

Strengthening Teacher Presence Through Mindfulness: What Educators Say About the Cultivating Awareness and Resilience in Education (CARE) Program

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Abstract School personnel encounter numerous occupational stressors unique to their profession, and these stressors place educators at risk of job-related stress and burnout. Given the prevalence of stress and burnout among school personnel, concrete interventions designed to address the unique demands and enhance coping resources of school personnel are necessary. One promising mindfulness-based intervention (MBI) for school personnel, Cultivating Awareness and Resilience in Education (CARE), is introduced and explored. Using semi-structured interviews, the current study investigated how participants applied mindfulness strategies learned through the mindfulness-based intervention CARE. Participants reported shifting their emotional reactivity and approach to students by applying mindfulness through (1) present-centered awareness of emotions, (2) emotional reappraisal of situations, and (3) use of metaphors introduced through the CARE program. Results suggest that the CARE program is a promising approach to support school personnel experiencing stress and burnout.

Keywords Burnout · Teacher stress · Mindfulness · Professional development

Introduction

Schools are challenging places to work. Educators encounter occupational stressors unique to their profession, such as teaching challenging students, managing the classroom environment, dealing with pressures from parents, and responding to student crises (Kyriacou 2001; Friedman 2000; van Dick and Wagner 2001). These stressors are layered atop typical work stressors like interpersonal relationships with colleagues and administrators, overload in work responsibilities, and inability to meet demands placed on them by various stakeholders (Kyriacou 2001; Friedman 2000; Plash and Piotrowski 2006). In addition, a unilateral emphasis on academic outcomes driven by the standards-based reform movement has increased the stress and burden placed upon teachers who are often already overwhelmed by workplace demands (Darling-Hammond 2001). These demands can result in burnout, the depletion of physical and emotional energy resulting from working conditions (Maslach et al. 2001). Like a virus, burnout has a potentially damaging impact on its host environment and the cells with which it comes into contact: the educator experiencing it, their students, and their colleagues. Given the prevalence of stress and burnout among school personnel (see Friedman 2000, 2002; Kyriacou 2001; van Dick and Wagner 2001), concrete interventions designed to address the unique demands and enhance coping resources of school personnel are necessary (Jennings 2015; Jennings and Greenberg 2009; Jennings et al. 2011).

The emotional engagement required of school personnel takes a toll on professional effectiveness. While there is diversity in job roles among educators, most school personnel are required to interact regularly with a large number of children, some of whom have significant academic, behavioral, learning, and/or mental health issues. Regardless of one's professional role and responsibility in a school, one is likely to (a)

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interact with students exposed to trauma, (b) make ethically laden decisions in isolation with little or no reflection time, and (c) be accessed frequently by children and families with significant needs and limited resources (Jennings 2015).

Stress occurs when perceived demands exceed perceived resources (Lazarus and Folkman 1984), and educators experience varied emotional and interpersonal demands for their time and energy, which is a finite resource. Job-related stress has been linked to burnout (Garske 2007; Montgomery and Rupp 2005). Fruedenberger (1974) proposed the term burnout to describe “the state of physical and emotional depletion resulting from conditions of work” (p. 160) that volunteers in human services displayed after prolonged engagement in the helping role. In contemporary research, burnout is conceptualized as having three components: emotional exhaustion, depersonalization, and diminished personal accomplishment (Maslach et al. 2001). Emotional exhaustion refers to the manifestation of physical or emotional symptoms exhibited by an individual in a draining work situation. Typically, school personnel who experience emotional exhaustion have devoted a great amount of time and resources to their work, and eventually experience a depletion of those resources. Depersonalization describes how an exhausted worker may experience decreasing levels of empathy for the students he or she serves, while growing increasingly detached from them. Both negative feelings and a cynical perspective towards work and students are hallmarks of depersonalization. The final component of burnout, personal accomplishment, refers to an individual’s feelings of efficacy as they relate to work (Maslach and Jackson 1981). Burnout is generally accompanied by feelings of inadequate performance, lower levels of perceived and actual accomplishment, and ultimately, feelings of failure (Maslach et al. 2001).

When school personnel experience stress from task overload and are unable to meet the demands expected of them, it logically follows that their job performance will be negatively impacted (Baggerly and Osborn 2006). Emotionally drained school personnel “are at risk of becoming cynical and callous” (Jennings and Greenberg 2009, p.492) when they are unable to successfully navigate the demands associated with their professional responsibilities. In addition, school personnel report that both emotional stress and poor emotion management lead to job dissatisfaction and exiting the education profession (Darling-Hammond 2001; Montgomery and Rupp 2005). Thus, once emotional exhaustion sets in, school personnel may begin exploring other career opportunities and contemplate leaving the education profession (Jennings and Greenberg 2009).

When school personnel feel supported and valued, they likely will pass this support and care along to their students. Conversely, when school personnel are dissatisfied and feel devalued, they are less likely to invest in children. Therefore, it seems particularly important to equip school personnel with

concrete strategies designed to help them cope with the unique challenges inherent in schools because this is an essential step in creating schools that foster learning (Jennings and Greenberg 2009). With this additional support, educators will be equipped to work more effectively with students and better able to maintain an optimal learning environment. One way to invest in school personnel is by providing them with concrete strategies to regulate their emotions, as inability to regulate one’s emotion in response to classroom stressors may be linked with burnout (Jennings and Greenberg 2009). Mindfulness practices offer a promising approach for investing in school personnel by providing them with tools to cope with stress (Roeser et al. 2012).

