants contacted the researcher about the study. The researcher responded to each of these prospective participants by telephone or email in order to ensure each person met the established inclusionary criteria to participate in the study. Six participants met the inclusionary criteria and agreed to take part in the study. A mutually agreed upon time and place for the interview was scheduled with each participant.

Data Generation

Each of the six participants met with the researcher for one initial interview of 60-90 minutes. Four issues were addressed at the outset of every interview: (1) the investigator's motives and intentions and the inquiry's purpose; (2) The protection of respondents through the use of pseudonyms; (3) Deciding who has final say over the study's content; and (4) Logistics with regard to time, and place (Taylor & Bogdan, 1984). Interviews were conducted in a public but private location that was convenient for both the participants and the student researcher (e.g., a board room or meeting room on a nearby university campus, teachers' classroom, etc.). Informed consent was obtained through a written consent form clearly outlining the details of the

research project and the participant's rights and obligations, including their right to withdraw from the study at any time without penalty (see Appendix B). Signing the form signified the participants' understanding of the rights and obligations, and was accepted as consent to participate. The researcher reviewed the content of the consent form orally with each participant and they were given a copy of the form at the interview. During the interview process the interviewer brought about positive interaction by being respectful, nonjudgmental, and nonthreatening, and digitally recorded the interviews to ensure that everything said was preserved for analysis (Merriam, 2009). The person to person interview was similar to a conversation, where the researcher and participant engaged in a conversation focused on questions related to the research study, with the purpose of obtaining a special kind of information (DeMarrais, 2004; Dexter, 1970). The largest part of the flexible semi-structured interview was guided by a list of mainly open-ended questions or issues to be explored (see Appendix C). There was no predetermined wording or order, "less structured formats assume that individual respondents define the world in unique ways" (Merriam, 2009, p. 90). Following the interview participants were verbally debriefed, thanked for their participation, and arrangements were made for a follow-up email within one month's time to review their completed transcript. In order to keep track of the data each interview was transcribed into a document. The researcher kept track of the data through transcription, computer files, and a binder with labelled sections to sort documents and stay organized.

Through a follow-up email, participants were provided with a copy of their transcript from the interview which the researcher and participant discussed to aid in member checking. All participants were given the opportunity to review the transcript and make any changes, additions, substitutions, or deletions. Any information that could potentially identify participants was altered or deleted, and each participant was given a pseudonym. Participants signed the transcript release form (see Appendix D). After the participants reviewed the transcript with the researcher, follow-up questions were asked to provide any needed clarification from the interview. Once the core concepts or ideas repeated, it was no longer necessary to add to the categories or their properties (Merriam, 2009), and at this point the student researcher ceased to conduct interviews with new participants.

Data Analysis

The preferred way to analyze data in a qualitative study is to do it simultaneously with data collection (Merriam, 2009). The data set consisted of transcribed interviews. The method of data generation was thematic analysis (Braun & Clark, 2006). As a foundational method for qualitative analysis, thematic analysis is a useful research tool for minimally organizing, identifying, analysing and reporting patterns (themes) within data (Braun & Clark, 2006). A “theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (Braun & Clark, 2006, p. 10). The themes or patterns within the data were identified in a ‘theoretical’ thematic analysis, “driven by the researcher’s theoretical or analytic interest in the area, and is thus more explicitly analyst driven” (Braun & Clark, 2006, p. 84). This form of thematic analysis provides less of a rich description of the overall data, and more a detailed analysis of some aspect of the data, in this case the health and wellness benefits of mindfulness. In the theoretical approach generally you code for a specific research question.

Themes were identified at a latent or interpretative level (Boyatzis, 1998), which “goes beyond the semantic content of the data, and starts to identify or examine the underlying ideas, assumptions, and conceptualizations, and ideologies that are theorized as shaping or informing the semantic content of the data” (Braun & Clark, 2006, p. 84). For latent thematic analysis, “the development of the themes themselves involves interpretative work, and the analysis that is produced is not just description, but is already theorized” (Braun & Clark, 2006, p.84). With this particular theoretical approach, the researcher was interested in the way health and wellness played out across the data, and focused on that particular feature in coding the data (Braun & Clark, 2006). This then resulted in a number of themes around health and wellness, which may include, speak to, or expand on something approximating Myers and Sweeney’s (2008) original model of wellness (Braun & Clark, 2006). The research epistemology of constructivism guided what was said about the data, and informed how meaning was theorized (Braun & Clark, 2006). The following is a description of how the data were analyzed. To begin, the purpose of the study was reviewed before the first transcript was analyzed. The data were read and reread, notes were made in the margins commenting on the data, and a separate memo was written to capture the student researcher’s reflections, tentative themes, hunches, ideas, and things to pursue that were derived from this first set of data. Additional topics or questions to explore, observe, or look for

during the next round of data collection were also noted. The second set of data collection were compared to the first set and this comparison informed the next data collected (Merriam, 2009). Later when analyzing and writing up the findings, the student researcher had a set of tentative categories or themes and answers to the research questions from which to work. Each interview needed identifying notations so that they could be accessed as needed in both the analysis and the write-up. Coding was assigned using shorthand designation to various aspects of the data so the pieces of data could be easily retrieved. The designation included single words, letters, numbers, phrases, colors, or combinations of these (Merriam, 2009). Coding the data involved, “comparing one segment of data with another to determine similarities and differences. Data were grouped together on similar dimensions and were tentatively given a name which later became a category (Merriam, 2009, p. 30). The overall object of this analysis was to identify patterns of the data. Properties are concepts that describe a category or dimensions of a category. The core category is the central defining aspect of the phenomenon to which all other categories and hypotheses are related or interconnect (Merriam, 2009). The student researcher tried to support tentative hypotheses, the suggested links between categories and properties, while remaining open to the emergence of new hypotheses. While interpreting the data the student researcher looked for patterns, themes, and regularities as well as contrasts, paradoxes, and irregularities (Coffey & Atkinson, 1996). The analysis extended beyond what any individual may see in their own experience because while the individual has a deep understanding of his or her own experience, the researcher had access to the insights of many participants (Janssen, Henderson & Vedam, 2006). Through the amalgamation of themes from different interview data sets, the analyzed data were then written into a report.

Trustworthiness

Based on a fundamental appreciation for qualitative inquiry (Patton, 2002), this researcher wanted to contribute knowledge to the field that is believable and trustworthy. Qualitative research examines a study’s trustworthiness, authenticity, and rigor based on its alignment with the philosophical assumptions underlying the paradigm (Merriam, 2002). This study involved qualitative research methodology anchored in a constructivist framework which is appropriate when researchers want to understand the meaning of a phenomenon or experience for the individuals involved (Merriam, 2002). A constructivist perspective views meaning as something that is constructed by individuals as they engage and interact with the world

(Merriam, 2002). Guba and Lincoln (2005) explained that the epistemological assumptions of constructivism lead to transactional, subjectivist, and co-created findings (i.e., an interactive link made between researcher and participants). They further explained that in taking a constructivist approach, the views of each participant are valued as unique and equally important in understanding the phenomenon. The researcher strove to build rapport with the participants in order to obtain honest, and open responses. These ontological, epistemological, and theoretical positions were chosen because the researcher's own belief systems and the research design of the study best align with the constructivist paradigm. Therefore, if the current study upholds the beliefs within this paradigm it will have authenticity, trustworthiness, and rigor.

The rigorous design of this study will accomplish trustworthiness and convince the reader that they can trust the interpretations because they are grounded in the data and are not something that was *dreamed up*. The criteria of trustworthiness relevant to this study are credibility, transferability, and, confirmability (Merriam, 2009, Patton, 2002). Credibility was established through: (1) prolonged engagement in data collection, saturation, scope; persistent observation and spending a sufficient amount of time to understand the context to see the elements that are most relevant to the study purpose and account for divergence in the data; (2) member checking during the interview process by restating and summarizing information to determine accuracy, and by transcribing the interviews and getting feedback while examining themes; and, (3) peer debriefing in which the interpretations of the student researcher were exposed to the research supervisor in order to explore researcher bias, and construct conceptual aspects of the categories. Transferability was established by informing the reader enough about the context of the schools, classrooms, and teachers to know if it will work in their setting (Merriam, 2009). Confirmability was established by keeping a researcher journal and following a model of specific steps such as colour coordinating things to be consistent with analyzing the data. Data were protected by keeping it locked in a safe place where only the researcher has the key. Based on these qualities and an examination of my own philosophical orientation, readers can trust that this study was carried out with professional integrity.

Ethics Approval

Although policies, guidelines, and codes of ethics have been developed by the federal government, institutions, and professional associations, ethical practice comes down to individual values and ethics (Merriam, 2009). It was necessary to consider ahead of time the

protection of subjects from harm, the right to privacy, the notion of informed consent, and the issue of deception, and once in the field issues were resolved as they arose (Merriam, 2009). As the primary instrument for data collection, data were filtered through the student researcher's particular theoretical position and biases (Merriam, 2009). Deciding what should or should not be attended to when collecting and analyzing data is up to the researcher, therefore opportunities exist for excluding data contradictory to the researchers' views (Merriam, 2009). Patton (2002) provided an *Ethical Issues Checklist* identifying the following ten items to be considered when engaging in qualitative research: explaining purpose of the inquiry and methods to be used, promises and reciprocity, risk assessment, confidentiality, informed consent, data access and ownership, interviewer mental health, advice (who will be your counselor on ethical matters), data collection boundaries, and ethical versus legal conduct. This study was approved by the University of Saskatchewan Ethics Board (Behavioural Research Ethics # 15-242). The standard data collection techniques of interviewing in qualitative research present their own ethical dilemmas (Merriam, 2009). As Stake (2005) observed, "qualitative researchers are guests in the private spaces of the world. Their manners should be good and their code of ethics strict" (p. 459). If any problems had surfaced during the interviews, referrals to resources for assistance in helping participants deal with these issues would have been made (e.g., counselling services). The ethical responsibilities of writing, such as political aspects were considered, for example, by using participant language. To a large extent, the validity and reliability of a study depend upon the ethics of the investigator (Merriam, 2009).

Chapter 4: Results

This chapter introduces the six teachers who participated in this study and presents their thoughts and experiences related to how mindfulness affects teachers in their personal and professional lives and how they are using mindfulness to support students in their classrooms. In order to protect participant confidentiality, pseudonyms were chosen. Participants' quotations were often edited to protect their confidentiality and increase readability. For example, specific names were altered or eliminated and repetitive and unnecessary words (e.g., um, yeah, you know, like, just) were deleted. Information gathered from participants in relation to the research questions was revealed, and the IS-Wel model of wellness was used as a frame for generating themes from the data (Myers & Sweeney, 2008).

Participants

Fifteen individuals responded to the call to participate. However, only six of these individuals met the inclusionary criteria established for this study (i.e., current elementary or high school educator; had a mindfulness-based perspective, a minimum of one year experience using mindfulness in their teaching practice, and an ongoing practice of mindfulness; was willing and able to share their story and describe their experiences through interviews) and agreed to participate in the study. All six female educators, Nara, Donally, Lavena, Brigid, Enid, and Deva taught within an urban school setting. When asked to define their cultural background all of the participants self-identified as either Caucasian and/or Canadian.

The first participant to be interviewed was Nara, who is a 38 year old Caucasian with a M.Ed. in Curriculum Studies. She has 15 years of experience teaching and is currently an English as an Additional Language (EAL) teacher (grades 9 to 12) in a public high school. Nara attended a meditation group and has received online training through Mindful Schools. Nara along with a colleague, teach a Mindful group at her high school which includes students in grade 9 health, students learning English as an Additional Language (EAL), and students attending a supportive environment classroom (e.g., for students on the autism spectrum or diagnosed with panic disorders and/or anxiety) and from a modified learning classroom (i.e., for students with learning disabilities).

The second participant, Donally, a 47 year old Caucasian, will be graduating with a Fine Arts Degree in 2016. She has certificates in Adlerian Parent Education, and Non-Violent Communication also known as Compassionate Communication. She has 20 years of experience

teaching yoga to adults and youth through community associations. Although Donally did not fully meet the criteria for participation because she does not have a B. Ed., she homeschooled her two daughters so that she could instruct them with a mindfulness-based curriculum. Donally offered a slightly different mindfulness-based perspective (e.g., home classroom) that had not been previously considered when the inclusionary criteria were established. However, it was ultimately decided that her perspective would be a valuable contribution and she was accepted as a participant in this study.

Lavena, the third participant interviewed, is a 48 year old Canadian who has a M.Ed. in Curriculum Studies and a Post-Degree Certificate in Special Education. She has 15 years of experience teaching special education and middle year's (grades 6-8). She has taught EAL for the past two years in a Catholic elementary school. Lavena was first introduced to mindfulness through her yoga practice, and now integrates mindfulness into her teaching practice with EAL students.

The fourth participant to be interviewed was Brigid, who is a 54 year old Canadian with a M.Ed. in Educational Administration. She has 32 years of experience as a Learning Resource Teacher (LRT). Brigid is currently in her second year as a Vice-Principal in a public elementary school. She recently attended a workshop on the MindUP curriculum from presenter Goldie Hawn through the Hawn Foundation and is currently integrating MindUP as a universal intervention in her school. She practices yoga three to four times a week.

Enid, the fifth participant interviewed, is a 58 year old Canadian who has a B.A. in Psychology, a B.Ed., and a Post-Degree Certificate in Special Education. She has 20 years of teaching experience and is currently a middle year's (grade 6 to 8) teacher in a public elementary school. Enid was first introduced to mindfulness through a colleague and has been teaching mindfulness in her classroom for six years now.

The sixth and final participant was Deva, who is a 27 year old Caucasian. She has a B.Ed. with three years of experience teaching physical education to kindergarten to grade 8 students in a Catholic French Immersion elementary school. Deva teaches mindfulness to students through physical education and yoga, and has a personal mindfulness practice through journaling and art.

Participants were interviewed by the student researcher to explore their thoughts and experiences related to how mindfulness affects teachers in their personal and professional lives

and how they are using mindfulness to support students in their classrooms. As participants' stories were reviewed, four major themes were identified using a wellness model perspective (Myers & Sweeney, 2008): (1) Connecting to the curriculum: Mindfulness and its curriculum links; (2) Creating, coping, socializing, meaning making, and exercising: Mindfulness and its connections to health and wellness; (3) Managing and supporting students: Mindfulness and its links to a caring classroom environment; and (4) Motivating, engaging, and meeting students' needs: Mindfulness and its benefits for students. These themes are discussed and linked together using meaningful participant quotes.

Theme 1 Connecting To The Curriculum: Mindfulness And Its Curriculum Links

All of the participants shared how they connected mindfulness to the Saskatchewan Curriculum through the topics of health and wellness, virtues, culture (e.g., First Nations Circle of Courage), religion, career, practical and applied arts, physical education, and yoga. For example Donally, who home schooled her children so that mindfulness would be part of their curriculum, felt mindfulness needed to be integrated into her children's home school curriculum since it would allow her to respond to her children's learning needs mindfully:

After meditating for a few days on the topic I decided to home school them where meditation, mindfulness, and breathing could be part of their actual curriculum. So I contacted the home school liaison and learned that there were so many different ways to home school... I could uniquely create specific to my daughters' needs this mindfulness way of approaching education.

School-based educators also saw the value of connecting mindfulness to their students' learning. For example, Brigid described how she connected the MindUP curriculum (The Hawn Foundation, 2016), a mindfulness-based intervention program, across the Saskatchewan curriculum in order to develop a plan for the school year:

I needed a totally different plan. I threw out everything I had prepared for the year, threw it away and started from scratch. I thought, "What am I going to do, what do these kids really need? And I looked over at my Zones of Regulation stuff and I thought, "I need to start here, I have to get these kids ready to learn." So I thought about that and I remembered about the MindUP curriculum that I had purchased, and I found it on my shelf and I started to read through it...and compared it to the curriculum for grade 6 career education and many of the outcomes matched the outcomes in MindUP in terms of self-awareness, goal setting, and working with other people productively, and most of the outcomes matched what MindUP would present them with. Then I started to look on their website and it talks about using this across the curriculum in health, math, language arts, writing, and social studies, and so I thought, "Done, I've got my plan for the year."

In addition to the programs of MindUP and Zones of Regulation, which is a cognitive behaviour approach to teaching self-regulation (Kuypers, 2011), Brigid also found it useful to connect mindfulness to Brain Gym, a program that considers the physical aspects of learning (Dennison, 2016), and MeMoves, a system for self-regulation (Bye & Scherf, 2014).. Brigid explained:

I look at work some teachers have done with Brain Gym, and [mindfulness] really connects with Brain Gym. Another one that I'm looking at is MeMoves. I'm ordering MeMoves and we're going to start with our Pre-K classroom. If the little ones can start being attentive and the Kindergartens start with MeMoves, we're gonna try everything.

Many of the participants connected mindfulness to the curriculum through physical education and yoga. For example, Deva stated:

With the Saskatchewan curriculum, especially with the physical education there's components in there of getting those basic movement skills and developing them. One way of doing that is yoga and that's one example that they give in the curriculum. So practicing yoga with the kids was how I first started introducing it. And then at the end of the yoga practice we would always do a one or two minute meditation and then it moved into that meditation being belly breathing and being aware of your breath or being aware of your heartbeat.

Enid also connected mindfulness to the curriculum through yoga as well as a life skill in Practical Applied Arts (i.e., career and work exploration in areas such as home economics and technical-vocation education; Saskatchewan Curriculum, 2016):

We were teaching yoga and mindfulness in practical applied arts, it's a life skill you can use for a long time. So presenting it as a life skill, as something you can use for all kinds of situations where you want to do well, and you want to be concentrating and focused and reducing stress. Middle years that's what they want, they are looking ahead, they're looking down the road to high school and what they can do to be successful. So it leads to being successful in your career, with relationships, and going on to post-secondary education.

Some participants connected mindfulness to the curriculum through religion. For example, mindfulness was a way for Deva to connect with students who were not of Catholic faith within the Catholic school system:

With the religion curriculum, a few of my students aren't Catholic but they are in a Catholic school. So they still have to learn about the religion and having them answer questions about faith or god, they were really resistant against it. Taking the root of mindfulness and what they want out of life or where they want to go in life was a connection that I made between the two.

Enid shared how she connected mindfulness to the topics of virtues and culture in the curriculum:

I tied it [mindfulness] in with the virtues program...it's all about respect and social and personal growth...how you're treating others, how you're making other people feel, your empathy, understanding how your impacting others, so you can tie it in with tangibles versus intangibles... We [also] tied it in with the [First Nations] Circle of Courage...your physical, mental, social, emotional,... and psychological wellbeing. The Circle of Courage... it's part of the First Nations mindset too, so we talked about how different cultures do things. If you look at meditation, Buddhism, it's huge there, they use this, and so we talked about how different cultures use different ways... the sweat lodge...so it was tied into cultures.

Enid also connected mindfulness to the curriculum through the topic of health and wellness, stating: “[In] grade 6 you look at ways of coping with stress, stress strategies...it was something...that was health related, that was curriculum based so we looked at outcomes [of] mental and social wellbeing.” Nara also reflected how she connected mindfulness through health and wellness:

I had a friend on staff who I would talk about mindfulness with and I shared with her my practice. She started teaching grade 9 health this semester and I've been talking with her and she saw this connection between the health curriculum - that idea of complete health and wellbeing, physical, social, mental, spiritual, overall wellbeing - and how mindfulness can connect with that, so together we decided let's try this mindful [group].

The Mindful group that Nara and her colleague created grew to include grade 9 health, EAL students, and students from a supportive environment classroom (e.g., for students on the autism spectrum or diagnosed with panic disorders and/or anxiety) and from a modified learning classroom (i.e., for students with learning disabilities).

Theme 2 Creating, Coping, Socializing, Meaning Making, And Exercising: Mindfulness And Its Connections To Teacher Health and Wellness

Through mindfulness-based teaching all of the participants experienced outcomes of health and wellness which have been organized using the five factors (i.e., the creative self, the coping self, the social self, the essential self, and the physical self) of the IS-Wel model of wellness (Myers & Sweeney, 2008).

The creative self. Through a mindfulness-based perspective participants experienced the wellness factor of the creative self or “the combination of attributes that each of us forms to make a unique place among others in our social interactions and to positively interpret our world” (Myers & Sweeney, 2008, p. 485). This factor includes the components of thinking, emotions, control, work, and positive humour.

Participants shared how they have experienced the wellness component of thinking or “being mentally active, open-minded; having the ability to be creative and experimental; having a sense of curiosity, a need to know and to learn; the ability to solve problems” (Myers & Sweeney, 2008, p. 485). As Lavena explained:

When I practice mindfulness, I attempt to direct my thoughts to tune into what I'm sensing in the present moment rather than rehashing the past or imagining the future. I think that doing this practice has assisted me in many ways such as increasing my abilities to tune out distractions, improving my memory and attention skills, increasing my compassion and more.

Participants discussed characteristics which helped them to be successful in teaching mindfulness such as empathy, compassion, happiness and being open-minded. For example, Nara believed, “What we are really trying to give [our students] is wellbeing and happiness and how can we give them that if we are not cultivating that within our own lives?” Brigid concurred that mindfulness enabled, “More successful social relationships with other kids, kinder children, kinder teachers, teachers would be more empathic and understanding.... it's not just a child talking out, let's find out exactly why, let's get right to the root of the problem...” While Nara emphasized her willingness to see outside of the box, and outside of the structure and routine of the school day: “I was willing to try something new, willing to be innovative, willing to be collaborative, willing to do the grunt work too.”

Participants described a sense of curiosity and a need to know and to learn about monitoring their thinking. Nara explained that mindfulness, “helped me a lot to recognize how to watch my mind and how to be conscious of watching my mind.” She pointed out: the outer world you can't control, you can't make other people do anything, but you have complete freedom in your inner world to choose what thoughts you listen to, to let go of things that you want to let go of and to create peace inside yourself. In your inner world that is all choice for you. You can't always control the outer world but you have 100% choice about your inner world.” So turning some of that attention inward... I think mindfulness helped me make that shift... we learn how to watch our own minds and we learn a lot about the stories they create that aren't true, and we learn to question our minds, “Is that really true or is that a story I made up?” And you have that story going on and then you're feeding that story and the more you think about it the more you are feeding it and the larger it grows in your mind. Then somehow you've come to think of that as true and then you are moving forward with that. Deva recognized that, for example:

if a student is having a behavioural problem sometimes you can get lost [thinking] that it's that student that wanted to push your buttons. But what I've found is that if I slow down my own thoughts and take the time to ask the student, "What's going on with you?" there is so much more that's going on in their life that's not school related that they're bringing forward. So it's just a reminder that everyone needs someone that's going to be there to listen to them and to let them express what they're feeling.

Deva admitted that although a mindfulness-based perspective helped her to slow down her thoughts and see the situation in front of her more clearly, "I'm not going to get it perfect in the next situation but that's the journey of it, that you keep trying, you keep moving forward."

With a mindfulness-based perspective participants were able to be creative, learn from their mistakes, and intuitively integrate the practice. Enid stated, "it allows you to be a way more innovative in your teaching." While, Donally indicated: "I'll practice other peoples' [mindfulness practices] but for me a lot of fun is coming up with my own breathing or meditations.... Practicing it myself, making errors and figuring out the errors." Finally, Deva shared a memory of a spontaneous teaching moment she created with her grade 4 physical education class at a park:

We walked there and I tried to remind the kids...let's try to be mindful of the sounds that we're hearing around us. That didn't quite work and my first intention was that we'd do a mindfulness walk, get to the park and then play a game. But once we got to the park I just had this idea of having the students lay with all of their heads touching one another and so it ended up being this huge circle of 24 students and all of their heads were pointed towards the middle and they were bundled up in their jackets and their toques. And it was a clear day, sunny, and they were laying on their backs. I said, "All I want you to do is look up into the sky, feel the sun on your face and concentrate on your breathing." And it was beautiful, it was one of the highest moments of my teaching career. I got down and lay with the students, and it was so incredible to have each student touching shoulder to shoulder. They were incredibly calm and it was a really beautiful moment. The students mentioned that they felt peaceful and restful, that they felt like it was nice just to lay and be quiet in nature and just listen.

Within the factor of the creative self, participants also experienced the wellness component of emotions or "being aware of or in touch with one's feelings; being able to experience and express one's feelings appropriately, both positive and negative" (Sweeney & Myers, 2008, p. 485). Through a mindfulness-based perspective participants described improved self-regulation of emotions and mental health. For example, Nara described her emotional awareness without judgement:

"Just notice what you're feeling. Are you feeling bored? Just notice it. Are you feeling uncomfortable? Notice it. Being bored is just something to notice." We're so accustomed to putting this in the good and the bad category. We want to say these

emotions are bad, I don't want to feel them. These emotions are good, I want to feel more of them all the time. But can't we come to a place where we just notice these things? And the emotions are coming and going and just notice it without making a judgment on it because that's what mindfulness does right, we notice it without making a judgment upon it. [For example] after we do a seated practice I'll open it up and say, "How was that for people?" Sometimes people will offer things and other times people won't. If they don't I say, "Well you might have noticed boredom, you might have noticed discomfort, you might have noticed relaxation, you might have noticed uncomfortableness.

Deva described expressing her feelings appropriately:

Taking a walk or calling a friend, those would be things that in the past I would totally shut down and I wouldn't want to do anything I would rather stay in a dark room. But with mindfulness I can tell when something's happening or about to happen and go and take that walk or call a family member that I really trust and say, "hey this is the way I'm feeling," because in the past I wouldn't share anything with anybody.

Deva also exemplified how mindfulness helped her with mental health management of depression and anxiety:

...falling back to mindfulness I can sort through my thoughts and I can calm myself. I can be in the moment and I found that I won't get to a place where I'm going into a deep low, or if I'm going into a crying state especially with anxiety I feel something will be bugging me and I won't know what it is, but having that mindfulness tool I can access what's going on with my emotions and my feelings and I can clearly think back to a time where it happened before and do self-talk, "You've been through this before, these are the steps you need to take." And I find that really helps me with my own thoughts because sometimes with mental health those thoughts can get away with you and can really start unraveling a lot of negativity in your life.

Nara suggested that embodying mindfulness helped her to respond instead of react emotionally, sharing "you are teaching through your behaviour and through how you interact with colleagues and students. So even if you're not formally teaching mindfulness your way of being is teaching mindfulness." Nara insisted, "the difference between response and reaction [is] when you are in a response you are noticing the space...between the *in* and the *out* [breath] and how we notice that space so that we become responsive instead of reactive." Nara gave an example within a classroom setting:

This morning we were practicing mindfulness and some kids had left their bags in the room and a cell phone starts going off....So if I wasn't mindful I would maybe be angry, hostile, or upset and reactive, but if I'm conscious of my own mindfulness I see a trigger there [the cellphone] and I'm just noticing that and I incorporate that into the lesson. We were talking about the difference between a reaction and a response so I brought that in, I said, "I could be making up a whole story in my head about what this cell phone going off means and how a story could be... the students are disrespectful... this whole story in

my head. Or I could choose to have that come and just let it go.” But if I don't have my own mindfulness practice, if I'm not practicing it myself I don't have that foundation.

The participants also described how mindfulness has helped them to increase their positive feelings. For example, Lavena explained, “It's helped me to increase my positivity... It's good for the kids that I'm happy to be there and that makes them happier to be there.” Nara felt mindfulness can be used as “...a tool to cultivate our own happiness. I think the way I can be the best teacher is to cultivate my own happiness and my own joy and then I am sharing that with students.” Nara further explained that:

If we understand our social and emotional worlds, we could teach happiness as a skill...you really can't get by as an adult without knowing how to cultivate your own happiness, and knowing how to focus your attention, and knowing how to be in relationship with other people, every adult has to do those three things, all the time, every day...Happiness is a skill.

Participants described how they have experienced the wellness component of control or the “belief that one can usually achieve the goals one sets for oneself; having a sense of planfulness in life; being able to be assertive in expressing one's needs” (Sweeney & Myers, 2008, p. 485). For example, Nara reported:

I have noticed improvements in my health. It helps a person [have] an overall sense of wellbeing. It helps you balance your life a little bit better, because it's pretty easy to let your life run away on you and you can find yourself busy with a lot of commitments...spending all this time and energy on something that isn't important to me...When we practice mindfulness, when our attention drifts, when I notice my life is coming out of balance, I notice it, and I bring it back. [This] skill is awareness, noticing something and coming back to center or making the adjustments in your life that are necessary to find center again. So I find myself, I think it's easier to let go of stuff, I didn't let go of stuff as much as I do now.

Participants shared how they have experienced the wellness component of work that can be defined as “being satisfied with one's work; having adequate financial security; feeling that one's skills are used appropriately; the ability to cope with workplace stress” (Sweeney & Myers, 2008, p. 485). As Deva stated, “I do find great success with it at work, so I definitely want to add more into my personal life.” For Brigid, mindfulness has become her new way of functioning all day at work:

Basically it's my new way of functioning as an administrator and a teacher. I try to take sort of a temperature pulse or a reading of where I'm at emotionally and work on my breathing. I try to clear my head when I approach kids. I try to make sure that when I sit on the entrance steps when they come in I make sure I have a smile on my face because if I'm not careful, if I'm thinking about something I look mad, and they'll read me as mad.

So I make sure when I'm sitting there greeting people that I'm not thinking about anything else because if I am I get a stern look. So I think I try to implement it all day long. It's my new way of functioning because I have to recognize that I might be happy yet greeting these children with a really stern look or body language, so I'm trying to use it all day long, I'm not, but I'm trying to. There's not a time when I don't want to be using it.

Lavena has noticed she's taken less sick days, "I haven't had a sick day in the last two years, but whether that's connected to my mindfulness or to my sense of purpose, maybe anyone of those factors. I've just noticed it's been reduced...by a substantial number." Deva explained how mindfulness helped her get through her work day:

Professionally as a teacher it's another tool that you can use to help you get through your day and not only survive your day but enjoy your day because teaching they're hard days and you don't always have a good day. But if you have the tool of mindfulness you can be aware of what's going on with yourself and your students and you can turn a bad situation into a great situation or a learning situation. As a teacher that's something really important because of the demand of the job.

Deva went on to explain how a mindfulness-based approach helped her to deal with stress as a new teacher:

I think it's helped me personally when you start out teaching it can be very difficult to know which way is up or down, everything is so brand new. Especially coming out of university into the profession I don't know if you're totally prepared for all of the behaviours that come at you, or dealing with parents, or finding resources for curriculum, or knowing how to use technology....,the teacher calendar, booking laptops or space. There's so much more that comes along with teaching then just teaching the students and I think that's something that stresses a lot of teachers out in their first couple of years that there's just so much coming at them.

Lavena described how she has experienced increased positivity and happiness in her work:"

[It's] a choice that I make in that I'm happy to be at school every day and that cheerfulness and optimism is visible to the other staff members....because teaching can be a stressful workload and lots of expectations." Lavena advised that if teachers were trained in mindfulness, "they'd be able to be more at peace with where they're at and happier in what they are doing." Deva agreed that, "it [a mindfulness based approach] would help them [teachers] to separate and organize what they need to do and know that mindfulness is a support.... to help you deal with all the stresses of the job....it would help alleviate not every problem, but it would definitely be beneficial."

The coping self. Through a mindfulness-based perspective participants described how they have experienced the wellness factor of the coping self or "the combination of elements that regulate one's responses to life events and provide a means to transcend the negative effects of

these events” (Sweeney & Myers, 2008, p. 485). This factor includes the components of leisure, stress management, self-worth, and realistic beliefs.

Participants shared how they have experienced the wellness component of leisure or the “activities done in one’s free time; satisfaction with one’s leisure activities; having at least one activity in which “I lose myself and time stands still” (Sweeney & Myers, 2008, p. 485). Participants mentioned that they have expressed mindfulness through art. For Donally art is a mindful process with, “an element that will have a mindfulness intention in the image. If you said, “I know you do this mindful[ly], what aspect of it would be mindful?” I could tell you what the intention was and where it shows up.” Deva concurred, “Creating doodles was another way for me to express mindfulness. I introduced Zen tangles to my classes and to individual students that are having a hard time. Zen tangles is something that they love.”

Participants described how they have experienced the wellness component of stress management which can be defined as the “general perception of one’s own self-management or self-regulation; seeing change as an opportunity for growth; ongoing self-monitoring and assessment of one’s coping skills” (Sweeney & Myers, 2008, p. 485). Lavena stated that mindfulness is beneficial for teachers’ “own health and own stress level.” Donally confirmed, “People will say that my voice is calm and they like to be around the calm. I have less stress and when I do have stress, I have a way that I can myself deal with it.” Enid mentioned feeling less burnout:

You'd feel like going out with people, you wouldn't be so burnt out. I think it prevents burnout because you don't have to repeat yourself a zillion times all day, you're not repeating instructions, repeating teaching, going back and doing recovery work with kids because they are not learning and they are not engaged and they are not listening.

While Lavena described how self-management and self-regulation “helped me to relieve stress. I work with 75 students, all at differentiation abilities so it’s important to connect with every single one of them. When it’s a 30 min spot once a week.... I have to be in the here-and-now.... take that [breath] and be here.”

Participants also described their experiences of self-monitoring and assessing their coping skills. For example, Enid expressed that:

Last year I'm not sure if I would have survived the year if I wouldn't have had mindfulness. That year I started in with some heart palpitations from the stress of dealing with these kids. And I had so many teachers say to me, “if I had that group I would be on stress leave by now.” I think it gave me a strategy to grab onto, it gave me something to teach them and it made me feel not hopeless with their behaviour.

Brigid felt that mindfulness:

...gives you space to think about what's really important... you give yourself permission to sit and think and prioritize things and recognize that all these worries and stresses in your life will still be there but you need time to just relax. If we don't show kids to let the tensions go and the worries go they just carry them around like a burden on their backs so I have to recognize that that has to be important for me to do. I think it's really important to for me personally to learn how to release the stress, because I recognize that people see me as this tense wound up person. My chiropractor [would] say you really need to calm down and de-stress, and may I recommend a book... and I [replied]" "I don't have any time for that." People around me would see me as this ball of tension and I recognize now I don't want to be seen that way anymore. I want to be seen calm and open instead of tight and closed.

Participants also shared how they have experienced the wellness component of self-worth or "accepting who and what one is, positive qualities along with imperfections; valuing oneself as a unique individual" (Sweeney & Myers, 2008, p. 485). As Donally shared, "My own self-esteem and my own sense of worth and connection with community." Deva described how she has experienced acceptance and non-judgment with the mental health management of her anxiety and depression, declaring:

I battled with living in the past or living in the future. With mindfulness I was able to be in the present moment and it took a while to not judge myself for being in the moment and what I was feeling and going through but once I got better at using the tool it really helped me flourish...I've learned when I first got into doing mindfulness at work it takes a while [to establish]...Adding it in to personal life [as] a structured routine that happens every day [will] take some time. That's comforting to know too that you don't always have to be perfect.

Participants shared how they have experienced the wellness component of realistic beliefs or the "understanding that perfection and being loved by everyone are impossible goals, and having the courage to be imperfect" (Sweeney & Myers, 2008, p. 485). Deva explained that "If something does happen and you weren't at your best self in that moment that can stick with you for the next day or the next week. Know not to be so hard on yourself." Deva experienced a shift in her perspective where she let go of outside expectations from others:

I was definitely the person that had to please everybody and I couldn't let anybody down and I couldn't fail and that was really starting to weigh my spirit down. Once I finally realized that it doesn't have to be this way, I can say no and I can put myself first, it totally changed everything. When you come to a point in your life where you can make that decision so many other doors and windows open and then you really get to start being the person that you want to be or are meant to be.

Deva also experienced the courage to be imperfect, asserting:

A lot of teachers take it to heart when a student misbehaves and then you have to contact a parent and then if a parent is upset with you for what was done or what was said and it can be very stressful, you can get down on yourself. But I feel with a mindfulness approach you look at the situation and you can say, “You know what, I’m human, I made this decision for this reason, or you know what maybe I didn’t do this the best way that I could have done it so in the future I can do it this way.”

The social self. Participants discussed friendship and love, factors related to the social self.

Participants shared how they have experienced the wellness component of friendship, which are:

...social relationships that involve a connection with others individually or in community, but that do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed. (Sweeney & Myers, 2008, p. 485).

Donally explained, “interpersonally, mindfulness is powerful, this is super powerful, even though its invisible I would suggest don’t underestimate being connected.” For example, Nara explained “I have to embody mindfulness in my own life, in my teaching, in my parenting, in my relationship with my husband, with my friendships. I have to be practicing all the time.” Deva described how mindfulness helped her let go of unhealthy friendships:

it helped me to see who I was and see who my friends were. I went through a period where I broke all ties with all of my good girlfriends and as soon as I let those friendships go and realized that I outgrew them and that our morals and values weren't matching up it was ok. You don't have to be friends with someone just because you've been friends with them up until that point in your life. It doesn't mean that it wasn't hard and there was definitely those points where you feel lonely or wonder if you should go back to them or not but mindfulness helped me to be in that moment and to say to myself, “there's a reason why you outgrew it.” You can look clearly back on an experience that happened instead of obsessing over it, you can let it be and let it go.

Participants also experienced the wellness component of love or the “the ability to be intimate, trusting, and self-disclosing with another person; having a family or family-like support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way, healthy communication styles, and mutual appreciation” (Sweeney & Myers, 2008, p. 485). Deva reported she has experienced the ability to be intimate, trusting, and self-disclosing with others in relationships:

I found a big improvement within my relationships. I've found that whenever I was ready to open up to someone about mental illness they weren't able to understand what I was going through. I would always take that so hard and it would always break my heart and I always felt [that] this relationship isn't going where it's supposed to and the relationship ends. But over the years I've learned that I'm going to love somebody in a certain way and they are going to love me in a certain way and it doesn't necessarily mean that you have to love each other the exact same way. That was something that mindfulness had

taught me that even though I would [love someone] a certain way it doesn't mean that I should expect that from a person. I found that once I was able to open up to that concept you let the right people into your life then. Taking that time to know who you are in the relationship and to know who others are in the relationship.

Donally experienced healthy communication styles with family through mindfulness:

I'm able to talk with the very people who I have memories of hitting me or punching me but I can be present to my own breathing and emotions and what I need to do that I can actually still have connection with them. I can still experience the core heart connection that I longed for then and want to with people now....I don't know anything else that you can walk away with and still feel healthy and still feel hopeful and to be aware and hold them here as just that, while still being who you are, which is you care about people and you love people.

Donally also shared how she encountered a family-support system characterized by shared values, , "If we're having a family meeting, any one of [my kids] will call for it to start with either breathing or checking in or some form of gathering."

The essential self. Through mindfulness-based teaching participants described how they have experienced the wellness factor of the essential self or the "essential meaning-making processes in relation to life, self, and others" (Sweeney & Myers, 2008, p. 485). This factor includes the components of spirituality, gender identity, cultural identity and self-care.

Participants experienced the wellness component of spirituality, "personal beliefs and behaviours that are practiced as part of the recognition that a person is more than the material aspects of mind and body" (Sweeney & Myers, 2008, p. 485). Nara reported that "Mindfulness has helped me find a very deep meaning to my life and that has been a beautiful gift." Brigid admitted:

...my father's side of the family, how we function, [is] that we value workaholics. Taking a holiday to me is being sinful and wasteful and just it's work, work, work, and it's not a healthy lifestyle. Working hard is good but you need time and space to relax and calm down and just be aware of options open to you. [Mindfulness] makes me understand that there is more to life than what I have been doing. This is a huge area of spirituality that I've neglected.

Nara analyzed, "If I want peace in the world I need to be peaceful in myself...So mindfulness helped me create that shift between my inner and outer worlds so now I work more with my inner world and my inner thoughts." One participant, Donally, experienced the wellness component of self-care, "taking responsibility for one's wellness through self-care and safety habits that are preventive in nature; minimizing the harmful effects of pollution in one's

environment” (Sweeney & Myers, 2008, p. 485). She reported taking responsibility for her wellness through self-care:

I had a little bit of an injury in my hip and I was very aware of it and decided immediately to ease off of what I was doing. Traditional ways [of thinking] would be, “oh push through that, or you’re a wimp just keep going” or some form of that self-judgement. I took care of it and I did meditation with it specifically, and the next morning mindfully took care of it in another way, wrapped some stuff on, did all this care over just this one sort of strain. I thought... “that’s going to be a couple weeks [I] might need to take off. No it was only two days later, I was really surprised.

The physical self. Through a mindfulness-based perspective, participants experienced the wellness factor of the physical self or “the biological and physiological processes that compose the physical aspects of a person’s development and functioning” (Sweeney & Myers, 2008, p. 485). This factor includes the components of exercise and nutrition.

Participants shared how they have experienced the wellness component of exercise by “engaging in sufficient physical activity to keep in good physical condition; maintaining flexibility through stretching” (Sweeney & Myers, 2008, p. 485). As Nara stated, “Mommy’s gonna go to the gym and exercise because that’s what mommy needs to stay balanced.” Brigid also experienced engagement in physical activity, reporting, “I started yoga and...now I’m doing my yoga class 3 or 4 times a week and I don’t even want to miss it.” She further explained:

I recognize the importance of the breathing and the awareness of my body, what’s hurting and where I’m holding tension in my own body. I have a lot of neck and jaw problems, and a lot of stress in my personal life so I find that this is very important. If I’m going to put my best self forward, I better practice what I preach, so I’m doing the yoga.

Enid also reported engagement in physical activity as a result of mindfulness:

It reduced my stress load. I wasn’t totally exhausted by the end of the day, so when I got home I had energy to actually go and do fitness. I could never go to the gym before. I’d just be exhausted. I’d be so burnout. I’d be mentally drained. I would have trouble sleeping at night because I’d be thinking about... “How can I get these kids to settle down?”

Theme 3 Managing And Supporting Students: Mindfulness And Its Links To A Caring Classroom Environment

Through their mindfulness-based teaching participants experienced the classroom outcomes of effective classroom management, emotionally supportive climate, and positive teacher-student relationships.

Effective classroom management. Participants described how a mindfulness-based approach led to the classroom outcome of effective classroom management. Participants

explained that mindfulness, along with curriculums (e.g., Zones of Regulation, MindUP), and measurement tools and visual aids (e.g., timer, transition meter, voice level meter) contributed to effective classroom management and a classroom environment conducive to inquiry learning. As Enid stated, “It cut down on your classroom management time, classroom management they say is the number one thing for achieving good achievement for kids.” Enid went on to admit, “It helps with the management, any time you have kids under control, and I like having a really controlled calm classroom.” Deva discussed that mindfulness is a skill that teachers need to directly teach to students: “With regards to teaching that's the new approach that we have to take towards mindfulness, is that we actually have to teach it, we have to teach students how to calm their minds, calm their bodies.” For example, Deva shared:

at the end of a physical education class instead of saying, “Okay what did we learn today? What are the things that you learned about the skill that we were doing?” Instead of going right into a conversation I would have the kids sit down instead and practice their belly breathing. Then once they are in a calm state we can have a better conversation and they're a lot more focused and open to reflecting and being aware of what they just did in that previous hour of class.

Participants shared the strategies and tools that they used to assist them in a mindfulness-based approach to effective classroom management. For example, Brigid advocated that the Zones of Regulation program is a good basis for teaching mindfulness, “Zones gives us a common language throughout the school, it gives [students] a common language to begin to understand about mindfulness. Now I've started the mindful talk with all of them but it started with the Zones.” Brigid highlighted why this is important:

When I have the student sitting in the chair [in my office and I ask for example,] “Why did you hit that person? Or why did you lie? Or explain to me how you are feeling?” [Students] are able to use the language [to explain their feelings and reasons for behaviour]. And they'll point, “I was feeling like this.” I'm getting way more out of the students than I did last year in our conversations. They're not just shrugging... the [students] that would just shut down, now they can point [on the chart] and show me where they are.

Brigid suggested that the MindUP curriculum helped her be successful in teaching mindfulness, “If I didn't have the resource to understand about the brain functioning I would not be able to do this at all....The Zones of Regulation talks about the tools and what you need, it doesn't talk about the brain, hormones, spirituality and that part of it.” While Enid described using measurement tools and visual aids (e.g., timer, transition meter, voice level meter) along with mindfulness for effective classroom management:

“Here’s a timer, we’re in from recess, we do our mindfulness, let’s see how quickly we can get our books out.” Then it got to the point where if I come in from recess late because I’m on supervision they can set the standards and help figure out through anticipation. One of my rules: participation – anticipation. So with mindfulness you have that anticipation ability and when you have anticipation mindfulness you can anticipate what’s next and be a step ahead. For example, math: You are at a 0 if your books aren’t even out, you’re a 1 if your books are out but they’re not open, you’re a 2 if your books are open and you are recording the date and the page number, and you’re a 3 if your math books are out and you are reading ahead to the next lesson, and figuring out what our next assignment is and you’re engaged... So I got them to the point where they could calm down enough if I was late they would have the ball and they could start [mindfulness exercises], and they had their transition meter on the wall, and we got to the point where most kids were at a 2 or 3 instead of them sitting there waiting for teacher direction.

Enid observed that mindfulness contributed to a calmer classroom environment that was conducive to inquiry learning:

I can think better, I’m calmer, I’m not near as stressed. I can phrase things in a more positive way, because it’s that calmness. And I can do way more. I don’t have to be as structured so I can give them a little more freedom to take learning into their own hands. [For example] “Okay here’s your group work this is what you’re going to do.” And you knew that they [students] would be focused so it allowed me to use a way more variety of teaching activities. I could do inquiry learning then.

Brigid explained how she measured student progress by using a stopwatch and measuring the length of time students are working in the green zone and then sharing it with the students so that they can see their growth too:

I could see it was working. I could take my stopwatch and I would record how long they were in the green zone, and it would be up to 17-19 minutes, where at the beginning of the year it would be 5 seconds. I take my stopwatch with me, I wear it around my neck, and of course it’s all the colours of the zones by luck! I wear this and I say, “Let’s see how well we are in the green zone.” And I can push go, and then yellow is when we start to get yellow, and I would write it up on the board. And I want to build their capacity to work productively and appropriately within a classroom. That’s the whole key, the whole key to this is to improve student learning, improve their capacity to work a longer period of time, effectively, productively, positively, with their peers, that’s the end result, that’s my goal. Whether it’s in math or gym, or this curriculum, whatever they are doing. I want them to learn how to see what’s going on around them, to focus on the lesson, to focus their attention like a flashlight, to block out extraneous noise and stimulation as well as they can, and to build their capacity to work effectively so that they can get more out of the school day. And so then I would write on the board, after I’ve done my instruction and their getting to work, or even during a discussion I’ll start the stopwatch and we’ll have a conversation and we’ll see how long we can work as a team. Then I’ll write the time up when we’ve had an interruption in the flow of our class I’ll just write the time up and then we’ll try to build that time so that they realize that this is all about

building our capacity to work longer stretches of time. I've just written the time, like how long of a stretch of time, I could do it different ways, but that's all I've done now, I write...3mins 5secs and then, "Oh looks like we have to start again" And they go "Oh gee" and I go, "This is team 1, and you work as a team, if you see a team member getting off task you can remind them. I might even put the name of the people who have interrupted our lesson, I might put a name on the board and say, "Ok what was it that interrupted our lesson, what was it that you did?" "I was talking to my neighbour" "What about that? What zone would that be? And why are you focusing your attention there?"

Emotionally supportive climate. Participants described how a mindfulness-based approach led to the classroom outcome of an emotionally supportive climate, including self-regulation of behaviour and emotions, mental health management of students, and improved communication among staff members. Brigid has learned to create an emotionally supportive climate through mindfulness, "It's helped me think about how I react to kids...It makes me more aware of my own emotional level." Brigid exemplified how mindfulness contributes to an emotionally supportive climate and helped her to model self-regulation of emotions and behaviour for students in the classroom:

if I'm in the red zone they are going to mirror back...if I'm upset or tired, I better not present it that way to the kids because that is what I am going to get back from them. So if someone blurts out or if I'm upset when I walk in the room I really try hard to remember my breathing. I'll ring my chime or I'll do my breathing and I might say, "I'm feeling a little yellow, nothing to do with you guys but I just want to get myself calm so that I can do my best job as a teacher." I have to not mirror behaviour that I don't want to be, and when a student is upset I have to stay green [e.g., Zones of Regulation], that's hard to do and that's what I've tried to work on for myself, with the breathing has helped a lot. So I try to breath and then I take my breathing ball in and I'll mirror the breathing ball and say, "I'm feeling kind of yellow I need to get some breaths in me." If you're deep breathing and de-stressing it just feels so much better.

Brigid used a think aloud strategy with students,

so that they can see what's in my brain... I say, "What zone do I look like I'm in?" And they'll say "Green." "Well how do you know?" And they'll tell me from my facial expressions, my shoulders, my clench [etc]. I say, "Does anybody know why I might be in the green zone?" If I'm upset I might say, "I didn't sleep all night, so what do you think I could potentially be feeling right now?" "Oh you're probably feeling blue." And I'll go, "Well actually I'm feeling more yellow, I'm frustrated." And we'll talk about that and I'll say "Now I don't want to put that on you guys so I've got to try to do something." And we always talk about the effect on other people around us.

As a vice-principal who deals with a lot of discipline, Brigid modelled an emotionally supportive climate for students in her office, "If a student has done something really wrong, I try very hard to look at those posters and not react to what they've done and make sure I'm talking to them in

the green zone.” She also modelled an emotionally supportive climate for parents, “a parent came screaming down the hallway and yelling and totally in the red zone. I could have mirrored her behaviour...., but I had to recognize, “I can’t mirror her behaviour, I have to breathe deeply, calm down and then she can mirror my behaviour.” Brigid pointed out that mindfulness, “helped me deal with stressful situations and recognizing that I don't want students to mirror me and I've learned to not mirror them, or parents, or staff members.”

Participants created an emotionally supportive climate through the mental health management of students. For example, Enid noted that mindfulness, “helps me help my students” with diagnosed mental health disorders such as anxiety and depression, “I have a student who can be very volatile.... When she starts escalating and she's standing screaming in your face, it gives me a specific strategy to say, “Here try this, what works for you?” It gives them choice.” Enid explained that with this same student, to help identify her emotions, she would ask her questions such as,

Okay are you starting to get that feeling? How do you feel right before this happens? How does your stomach feel? How do your shoulders feel? We're trying to get her to identify that and reach a place where she can grab on to this [mindfulness] before she gets to her breaking point.

Enid pointed out that mindfulness, “helps in safety especially with some really volatile students....The kids said, when she starting blowing they just ducked because things would fly everywhere, so it can be a safety issue for kids too.” Deva experienced improved communication among staff, “a lot of teacher friends will come to me and say, “I'm feeling this or I'm feeling that.” From what I know about mindfulness and what I can share with them, giving them that moment to pause really helped. Deva believed that, “if all staff members had that connection or could formulate it through a mindfulness-based approach I think it would be another tool, another person you could turn to and talk too.”

Positive teacher-student relationships. Through a mindfulness-based perspective participants experienced the classroom outcome of positive teacher-student relationships, including fostering caring, compassionate, and kind relationships and building trust. For example, Nara shared:

It's helped me in my teaching. My students notice that I'm mindful, caring, compassionate and kind with them. That doesn't mean I don't have boundaries; that just means that I am treating them with compassion and kindness. I think it's improved my overall teaching practice and my relationships with kids.

Deva experienced positive relationships with students through mindfulness,

something that I had a lot of success with and I felt like I could relate to a lot of the kids that I was teaching. It was a passion of mine so I wanted to introduce it to the kids. I always feel that whatever you're passionate about if you share it with the students they're going to scoop it up a lot quicker than something that's not as interesting. My philosophy of teaching is that if you're able to show who you are and what your interests are the students connect with you a lot better.

Lavena concurred that, “Kids know when you really care about them, they can sense that, kind of connection [is] a very important way for them to be able to trust me to say, “If you take a couple deep breaths things will feel better.” Donally viewed the teacher-student relationship this way:

We're sharing a space of learning so it's both ways the way I understand. If I have people who are willing to trust me to show them something I know, they are teaching me how to teach them and then I'm teaching them what I happen to know. So it's both ways equally. I get to be a teacher because of them and I'm grateful and they maybe get something from me and that's great...I get to learn more of how to be a better teacher because of what they are teaching me about themselves...

Donally stated, “So the thing that I've learned about mindfulness is that when you check into yourself and your connected it helps you to be present and hear what the other person needs or what they would like in a way that's more connecting.” Donally gave an example to highlight this point:

So I would be able to hear if my daughter asked a question, “Why are there cows in the field?” If you're in this mindfulness way you go, “this kid wants to learn about agriculture, geography, veterinary medicine.” She's asking a question but something else is going on, so all the clues were there it would just be my job to find the resources.

Lavena reasoned, “Whatever the kids are exploring is what you should be responding too. I can't do that every day in my practice but I'd like to have the opportunity to respond to what it is that the kids want to talk about.”

Theme 4 Motivating, Engaging, and Meeting Students' Needs: Mindfulness and Its Benefits for Students

Participants described how a mindfulness-based approach led to student outcomes, including student feelings of belonging in the classroom, motivation to learn, engagement in learning, and prosocial classroom conduct. For example, Brigid felt:

Other teachers and administrators would have more successful students in classrooms, and they'd have fewer discipline problems, better conversations with children, so that you are getting to the root of the problem. When there is a problem you get to the root of the problem because the kids have the language to understand themselves, and if they can

start to understand themselves and what might be causing problems at school then they might be able to do something about them, gives them some power.

Participants described how a mindfulness-based approach contributed to student outcomes of belonging such as inclusion, differentiated instruction, and conflict resolution. For example, Enid reported that mindfulness helped with teaching for inclusion and differentiated instruction, “Last year I taught outcomes for every grade except for one grade. Some [students] had learning disabilities...I had EAL students...I had four students with IIP’s. I had students from a life skills program...” Enid reasoned,

So mindfulness, when it’s calm and everyone can concentrate and focus, it enables you to deliver all the different programs that you need to deliver. That’s a huge part so that you can work with a small group and have others working independently. That’s really important because I know a lot of the teachers in the system are struggling with that right now. How do you do individualized programs when you have 20 or 30 students in a classroom? So [mindfulness] helps with that.... so you get continuity of program and delivery of your teaching skills.

Enid explained that mindfulness is a strategy that can be useful for conflict resolution, “It’s part of conflict resolution strategies, mindfulness, it helps facilitate all of this. You can’t resolve conflicts unless you’re calm.” Enid shared an example,

When [students] are standing in line and all of a sudden a fight breaks out let’s give it some time. Sometimes we set the 24 hour rule. You don’t deal with things for 24 hours and then tomorrow we’re going to deal with this. If they were in a good state they could try mindfulness to get themselves into a space and then write [their] ideas down.

Participants shared how mindfulness-based teaching contributed to student outcomes of motivation to learn and engagement in learning such as: interest and engagement to learn, goal setting and monitoring, concentration and focus, self-management and independence in learning. Lavena reported, “It really fosters better engagement, not only with centering [students] to where they need to be but then in response to what it is that they want to be learning.” Enid articulated that mindfulness, “creates that student engagement and student excitement about learning.” She explained that mindfulness helped students with mental health diagnoses such as depression become more engaged, “kids who are so subdued it can get them engaged, it can get them more alert.” Enid described one student in particular who, “was depressed [because] his dad had committed suicide, - he would lay on his desk. We used to get him to do the breathing.... We always think of lets calm them down, but it can be getting them more engaged.”

One participant shared how mindfulness contributed to the student outcome of goal setting and monitoring. Deva experienced more success in getting students to do reflections,

“They liked listening to the bell and from there they were totally focused, they went right into their work and there was no arguments about whether they wanted to do the reflection or not, they just automatically went for it.”

Participants shared how a mindfulness-based approach led to the student outcome of concentration and focus, which led to increased success in learning. For example, Donally noted this about mindfulness: “One thing I like most is the sense of calm and presence. I’ve noticed it’s the difference, it makes the difference between scattered learning and frazzled to focused and relief.” Lavena also noted that students: “are doing better work because they are able to be more centered, more focused.” While Enid thought, “You’re thinking it was way more rewarding for them and for me when they did well on their assessments... assessments are stronger.”

Enid experienced the student outcome of focused learning, “Mindfulness as an approach to teaching enhances learning hugely; it really facilitates learning. [Students] think better, they are settled enough to learn, and their focus time is way longer.” Before practicing mindfulness Enid admitted, “They couldn’t concentrate, they couldn’t make five minutes, they could not focus and work quietly for five minutes, and stay focused on the task at hand, there would be someone up and walking around, people talking.” Enid further remarked,

We would set a timer and we were able then with mindfulness to build up to 30-35 minutes of quiet work time,...our measurement on how effective this is, and the bonus was kids started seeing their test scores go up in math units, and they got more work done.

Brigid experienced the student outcome of focus while teaching a mindful seeing lesson where she had students sketch their shoe, “The point of the lesson was to focus all of your attention like a flashlight and look at the shoe, look at the details and be focused on it.” Students drew sketches of their shoe, “and it was the first time I really had their full attention and you could have heard a pin drop in that room! I thought to myself this is really, really working, and the products that they produced were phenomenal.” Brigid observed that, “students who didn’t think that they could draw, drew really well because they drew what they saw and they really understood if they focus and block everything out and focus on what they see they’ll be able to produce it.” Brigid, “hung them on the bulletin board and [students] were really proud of them and the drawings were really quite good.”

Enid talked about how mindfulness encouraged the student outcome of self-management, responsibility for academic success and independence in learning, “When you’re mindful you’re

showing responsibility, it's a virtue. When you're showing responsibility I can trust you. I know in the hallway you are going to be getting your learning done.” She also experienced the student outcome of independence in learning through the practice of mindfulness:

It's imparting your knowledge and teaching kids skills that they can use on their own. It's that independence, you want them to be independent learners. You want them to become independent beings. You want them to be able to function without you being there and you want them to have that sense of this is my choice I can do something about this. Giving them a sense of I have some control here, because when kids are out of control, it [mindfulness] gives them control, empowering, it gives them a sense of self-awareness, self-control, being able to be you as a citizen, your citizenship within the school, your sense of community, when you are in a good space you are contributing to the overall citizenship and the culture of your classroom and your school.

Enid observed that students were able to independently practice mindfulness, “Once you do the breathing you can say, ‘Okay think of our mindfulness now’ and they sit back and realize how it should look. They don't even sometimes have to do a strategy, they can go straight into behaviours, mindfulness.” Enid discussed how students independently requested mindfulness during the school day:

“Can we do the breathing ball? They asked, and so they must have felt that need that it would help them. I had kids really wanting to do it and I found from this that they were really looking for ways...They wanted to feel calm, they didn't want to feel wound up. They felt better.”

Enid also discussed how students transferred the skills learned at school to use at home. Specifically, one student, “could never fall asleep he was so wound up.... so he was using the breathing to help him fall asleep at night. It was rewarding to see [the students] taking transfer to out of school situations.”

Through mindfulness-based teaching all of the participants observed student outcomes of prosocial classroom conduct such as mindful behavior, and virtues of moral intelligence: self-control/self-regulation, respect, empathy, and kindness. Participants reported what mindful behavior in the classroom looks like compared to mindless behavior and provided numerous examples of mindful versus mindless behaviour (see Table 1). For example, Brigid explained that mindfulness connects to school division values, “We talked about the different values that connect back to the school division core values, and we talked about our own core values and yea it connects to everything that we're doing in school.” Participants explained that mindfulness contributed to the student outcome of self-awareness, self-control, and self-regulation of thoughts, emotions, and behaviour. Participants described using mindfulness as a self-regulation

Table 1. Examples of Mindful Versus Mindless Behaviours in the Classroom

Mindful Behaviours	Mindless Behaviours
Ready to Learn	Not ready to learn
Engaged in learning, present in the learning moment	Not engaged in learning, not open to learning what is being presented
On task, focusing their energy and attention on work	Off task, fragmented attention, fooling around, talking to friends, not trying to work, getting up out of desk
Aware to not be disruptive to classmates	Not aware they are disrupting classmates
Follow routine	Does not follow routine
Brain is calm and in a relaxed state, mind is open, free from clutter, body is relaxed	Mind is cluttered, unaware of what's happening around them
Organized desk/workspace	Unorganized, cluttered desk/workspace
Can transition (e.g., after recess, between subjects, or to new environments)	Difficulty transitioning (e.g., after recess, between subjects, or to new environments)
Listen to directions and follow through on instructions	Impulsive behaviours and not considering safety of self or others
More individual choices (e.g., assignments)	Limited choices (e.g., assignments)
Adapt to change (e.g., in the classroom)	Difficulty dealing with change (e.g., in the classroom)
Physically comfortable (e.g., in their body or seating)	Physically uncomfortable (e.g., in their body or seating)
Respectful of others, apologetic, understanding how you're impacting others	Disrespectful, defiant, defensive, argumentative
Self-aware(e.g., of thoughts, feelings)	Self-obsessed (e.g., unaware of others)
Independent	Attention seeking
Aware of how noise impacts others	Making a lot of noise, loud
Acknowledge you, look at you	When the answer is "I don't know"
Collaborating with a partner	Worksheets, rote memorization

strategy for students of all abilities including those with exceptionalities (e.g., Autism Spectrum), self-regulation difficulties, mental health diagnoses (e.g., Depression, Anxiety, Post-Traumatic Stress Disorder (PTSD)), and EAL (e.g., immigrants, refugees). Enid reported that mindfulness helped students develop self-awareness and taking ownership of their actions:

It's all tied in with sharing circles and so mindfulness a huge piece of that is self-awareness....when you have self-awareness of what strategies work for you to get yourself to a good thinking place. And how do you get self-awareness? You have to be mindful of what's happening, you have to be mindful of your actions. [For example], "I messages". I do a lot of "I messages" versus you. So mindfulness is taking ownership, I'm doing this for me, I'm taking control of my behaviour. It gives kids that feeling that I can help myself. There's something I can do here instead of feeling helpless. It takes away that feeling of being helpless when your body's going out of control and you don't

know what to do. Grades 6, 7, and 8 the hormones start kicking in and they don't know what's happening. They don't understand the moods and the emotions so this gives them something too. You can tell kids to think a certain way but this is visual, you can see it, that's where the breathing ball comes in it's a visual.

Donally described using mindful breathing as a technique to self-regulate, "If [students] were frustrated we would find ways to pretend we're breathing into a balloon as a self-connection tool, or they would count to 5 out loud, again as a way of breathing regulation."

While, Deva explained that mindfulness helped students with Autism self-regulate:

I have a couple of students that almost daily have a freak out in Physical Education class if they are not winning or if they are not getting something their way. It tends to be the students that are on the Spectrum for Autism. I consider it mindfulness, I always say to the students, "I need you to take 10 deep breaths for me and I need you to take a walk and get a drink of water." So by giving them that specific job to do I'm asking them to be aware of their body. I've never, not once had a student say, "No" to me when I give them that job to do. They just go and do it and they come back in and they are ready to participate again. I know with one of the students in our school it's helped him because now he can even come up to me and say, "Mme, I'm having a hard time, I need to be by myself right now for a few moments so I can breath and calm down."

Lavena shared that mindfulness was beneficial for EAL students:

Refugees and immigrants...often came to my elementary school with...lots of things in their history like post-traumatic stress disorders.... so it was important for me to be able to have a safe space to make connections and relationships and let them be able to talk about what's on their mind, because if they are worried about, say there's a sound outside of the classroom and they think it could be a bomb they need to be able to tell me that's what's going on before they can concentrate on learning how to read. In my practice I am open to having the discussion or the lesson be student driven.

While, Enid explained that mindfulness helps students with self-regulation difficulties and mental health problems to self-regulate their emotions and behaviour and identify their triggers.

For example, one student,

Bursts into crying so fast. Last year he cried every single day. He might cry now once every 2 weeks. I've done the breathing ball with him on an individual basis, so he'll come to me and I'll say, "Try the breathing." He can reach a point now where he's not hyperventilating to the point that he can't even talk.

Enid explained that mindfulness helps students who are volatile self-regulate, "if they got to a place where they were stressed they would trash my room, they would throw everything all over the place, they would stomp, wreck my markers, they were defiant and it worked for them, I found that." Enid emphasized that, "their parents were very happy that we were teaching them specific skills and I think their parents too!" Another example,

One student when she starts [saying], “I can’t get this,” she wants to learn something instantly, if we do a new math concept she starts getting worked up and I’ll say, “Try your colouring, colour me happy.” So she’ll go colour for a bit, and then she can go to the mindfulness, she can’t go straight into mindfulness, or she has to read. So sometimes you need bridging with other activities to get to the mindful point.

Participants explained that mindfulness helped students identify their triggers and communicate their feelings. Enid claimed:

some [students] get so out of control they can’t go into mindfulness, so you have to teach them, “What’s your trigger? How are you starting to feel inside? What’s your stomach feeling like? Is your heart starting to race? What are the physical symptoms that go with stress?” So if they can start recognizing those physical symptoms...[for example] I’m starting to get that tight feeling, I’m starting to feel like...ok let’s do the mindfulness before we get to our breaking point.

Brigid was informed on the topic:

We’re working on triggers, so that they understand what could potentially be a trigger for them so that they can either avoid it or identify it to me.... And I want them to learn what their triggers are, and particularly kids that are chronically volatile so that they can talk to me in the language and explain things....It’s helping [students] to learn the basic strategy of breathing. Some of them that’s their go to strategy of deep breathing. I think that their becoming more aware of their feelings. I think they’re becoming more aware of the fact that when they’re really tired and frustrated that they can’t learn, and they’re in a mood, and they’re starting to recognize what might have put them in that mood....

Before implementing mindfulness, Brigid found, “When dealing with discipline, kids.... couldn’t articulate what had even happened, or how they were feeling.” And after implementing mindfulness Brigid found:

this program [e.g., Zones of Regulation, MindUP, all of it as a whole] and awareness gives them a voice and it gives them the language to explain so that we can get to the root of things, understand why they are feeling that way and then knowing what caused that behaviour, what triggered it.

Brigid reported that the trigger is, “typically lack of sleep, or something at home, it’s typically what it is.” Brigid will ask students, “Are you exhausted? Then they’ll start crying, and say, “I’m so tired.” Or they can’t explain to me why they are so upset. Then I’ll say, “Are you really tired, maybe you’re not yellow maybe you are in the blue zone?”

Brigid further explained that she communicates with parents about student triggers:

I phone their parents....and say, “Your child is having these difficulties because they are telling me they are exhausted, they’re not able to learn, they’re not able to be effective socially, cognitively, or emotionally, because they’re exhausted.” I think a parent would rather hear, rather than your child is fighting, your child is name calling and bullying, rather than your child is bullying, your child is exhausted, and because they’re exhausted

they are not making good choices, they are not thinking clearly. We talk about emotional brain and thinking brain. When their exhausted they're using their emotional brain, and they're not using their thinking brain and I think parents have an easier time hearing, "We need to get this kid in bed earlier" than your child is a bully, because that's labeling them as a bully.

Participants shared how mindfulness contributed to the student outcome of respect, such as: respect for others, consideration, understanding of rules, classroom community and team building. For example, Enid explained that mindfulness contributed to classroom team building, "a really good group strategy because it was something we could do as a team and work together as a group and so it was that team approach. There was a lot of team building through it especially when they wanted to be leaders and they talked about it." Brigid also discussed how she used mindfulness as a strategy for team building:

I'll say, "We don't point fingers, but we work as a team to support each other, and we're not mad at someone but we can remind them to breathe deeply, focus on your work and remind our team, we work as a team, and I'm your coach and we're all together here."

One participant described how their mindfulness-based approach contributed to the student outcome of empathy. Brigid observed that mindfulness helped students' become aware of other peoples' feelings:

I think it improves student learning across everything that you do, whether it's lining up for gym class or being on the playground, or reading. It helps students learn, and behave socially, to making friends, it helps them be more aware of other peoples' feelings, and it just makes them nicer people.

Participants described how mindfulness-based teaching led to the student outcome of kindness. For example, Brigid shared a memory of how mindfulness contributed to the student outcome of kindness while she read a book out loud to the class:

I read to them quite often and they have to think about the theme of the book and relate to it and connect. These are kids that I didn't even trust to read to them because when I read, it's like putting my whole soul out there. So I read them this book and I paused at the end and they all clapped and I just about started to cry. I thought they're really starting to come around and be more thoughtful and I think this program [MindUP] is really working. Their just being kinder people and more sensitive. That was how I first knew that I was on the right track when I got those kinds of responses and for most of the lessons that's how it went for the rest of the year.

Deva mentioned a memory of students being thankful for the mindfulness practice:

After I did a mindfulness practice with the students, a meditation, I had a couple of boys come up after class, one of the grade 4 boys and say, "Thank you, Mme. that was really great." Getting that feedback from the students that they appreciated it, it's a nice

reminder that you are doing something that the kids enjoy and that they are getting something out of it.

Summary

Through the above mentioned semi-structured interviews, the experiences of mindfulness-based teachers (i.e., teachers with MT, who have a personal mindfulness practice, and purposefully integrate mindfulness within their teaching in the classroom) were explored in order to understand how mindfulness affects teachers in their personal and professional lives, and how they are using mindfulness to support students in their classrooms. Four major themes were identified using a wellness model perspective (Myers & Sweeney, 2008): (1) Connecting to the curriculum: Mindfulness and its curriculum links; (2) Creating, coping, socializing, meaning making, and exercising: Mindfulness and its connections to health and wellness; (3) Managing and supporting students: Mindfulness and its links to a caring classroom environment; and (4) Motivating, engaging, and meeting students' needs: Mindfulness and its benefits for students. The following chapter discusses this study's findings in relation to existing literature, the practical implications of the findings, the limitations and strengths of the current study, and considerations for future research.

Chapter 5: Discussion

This basic interpretive qualitative research study used semi-structured interviews to better understand the experiences of six mindfulness-based teachers in Saskatchewan schools. This chapter summarizes the findings of this study, and integrates these results with existing literature. The chapter then concludes with a discussion of the strengths and limitations of the study, and implications for future practice and research.

Summary of Findings

Six participants were involved in the semi-structured interviews for this study and included one home-school teacher, three elementary school teachers, one high school teacher, and one elementary school administrator. I was surprised that home-schooling educators were also using mindfulness when instructing their children at home. What I learned was that despite their different teaching roles and classrooms (e.g., school classroom, home classroom), all of the participants shared similar experiences and perspectives of the benefits and outcomes associated with mindfulness-based teaching. Data analysis of the interview transcripts using a wellness model perspective (Myers & Sweeney, 2008) revealed four common themes: (1) Connecting to the curriculum: Mindfulness and its curriculum links, (2) Creating, coping, socializing, meaning making, and exercising: Mindfulness and its connections to teacher health and wellness, (3) Managing and supporting students: Mindfulness and its links to a caring classroom environment, and (4) Motivating, engaging, and meeting students' needs: Mindfulness and its benefits for students. In the first theme, participants shared how they connected mindfulness across the Saskatchewan curriculum and specifically within the subjects of health and wellness, virtues, culture (e.g., First Nations Circle of Courage), religion, career, practical and applied arts, physical education and yoga. Participants' personal and professional experiences as mindfulness-based teachers were organized within each of the five factors of wellness (creative self, coping self, social self, essential self, and physical self) and related to 13 of the 17 components of wellness (thinking, emotions, control, work, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, self-care, and exercise) in theme two. Participants did not describe experiencing wellness benefits within the components of cultural identity, gender identity, positive humour, or nutrition. In theme three, participants shared their experiences of using mindfulness in the classroom to provide effective classroom management, an emotionally supportive climate, and positive teacher-student relationships. Within the fourth

theme, participants reported student feelings of belonging in the classroom, motivation to learn and engagement in learning, and prosocial classroom conduct.

Integration of Results with Existing Literature

The results from the current study expand knowledge about the benefits and outcomes of mindfulness-based teaching for teachers, classrooms, and students. Commonalities of the findings of this study with existing research literature can be found in the areas of health and wellness benefits of mindfulness for teachers, classroom outcomes, and student outcomes.

Creating, coping, socializing, meaning making, and exercising: Mindfulness and its connections to teacher health and wellness. The concept of wellness can be understood as:

A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (Myers et al., 2000, p. 252)

The results of this study showed similar benefits for teachers as were found in the existing literature about mindfulness such as psychological and physiological health and wellness. First, all of the participants in the current study mentioned wellness benefits due to their mindfulness-based teaching. Participants experienced wellness within each of the five factors of wellness (creative self, coping self, social self, essential self, and physical self) and within 13 of the 17 components of wellness (thinking, emotions, control, work, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, self-care, and exercise). Although participants within this study did not report experiencing wellness benefits within 4 of the 17 dimensions (cultural identity, gender identity, positive humour and nutrition), it cannot be concluded that these wellness components are not experienced since participants were not directly asked about benefits within specific components. Similarly, previous literature reviews and meta-analysis on the health and wellness benefits of mindfulness for working adults done by Keng et al. (2011), Virgili (2015), and Khoury (2013) also found that mindfulness contributed to psychological and physiological health and wellness. For example, adaptive psychological functioning, increased well-being, improved regulation of behaviour, reduced psychological symptoms and mental health problems (e.g., distress, stress, anxiety, depression), and reduced emotional reactivity (Keng et al., 2011; Virgili, 2013; Khoury et al., 2013) have all been reported as benefits of mindfulness approaches being used. Previous studies on the health and wellness

benefits of mindfulness specifically for pre-service teachers (e.g., Hue & Lau, 2015; Poulin et al., 2009; Soloway, 2011) as well as elementary and high school teachers (e.g.; Franco, Manas, Cangas, Moreno, & Gallego, 2010; Gold et al., 2010; Jennings, Frank, Snowberg, Coccia & Greenberg, 2013; Manas, Justo, & Martinez, 2011; Roeser et al., 2013) found that mindfulness contributed to well-being, psychological and physiological health, while preventing stress and occupational burnout. Preventing stress and occupational burnout was mentioned in interviews. Lavena expressed that mindfulness “helped to relieve stress,” while Enid said, “you wouldn’t be so burnt out. I think it prevents burnout.” The current study expanded research on the wellness benefits of mindfulness for teachers by showing that teachers experienced 13 of the 17 components of wellness within each of the five factors of the IS-Wel model (Myers & Sweeney, 2008). Overall, several of the same health and wellness benefits for teachers were discovered in the present study as were discussed in existing literature, suggesting that these benefits may also extend to students within the classroom environment. Participants also discussed mindfulness-based practices and their implications for classroom outcomes.

Managing and supporting students: Mindfulness and its links to a caring classroom environment. Participants reported the classroom outcomes of effective classroom management, emotionally supportive climate, and positive teacher-student relationships. Participants explained that their mindfulness-based approach, along with curriculums (e.g., Zones of Regulation, MindUP), and measurement tools and visual aids (e.g., timer, transition meter, voice level meter) contributed to effective classroom management and a classroom environment conducive to inquiry learning. Participants reported that mindfulness contributed to an emotionally supportive climate, such as self-regulation of behaviour and emotions, mental health management of students, and improved communication among staff members. Participants reported that mindfulness contributed to positive teacher-student relationships, including fostering caring, compassionate, and kind relationships and building trust. These reported classroom outcomes are similar to those proposed by Roeser et al. (2013), including: effective classroom management, emotionally supportive climate, and positive dyadic teacher-student relationships. However, the classroom outcomes reported by participants in the current study expanded the reported observations within these three areas of classroom outcomes.

Motivating, engaging, and meeting students’ needs: Mindfulness and its benefits for students. Participants reported that a mindfulness-based approach led to a variety of student

outcomes, including feelings of belonging in the classroom, motivation to learn and engagement in learning, and prosocial classroom conduct. When discussing students' demonstrating feelings of belonging, participants observed student improvements when differentiated instruction was used in inclusive educational environments, and students were able to better resolve conflicts. Participants also witnessed students being motivated to learn and engaged in learning. Specific examples included seeing increased engagement for students with mental health problems such as depression, goal setting and monitoring through improved reflections, concentration and focus, and self-management and independence in learning. Participants also shared their students demonstrated prosocial classroom conduct, mindful behavior, self-awareness, self-regulation, and virtues of respect, empathy, and kindness. This observation adds to the current research findings in this area. These reported student outcomes are similar to those proposed by Roeser et al. (2013), including felt belonging in the classroom, motivation to learn, engagement in learning, and prosocial classroom conduct. However, the student outcomes reported by participants in the current study expanded the reported observations within these three areas of student outcomes. Similarly, previous literature showed that mindfulness-based interventions (MBI's) promote several areas of wellness for children and adolescents such as psychological health (e.g., emotion regulation; improvements on personal goals, increased attention, self-esteem, optimism, happiness, and mindful awareness, reduced anxiety and depression symptoms, reduced involuntary response to stress including rumination, intrusive thoughts, and emotional arousal, greater trust in friends; Biegel et al., 2009; Bogels et al., 2008; Liehr & Diaz, 2010; Schonert-Reichl & Lawlor, 2010; Zylowska, 2008), and physiological health (e.g., reduced blood pressure and heart rate, improved sleep, calmness, and relaxation, less reactivity, increased self-care, self-awareness, and a sense of connection with nature; Gregoski et al., 2011; Wall, 2005) as well as ability to learn (e.g., improvements in executive functions, enhanced social skills, improved academic performance, increased attention, reduced test anxiety, and symptoms of AD/HD; Beauchemin et al., 2008; Flook et al., 2010; Napoli et al., 2005; Semple et al., 2010).

Strengths and Limitations of Current Study

As with any research, the current study has strengths and limitations. One potential limitation is that all of the participants lived and worked in urban cities and schools, therefore the study lacks the perspective of teachers in rural schools. However, participants were quite diverse in the amount of education and training they had in mindfulness, and the number of years

teaching experience. Overall it was genuinely felt that the participants were interested and passionate about the topic, and contributed useful data to the study. A second potential limitation is that participants were not directly asked about benefits within specific components of the wellness model. Therefore, it cannot be concluded that they did not experience benefits within all of the components of the model.

There are three main strengths of this study. First, it allowed six mindfulness-based teachers from schools within Saskatchewan to share their perspectives and experiences. Participants had the opportunity to express the wellness benefits, classroom outcomes, and student outcomes they have experienced as a result of their mindfulness-based teaching. By sharing the experiences of the participants in this study, helping professionals (e.g., psychologists, counsellors, teachers, etc.) may use it to inform their own practice and take considerations from it when working with clients and students. For example, as a psychometrist working within school settings, the findings of this study will help to inform my practice in a number of important ways, including enabling me to: (1) teach mindfulness to helping professionals through PD sessions and training workshops, (2) facilitate classroom intervention and prevention programs (e.g., Zones of Regulation, MindUP), and, (3) recommend mindfulness as a universal intervention to support teacher and student health and wellness within schools.

Secondly, few previous studies have focused on the experiences of mindfulness-based teachers and only one qualitative study (Napoli, 2004) conducted in depth interviews with teachers. Therefore, this study has expanded knowledge on the subject and hopefully opened the door for future research in this area, as well as promoting mindfulness within education in Saskatchewan. For example, as a graduate student researcher I may expand on the findings of this study by conducting future research through a dissertation. I may also disseminate the findings of this study to others by (1) writing an article and submitting it to publish in an online journal or a professional publication such as the Saskatchewan Teachers' Federation (STF) bulletin, (2) conducting conference presentations at universities, and (3) offering professional development sessions and workshops to colleagues within my school division.

Last, this study is socially valuable in that it aids in better understanding the experiences and perspectives of mindfulness-based teachers. Findings from this study showed that mindfulness-based teachers experience wellness, classroom outcomes, and student outcomes within Saskatchewan urban schools (e.g., elementary, high school, and homeschool classrooms).

In the last decade there has been a push to integrate mindfulness into the K-12 education system across Canada and internationally (e.g., Meikeljohn, 2012). Currently the World Health Organization, the Canadian Federal Government, and the Saskatchewan Provincial Government are promoting mental health and wellness for adults, children, and adolescents, and recommend that helping professionals integrate mental health intervention programs within schools.

Implications for Practice

The results of this study are applicable to all helping professionals who experience stress and/or work in school settings with children and adolescents (e.g., teachers, administrators, psychologists, counsellors, social workers, etc). The health and wellness benefits that participants experienced, as well as the classroom and student outcomes show the merit of MT and MBIs within education, particularly to enhance the health and wellness of teachers and students. Results of this study suggest that mindfulness-based teachers can experience many components of wellness within their creative, coping, social, essential, and physical self. Results also suggest that mindfulness-based teachers are able to create classroom environments with effective classroom management, an emotionally supportive atmosphere, and which foster positive teacher-student relationships. In addition, mindfulness-based teachers contribute to beneficial outcomes for students such as student feelings of belonging in the classroom, motivation to learn, engagement in learning, and prosocial classroom conduct. Realistically, all helping professionals are not expected to become mindfulness-based experts. However, the results of this study encourage helping professionals to consider implementing these programs within their classrooms and schools and refer students to MBI programs when appropriate.

Implications for Future Research

There are three main implications for future research based on the findings of this study for mindfulness-based teachers, classrooms, and students. First, this study provides a starting point for further qualitative research on the health and wellness benefits of mindfulness for teachers. Results of this study showed that participants experienced similar psychological and physiological health and wellness benefits of mindfulness as found in existing literature (e.g., Keng et al., 2011, Khoury, 2013; Virgili, 2015). Results also expanded knowledge on the topic of mindfulness and demonstrated that the IS-Wel (Myers & Sweeney, 2008) is an effective theoretical model to organize qualitative data and conceptualize the wellness benefits of mindfulness for teachers. This was evidenced by participant reported wellness within each of the

five factors (creative self, coping self, social self, essential self, and physical self) and within 13 of the 17 components of wellness (thinking, emotions, control, work, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, self-care, and exercise). Future quantitative research could explore using the IS-Wel assessment tool to further understand the benefits of mindfulness on teacher wellness. Given that there is limited existing research on the experiences of mindfulness-based teachers, future research aimed at promoting and developing MT and MBIs within teacher education and PD programs is greatly needed. This in turn will help promote educating the public about mindfulness and help to support mindfulness-based teachers and other helping professionals.

A second area that could be further addressed in future research is exploring the classroom outcomes of mindfulness-based teaching. Participant viewpoints in this study related to classroom outcomes of effective classroom management, emotionally supportive climates, and positive teacher-student relationships, which were similar to the results reported in existing literature (e.g., Roeser et al., 2013). However, participants in this study also expanded on the findings previously reported in the area. Mindfulness-based teaching along with curriculums (e.g., Zones of Regulation, MindUP), and measurement tools and visual aids (e.g., timer, transition meter, voice level meter) contributed to effective classroom management and a classroom environment conducive to inquiry learning. Participants reported that mindfulness contributed to an emotionally supportive climate, such as self-regulation of behaviour and emotions, mental health management of students, and improved communication among staff members. In addition, participants felt that mindfulness contributed to positive teacher-student relationships, including fostering caring, compassionate, and kind relationships and building trust. Participants in this study frequently mentioned that along with their mindfulness-based mind-set, the integration of mindfulness with other programs (e.g., Zones of Regulation, Brain Gym, MeMoves etc.) and tools (e.g., visual aids, timers, breathing ball etc.) were helpful in order for them to be successful in teaching the skills of mindfulness to students within classroom environments. Therefore, understanding more about how these programs and tools are used and integrated by teachers' into their classroom management practices and routines is an important area to further explore. Future qualitative research could focus on extending understanding of the effects of mindfulness-based teaching on classroom environments and outcomes.

A third area that could be further addressed in future research are the student outcomes of mindfulness-based teaching. Although the primary focus of this study was the experiences of mindfulness-based teachers and how they were using mindfulness in the classroom, participants often reported student outcomes. Participant viewpoints on student outcomes as a result of mindfulness-based teaching were insightful, and showed similar results to existing literature while expanding research in the area. Future qualitative research could explore researcher observed and student reported outcomes of mindfulness-based teaching in more depth (e.g., the health and wellness benefits that students experience).

Conclusion

The findings from this basic interpretative qualitative research that explored the experiences of mindfulness-based teachers are important to furthering research in the area of mindfulness education and wellness for teachers and students. The results of this study revealed three important findings. First, that mindfulness-based teachers experienced wellness within their: (1) creative self in the components of thinking, emotions, control, and work; (2) coping self in the components of leisure, stress management, self-worth, and realistic beliefs; (3) social self in the components of friendship and love; (4) essential self in the components of spirituality and self-care; and (5) physical self in the component of exercise. Secondly, teachers experienced the classroom outcomes of effective classroom management, emotionally supportive climate, and positive teacher-student relationships. Lastly, teachers reported student outcomes related to: feelings of belonging in the classroom, motivation to learn and engagement in learning, and prosocial classroom conduct.

References

- Adler, A. (1954). *Understanding human nature (H. Ansbador, Trans.)*. New York: Fawcett. (Original work published 1927).
- Baer, R.A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125–143.
doi:10.1093/clipsy.bpg015
- Baer, R. A. (2010). *Assessing Mindfulness and acceptance processes in clients: Illuminating the theory and practice of change*. New Harbinger.
- Bauer, J., Stamm, A., Virnich, K., Wissing, K., Muller, U., Wirsching, M., et al. (2006). Correlation between burnout syndrome and psychological and psychosomatic symptoms among teachers. *International Archives of Occupational and Environmental Health, 79*, 199-204.
- Beauchemin, J., Hutchins, T. L. & Patterson, F. (2008). Mindfulness meditation may lessen anxiety, promote social skills and improve academic performance amongst adolescents with learning difficulties. *Complementary Health Practice Review, 13*, 34-45.
- Biegel, G. M., Brown, K. W., Shapiro, S. L., & Schubert, C. M. (2009). Mindfulness-based stress reduction for the treatment of adolescent psychiatric outpatients: a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 77*(5), 855-866.
- Bogels, S., Hoogstaf, B., Van Dun, L., De Schutter, S. & Restifo, K. (2008). Mindfulness training for adolescents with externalizing disorders and their parents. *Behavioural and Cognitive Psychotherapy, 36*(2), 193-209.
- Boyatzis, R. E. (1998). Transforming qualitative information: Thematic analysis and code development. Thousand Oaks, CA: Sage.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3* (2), 77-101.
- Broderick, P. C. & Metz, S. (2009). Learning to BREATHE: A pilot trial of a mindfulness curriculum for adolescents. *Advances in School Mental Health Promotion, 2*(1), 35-45.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*, 822-848.

- Burke, C. A. (2010). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies, 19*(2), 133-144. doi: 10.1007/s10826-009-9282-x
- Bye, C., & Scherf, R. (2014). *MeMoves*. Retrieved from: <https://thinkingmoves.com/>
- Canadian Mental Health Association (2016). Retrieved from: <http://www.cmha.ca/media/fast-facts-about-mental-illness/#.V1xEkPkrLIU>
- Coffey, A., & Atkinson, P. (1996) Making sense of qualitative data. Thousand Oaks: Sage.
- Corbin, J., & Strauss, A. (2007). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.
- Cook-Cottone, C. P., Tribole, E., & Tylka, T. L. (2013). *Healthy eating in schools. Evidenced-based interventions to help kids thrive*. Washington, DC: American Psychological Association.
- Creswell, J. W. (2009). *Qualitative inquiry & research design* (2nd ed.). Thousand Oaks, CA: Sage.
- DeMarrais, K. (2004). Qualitative interview studies: Learning through experience. In K. DeMarrais & S. D. Lapan (Eds.), *Foundations for research* (pp. 51-68). Mahwah, NJ: Erlbaum.
- Dennison, P., & Dennison, G. (2016). Educational Kinesiology Foundation. Brain Gym International, Santa Barbara, CA. Retrieved from: <http://www.braingym.org/>
- Dexter, L. A. (1970). *Elite and specialized interviewing*. Evanston, IL: Northwestern University Press.
- Ergas, O. (2014). Mindfulness in education at the intersection of science, religion, and healing. *Critical Studies in Education, 55*(1), 58-72. doi: 10.1080/17508487.2014.858643
- Flook, L., Goldberg, S. B., Pinger, L., Bonus, K. & Davidson, R. J. (2013). Mindfulness for teachers: A pilot study to assess effects on stress, burnout and teaching efficacy. *Mind, Brain and Education, 7*(3), 10.
- Flook, L., Smalley, S. L., Kitil, M. J., Galla, B.M., Kaiser-Greenland, S., Locke, J., ..., & Kasari, C. (2010). Effects of mindful awareness practices on executive functions in elementary school children. *Journal of Applied School Psychology, 26*(1), 70-95. doi: 10.1080/15377900903379125
- Franco, C., Mañas, I., Cangas, A., Moreno, E. & Gallego, J.

- (2010). Reducing teachers' psychological distress through mindfulness training. *Spanish Journal of Psychology*, 13(2), 655-666.
- Frith, H., & Gleeson, K. (2004). Clothing and embodiment: Men managing body image and appearance. *Psychology of Men and Masculinity*, 5(1), 40-48.
- Glaser, B. G., & Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago, IL: Aldine Publishing Co.
- Grabovac, A. D., Lau, M. A., & Willett, B. R. (2011). Mechanisms of mindfulness: A Buddhist psychological model. *Mindfulness*, 2(3), 154-166. doi:10.1007/s12671-011-0054-5
- Greco, L. A., & Hayes, S. C. (2008). *Acceptance and mindfulness treatments for children and adolescents: A practitioner's guide*. Oakland, CA: New Harbingers Press.
- Greeson, (2009). Mindfulness research update: 2008. *Complementary Health Practice Review*, 14(1), 10-18. doi:10.1177/1533210108329862.
- Gregoski, M. J., Barnes, V. A., Tingen, M. S., Harshfield, G. A., & Treiber, F. A. (2011). Breathing awareness meditation and LifeSkills Training programs influence upon ambulatory blood pressure and sodium excretion among African American adolescents. *Journal of Adolescent Health*, 48, 59-59.
- Gold, E., Smith, A., Hopper, I., Herne, D., Tansey, G., & Hulland, C. (2010). Mindfulness based stress reduction (MBSR) for primary school teachers. *Journal of Child and Family Studies*, 19(2), 184-189.
- Government of Canada (2006). *The human face of mental health and mental illness in Canada*. Ottawa: Minister of Public Works and Government Services Canada.
- Guba, E. & Lincoln, Y. (2005). Paradigmatic controversies, contradictions and emerging confluences. In Merriam, B. S. (2009). *Qualitative Research: A Guide to Design and Implementation*. San Francisco, USA: Jossey-Bass.
- Harnett, P. S. & Dawe, S. (2012). Review: The contribution of mindfulness-based therapies for children and families and proposed conceptual integration. *Child and Adolescent Mental Health*, 17(4), 195-208. doi:10.1111/j.1475-3588.2011.00643.x
- Hue, M. & Lau, N. (2015). Promoting well-being and preventing burnout in teacher education: a pilot study of a mindfulness-based programme for pre-service teachers in Hong Kong, *Teacher Development*, 19(3), 381-401. doi: 10.1080/13664530.2015.1049748

- Huppert, F. A., & Johnson, D. M. (2010). A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. *The Journal of Positive Psychology, 5*, 264-274. doi:10.1080/17439761003794148
- Jennings, P. A., Frank, J. L., Snowberg, K. E., Coccia, M. A., & Greenberg, M. T. (2013). Improving classroom learning environments by cultivating awareness and resilience in education (CARE): Results of a randomized controlled trial. *School Psychology Quarterly, 28*(4), 374-390. doi: 10.1037/spq0000035
- Jennings, P. A., & Greenberg, M. (2009). The prosocial classroom: Teacher social and emotional competence in relation to child and classroom outcomes. *Review of Educational Research, 79*, 491–525.
- Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of Managerial Psychology, 20*, 178-187.
- Joyce, A., ETTY-Leal, J., Zazryn, T., Hamilton, A., & Hassed, C. (2010). Exploring a mindfulness meditation program on the mental health of upper primary children: A pilot study. *Advances in School Mental Health Promotion, 3*, 17-17.
- Kabat-Zinn J. (1994). *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. New York: Hyperion.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice, 10*, 144-156.
- Kemeny, M. E., Foltz, C., Cavanagh, J.F., Cullen, M., Giese-Davis, J., Jennings, P., ... Ekman, P. (2012). Contemplative/emotion training reduces negative emotional behavior and promotes prosocial responses. *Emotion, 12*(2), 338–350.
- Keng, S., Smoski, M. J., Robins, C. J. (2011). Effects of mindfulness on psychological health: a review of empirical studies. *Clinical Psychology Review, 31*(6), 1041-1056. doi: 10.1016/j.cpr.2011.04.006.
- Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry, 62*(6), 617-627.

- Khoury, B., Lecomte, T., Fortin, G. Masse, M., Therien, P., Bouchard, V., ... Hofmann, S.G. (2013). Mindfulness-based therapy: a comprehensive meta-analysis. *Clinical Psychology Review, 33*(6), 763-771.
- Kuypers, L. M. (2011). *The Zones of Regulation: A Curriculum Designed to Foster Self-Regulation and Emotional Control*. Social Thinking Publishing. Langer, E. J., & Moldoveanu, M. (2000). Mindfulness research and the future. *Journal of Social Issues, 56*(1), 129-139.
- Liehr, P., & Diaz, N. (2010). A pilot study examining the effect of mindfulness on depression and anxiety for minority children. *Archives of Psychiatric Nursing, 24*, 69-71.
- Lutz, A., Slagter, H. A., Dunner, J. D., Davidson, R. J. (2008). Attention regulation and monitoring in meditation. *Trends in Cognitive Sciences, 12*(4), 163-169.
doi:10.1016/j.tics.2008.01.005. Manas, I.M., Justo, C.F., and Martinez, E.J. (2011). Reducing levels of teacher stress and the days of sick leave in secondary school teachers through mindfulness training programs. *Clinical Psychology and Health, 22*(2), 121-137.
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach (2nd ed.)*. Thousand Oaks, CA: Sage.
- Mental Health Commission of Canada. (2009). *Toward recovery & well-being: A framework for a mental health strategy for Canada*. Retrieved from:
<http://www.mentalhealthcommission.ca>
- Mental Health Commission of Canada. (2012). *Changing Directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author.
- Meiklejohn, J., Phillips, C., Freedman, M. L., Griffin, M. L., Biegel, G., Roach, A., ... Saltzman, A. (2012). Integrating mindfulness training into K-12 education: Fostering the resilience of teachers and students. *Mindfulness, 3*, 291-307. doi:10.1007/s12671-012-0094-5
- Mendelson, T., Greenberg, M. T., Dariotis, J. K., Gould, L. F., Rhoades, B. L., & Leaf, P. J. (2010). Feasibility and preliminary outcomes of a school-based mindfulness intervention for urban youth. *Journal of Abnormal Child Psychology, 38*(7), 985-994.
doi:10.1007/s10802-010-9418-x
- Merriam, B. S. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco: Jossey-Bass. In Merriam, B. S. (2009). *Qualitative Research: A Guide to Design and Implementation*. San Francisco, USA: Jossey-Bass.

- Mikulas, W. (2011). Mindfulness: Significant common confusions. *Mindfulness*, 2, 1–7.
doi:10.1007/s12671-010-0036-z.
- Montgomery, C., & Rupp, A. A. (2005). A meta-analysis exploring the diverse causes and effects of stress in teachers. *Canadian Journal of Education*, 28, 458-486.
- Morse, J. M., & Richards, L. (2002). *Readme First for a User's Guide to Qualitative Methods*. Thousand Oaks, CA: Sage Publications.
- Myers, J. E., & Sweeney, T. J. (2005). The Indivisible Self: An evidenced-based model of wellness. *Journal of Individual Psychology*; 61, 234-245.
- Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development*, 86, 482-493.
- Napoli, M. (2004). Mindfulness training for teachers: A pilot program. *Journal of Evidenced-Based and Complementary and Alternative Medicine*, 9(1), 31-42.
- Napoli, M., Krech, P. R., & Holley, L. C. (2005): Mindfulness training for elementary school students. *Journal of Applied School Psychology*, 21(1), 99-125.
- Olendzki, A. (2010). *Unlimiting mind: The radically experiential psychology of Buddhism*. Somerville, MA: Wisdom Publications.
- Ormrod, J.E., & Jones, B. (2015). *Essentials of educational psychology: Big ideas to guide effective teaching (4th Ed.)*. Boston: Pearson Education.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Thousand Oaks, CA: Sage. Patton, M. Q. (2002). *Qualitative research and evaluation methods (3rd ed.)*. Thousand Oaks, CA: Sage.
- Petch, J. & Tepper, J. (2013). Strengthening Primary Care for Child and Youth Mental Health. Retrieved from: <http://healthydebate.ca/2013/01/topic/managing-chronic-diseases/child-and-youth-mental-health>
- Pintrich, P. R. (2000). Educational psychology at the millennium: A look back and a look forward. *Educational Psychologist*, 35, 221-226.
- Poulin, P. A., Mackenzie, C. S., Soloway, G., & Karayolas, E. (2008). Mindfulness training as an evidenced-based approach to reducing stress and promoting well-being among human services professionals. *International Journal of Health Promotion and Education*, 46, 35–43.

- Rempel, K. (2012). Mindfulness for children and youth: a review of the literature with an argument for school-based implementation. *Canadian Journal of Counselling and Psychotherapy, 46*(3), 201-220.
- Rones, M., & Hoagwood, K. (2000). School-based mental health services: a research review. *Clinical Child and Family Psychology Review, 3*, 223-241.
- Roeser, R. W., Skinner, E., Beers, J., & Jennings, P. A. (2012). Mindfulness training and teachers' professional development: an emerging area of research and practice. *Child Development Perspectives, 6*(2), 167-173. doi: 10.1111/j.1750-8606.2012.00238.x
- Roeser, R. W., Schonert-Reichl, K. A., Jha, A., Cullen, M., Wallace, L., Wilensky, R., ... Harrison, J. (2013). Mindfulness training and reductions in teacher stress and burnout: results from two randomized, waitlist-control field trials. *Journal of Educational Psychology, 105*(3), 787-804. doi: 10.1037/a0032093
- Saltzman, A., & Goldin, P. (2008). Mindfulness based stress reduction for school-age children. In S. C. Hayes & L. A. Greco (Eds.), *Acceptance and mindfulness interventions for children, adolescents, and families* (pp. 139-161). Oakland, CA: Context Press/New Harbinger.
- Saskatchewan Curriculum. (2016). Retrieved from:
https://www.curriculum.gov.sk.ca/webapps/moe-curriculum-BBLEARN/index.jsp?lang=en&subj=physical_education&level=wellness10#
- Saskatchewan Teachers Federation. (2013). *Teacher time: A study of the intensification of Saskatchewan teachers' professional time*. Retrieved from:
https://www.stf.sk.ca/sites/default/files/teacher_time.pdf
- Schonert-Reichl, K. A., & Hymel, S. (2007). Educating the heart as well as the mind: why social and emotional learning is critical for students' school and life success. *Education Canada, 47*, 20-25.
- Schonert-Reichl, K. A., & Lawlor, M. S. (2010). The effects of a mindfulness-based education program on pre- and early adolescents' well-being and social and emotional competence. *Mindfulness, 1*, 137-151. doi:10.1007/s12671-010-0011-8
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.

- Semple, R. J., Lee, J., Rosa, D., & Miller, L. F. (2010). A randomized trial of mindfulness-based cognitive therapy for children: Promoting mindful attention to enhance social-emotional resiliency in children. *Journal of Child and Family Studies, 19*, 218-229.
doi:10.1007/s10826-009-9301-y
- Strauss, A. L., & Corbin, J. (1994). *Grounded theory methodology: An overview*. In N. K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research*. Thousand Oaks, CA: Sage
- Teich, J.L., Robinson, G. & Weist, M.D. (2007). What kinds of mental health services do public schools in the United States provide? *Advances in School Mental Health Promotion*, Inaugural issue.
- Virgili, M. (2015). Mindfulness-based interventions reduce psychological distress in working adults: a meta-analysis of intervention studies. *Mindfulness, 6*(2), 326-337.
doi:10.1007/s12671-013-0264-0.
- Wall, R. B. (2005). Tai chi and mindfulness-based stress reduction in a Boston public middle school. *Journal of Paediatric Health Care, 19*(4), 230-237.
- Winder, F.S. (2014). *Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*. Retrieved from:
[https://www.saskatchewan.ca/~media/files/health/health and healthy living/health topics awareness and prevention/mental health and addictions/mental health and addictions action plan full report.pdf](https://www.saskatchewan.ca/~media/files/health/health_and_healthy_living/health_topics_awareness_and_prevention/mental_health_and_addictions/mental_health_and_addictions_action_plan_full_report.pdf)
- World Health Organization Constitution (1946). Retrieved from:
<http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>
- World Health Organization. (2004). *Promoting mental health: concepts, emerging evidence, practice*. Retrieved from: [http://www.who.int/mental health/evidence/en/promoting mhh.pdf](http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf)
- World Health Organization (2013). *Mental health action plan: 2013-2020*. Retrieved from:
http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf
- Williams, J. M. G., Teasdale, J. D., Segal, Z. V., & Kabat-Zinn, J. (2007). *The mindful way through depression: Freeing yourself from chronic unhappiness*. New York: Guilford.
- Wisner, B. L., Jones, B., & Gwin, D. (2010). *School-based meditation practices*

- for adolescents: A resource for strengthening self-regulation, emotional coping, and self-esteem. *Children & Schools*, 32(3).
- Woolfolk, A.E., Winne, P. H., Perry, N.E., & Shapka, J. (2009). *Educational Psychology 4th Canadian Edition*. Canada: Pearson Education Canada.
- Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Mindfulness-based interventions in schools—a systematic review and meta-analysis. *Frontiers in Psychology*, 5, 603.
<http://doi.org/10.3389/fpsyg.2014.00603>
- Zylowska, L. (2008). Mindfulness meditation training in adults and adolescents with ADHD: A feasibility study. *Journal of Attention Disorders*, 11(6), 737-746.

Appendix A: Recruitment Poster

Exploring Mindfulness-Based Teacher Experiences in Saskatchewan Schools

PARTICIPANTS NEEDED FOR RESEARCH IN *MINDFULNESS EDUCATION*

The purpose of this study is to better understand the experiences of mindfulness-based teachers.

- ▶ *Are you an elementary or high school educator with a Mindfulness-based perspective?*
- ▶ *Do you have a personal Mindfulness practice and a minimum of one year teaching experience?*
- ▶ *Would you be willing to discuss your experiences in a confidential research interview?*

If so please consider participating in this research study.
Your participation would involve *one 60-90 minute* interview.
In appreciation for your time, you will receive a \$25 gift card.

If you are interested in participating please contact:
Delee McDougall (dem394@mail.usask.ca, 306-529-0850)

This study has been reviewed by, and received approval through, the Research Ethics Office, University of Saskatchewan. Any questions regarding your rights as a participant may be addressed to the Research Ethics Office: ethics.office@usask.ca (306) 966-2975. BEH# 15-242



UNIVERSITY OF
SASKATCHEWAN

usask.ca

Appendix B: Participant Consent Form



Department of Educational Psychology & Special
Education
Education Building Room 3021
28 Campus Drive, Saskatoon, SK, S7N 0X1
Telephone: (306) 966-5255 Fax: (306) 966-7719

PARTICIPANT CONSENT FORM

Please read this form carefully and feel free to ask any questions you have.

Project Title: “Exploring Mindfulness-Based Teacher Experiences in Saskatchewan Schools”

This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Ethics Board on _____. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (REB: 306-966-2084 or toll free 1-888-966-2975).

Researchers: Delee McDougall (B.A. Psych., Graduate Student) & Dr. Lauren McIntyre (Thesis Supervisor), Department of Educational Psychology & Special Education, University of Saskatchewan (email: dem394@mail.usask.ca, phone: 306-529-0850).

Purpose(s) and Objective(s) of the Research:

The purpose of the research is to advance understanding about mindfulness instruction and learning in the classroom, specifically the mindfulness strategies and experiences of Saskatchewan teachers.

Procedures:

- You are being asked to take part in one 60-90 minute interview and one follow-up meeting. All interviews will be at a time and place that works for you. The interviews will be audio recorded. I encourage you to talk freely about your experiences.
- Please feel free to ask any questions about the study’s goals, procedures, and your role. You may decide not to participate at any time.
- Interviews will be transcribed, then thematically analyzed and presented with attention to maintaining confidentiality and anonymity.
- You will be given a shortened copy of the interview to read at the follow up meeting. The-follow-up meeting will be approximately 30 minutes. The information from the taped recordings will only be heard by me and my supervisor. Your name and identity will be kept private by using a different name.
- The findings will be used for my thesis. I might use these findings to write an article or talk about it at large meetings.

Potential Risks: Any risk for being involved in this study is low. It is possible that you may have some discomfort in talking about your experiences. To address these risk(s) you will be

treated with respect, and informed that taking part in this study is your choice. At all times you are free to decide what you want to discuss. You can end a discussion or choose not to answer any question. You have the right to leave at any time. If you experience any bad feelings because of the study you can phone:

Saskatoon Mobile Crisis Intervention
Telephone: 306-933-6200

The Mobile Crisis Intervention Centre is a 24-hour telephone counselling service for individuals who are experiencing a crisis situation in their lives. The counsellors are willing to visit individuals in their homes if it is convenient.

Potential Benefits: Talking about your experiences of teaching mindfulness/meditation may be helpful to you. You may gain new insights into teaching mindfulness in the classroom. You will be contributing to a new area of research which has the potential to help us understand how to improve mindfulness within education.

Confidentiality: To ensure participant confidentiality and anonymity is protected: transcripts and summaries of interviews will be (a) password protected on the student researcher's computer and stored on the University of Saskatchewan Secure Cabinet on PAWS, (b) a coding system will be used to keep your name and contact information separate from data collected during the research and this data link will be destroyed upon completion of data collection, (c) any potentially identifying information will be altered to make it anonymous, and (d) you will be given the opportunity to review the final transcript and summary of your interview and asked to sign a data release form authorizing its use in future presentations and publications.

Although the information from this study will be shared with the public your name will be kept private through the use of a different name. This form will be kept separate from the information you give in the interview. Then it will not be possible to connect your name with any information you give. The interview tapes will also be known by a different name. There is still the chance that you could be known to others because of the things you say during the interview. You can ask for parts of the interview not to be included in the thesis. At the follow-up-meeting, you can look over the shortened interview and add, change, or delete any information you want.

Storage of Data: To protect your privacy, all the information obtained during this study will be stored in a locked filing cabinet in Dr. Laureen McIntyre's office. After 5 years the data will not be needed and it will be destroyed.

Right to Withdraw: It is your choice to take part in the study. You can choose to only answer questions you want. You can also ask the recorder to be turned off at any time. You can leave the interview for any reason, at any time, without punishment of any kind. Your right to withdraw your interview data from the study will apply until the results have been summarized. After this it may not be possible to withdraw your data.

If you do decide to leave the study, this will not affect you professionally in any way. If you leave the study, any information that you have given will be destroyed.

Your right to remove your information will apply until the results have been turned into a completed document and made available to the public. After this it may not be possible to remove your information from the study.

Questions: If you have questions about the study, please feel free to ask at any time. You are also free to call the researchers at the numbers provided below if you have questions later.

If you would like a copy of the completed study you can request a copy by calling myself at 306-529-0850 or emailing me at dem394@mail.usask.ca or by calling my thesis supervisor Dr. Lauren McIntyre at 306-966-5266.

Consent to Participate: Your signature below indicates that you have read and understand the information above. I have been able to ask questions and my questions have been answered. I agree to participate in the study described above. A copy of this consent form has been given to me to keep.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)

Appendix C: Interview Guide

Demographics:

Birthday:

Ethnicity/Cultural Background:

Religion:

Number of Years Teaching:

The following questions will be asked in individual interviews with participants:

1. How did you first get involved with Mindfulness? (E.g., how did you hear about it? What made you want to practice Mindfulness? How long have you been involved? Teacher training education program?)
2. Tell me the story of how Mindfulness became part of your teaching experience?
3. How did you connect Mindfulness to the Saskatchewan Curriculum?
4. What do you think about Mindfulness-based approaches to teaching? Why do you teach them? What do you like most?
5. Have there been any challenges associated with implementing Mindfulness (e.g., in your classroom or school?).
6. Can you think of a strong memory associated with using Mindfulness? Please tell me about it? Can you think of another standout positive memory? (Continue to identify and explore as many examples as the participant volunteers).
7. Can you share your ideas on Mindful vs. Mindless behaviour in the classroom?
8. How do you think using a Mindfulness-based approach has helped you/your students? What do you see as the benefits of using a Mindfulness-based approach? (E.g. in your classroom/school/education in general).
9. Has your Mindfulness-based approach to teaching affected your health or wellbeing? Have you noticed any specific improvements in (i.e., overall and holistic as well as components - physical, emotional/psychological, social, spiritual/meaning or purpose) since implementing Mindfulness? In wellbeing (i.e., insert definition). WILL PROVIDE A DEFINITION IF CLARIFICATION NEEDED
10. What Mindfulness resources have you used? (E.g., teaching tools, programs, curriculums, practices/strategies/methods/techniques).

11. Are there things about a Mindfulness-based approach that you don't like? Anything you think could be improved?
12. Why would others consider Mindfulness? Would you recommend that other teachers implement Mindfulness in their classrooms? If so, why?
13. When do you use Mindfulness in your daily classroom routine?
14. What are some things that have helped you be successful in teaching this skill to students?
15. What benefits do you think others could get from a similar experience to your own?
16. Is there anything we haven't talked about/discussed that you'd like me to know about your experiences teaching Mindfulness?

Possible further questions will be responsive to each participant's story. As data collection and analysis progress, these general questions will be revised and become more focused as discovered to be pertinent or not.

Questions for Follow-up Meeting

1. After looking over the shortened version of the interview and your quotations is there anything you have thought of that you would like to add, change, or delete?
2. Have you had any new thoughts or ideas since our last interview?

Appendix D: Data/Transcript Release Form

I, _____, hereby authorize the release of the transcript and transcript summary of my interview to Dr. Lauren McIntyre and Delee McDougall to be used in the manner described in the consent form.

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

____ I authorize the release of data without reviewing the transcript/transcript summary from my interview with the student researcher.

____ I authorize the release of data only after I have been provided the opportunity to review, add, alter, or delete information as appropriate from the transcript/transcript summary of my interview with the student researcher.

I acknowledge that the transcript/transcript summary accurately reflects what I said in my interview. I have received a copy of the Data/Transcript Release Form for my own records.

Participant

Date

Student Researcher

Date

Appendix E: Acronym Identification

CMHA: Canadian Mental Health Association

MBI: Mindfulness-Based Intervention

MBCT: Mindfulness-Based Cognitive Therapy

MBSR: Mindfulness-Based Stress Reduction

MHCC: Mental Health Commission of Canada

MT: Mindfulness Training

WHO: World Health Organization