Mindfulness features two key components: the ability to regulate one’s attention and an orientation to one’s experience that is open and curious (Bishop et al. 2004). Mindfulness-based interventions (MBIs) are psychoeducational programs that focus on teaching participants mindfulness practices and supporting the development of skills to enhance present-centered attention and awareness (Bishop et al. 2004). Research across samples suggests that MBIs are generally associated with reductions in perceived stress, pain, negative affect, anxiety, depressive symptoms, and interpersonal sensitivity (Astin 1997; Baer 2003; Grossman et al. 2004; Kabat-Zinn 2003; Shapiro et al. 2007). In addition, mindfulness is associated with increases in positive affect, self-compassion, gratitude, well-being, empathy, and connectedness with others (Baer et al. 2006; Brown et al. 2007; Rothraup and Morgan 2007; Shapiro et al. 2007, 1998). Taken together, these findings present a strong case for the use of mindfulness training as a form of stress inoculation (Shapiro and Carlson 2009).

Very few MBIs exist that target teachers, so there is little evidence exploring how they impact teacher stress, burnout, and mindful awareness. Preliminary research suggests that educators who participate in mindfulness programs report improvements in well-being, mindfulness, and efficacy (Jennings et al. 2013). In addition, they report reductions in burnout, time-related stress, daily physical symptoms, and negative affect (Abenavoli et al. 2013; Jennings et al. 2013; Roeser et al. 2013). Cultivating Awareness and Resilience in Education™ (CARE) is an MBI developed to actively address teacher burnout by equipping school personnel with tools and strategies to aid them in managing stress and emotional responses. The backbone of the CARE program is 4 days of training in emotion skills regulation, mindfulness/stress management practices, and caring and listening practices (Jennings et al. 2011). These 4 days of training span 30 h and are distributed over a 6-week period. During the training, content is delivered through lecture, small group discussions, dyadic interactions, and experiential activities. In addition to training, the CARE program provides participants with telephone consultations between training dates to assist participants in integrating CARE practices into professional practice.

Mindfulness practices taught in the CARE program are quite similar to those employed in other evidence-based MBIs and include breath awareness, gentle movement, and awareness of physical/mental sensations. Two particularly unique components, emotion skills instruction, and caring and listening practices are particularly relevant to school personnel. The emotion skills instruction segment of the training normalizes emotional responses by grounding them in neuroscience while also presenting school personnel with strategies (i.e., reflective practices, induction of positive emotions, reappraisal) designed to help increase their control over emotional reactivity. The final component of the CARE program, caring and listening, emphasizes kindness and empathic presence. Through mindful listening, participants cultivate their capacity to listen non-judgmentally and attentively without offering advice (Jennings et al. 2011). In addition, participants are introduced to a caring practice, which is a modification of loving-kindness meditation.

CARE goes beyond other mindfulness-based interventions and is designed to specifically address the occupational challenges unique to school personnel. Since the CARE program is innovatively tailored for school personnel, research privileging the voices of program participants may offer unique feedback for the program developers and descriptive, textual data providing insight into how the program is impacting participants. Previous research has neither explored how CARE participants describe their use of mindful awareness practices nor how school personnel reflect upon their use of those practices. The present study seeks to address this gap in the research and to address the call for descriptive qualitative assessment exploring the impact of MBI for teachers (Roeser et al. 2012). In response to this call, an interpretive qualitative approach was employed to focus on discovery, description, and understanding of a phenomenon (CARE) and participants' perspectives about their experience of CARE (Merriam 2002; Miller-Day 2004). This approach was selected to gain insight into how participants integrate mindful awareness practices they learn in CARE and to gather specific contextualized descriptions of how they apply the mindful awareness practices in their school environments. The present study explored two research questions. Research question 1 is how do educators report integrating and applying mindfulness techniques taught in CARE? The purpose of this question was to identify and describe how participants generalized training content to daily life, following their participation the CARE program. Research question 2 is how do CARE participants describe and reflect upon their involvement in the program? This question is designed to capture what participants "value, what they reject, what they learn, [and] how they change" (Hull 1997) following their involvement in CARE.

Method

Participants

The participants in this study were selected by criterion sampling, which focuses on the selection of information-rich cases based upon some criterion deemed important (Patton 2002). Participants were drawn from the pool of participants who received CARE program training in 2010–2011 as part of a goal 2 development research project funded by the Institute of Educational Sciences (R305A090179) (Jennings et al. 2013). The criterion for inclusion in this study was quantitative evidence (changes in self-report measures administered via survey) of positive change as a result of the CARE intervention. We made this selection in order to learn how CARE participants who reported positive outcomes applied the CARE skills to their work as educators. Eight K-12 educators (seven females and one male) who participated in the CARE training and demonstrated positive change following the intervention were included in the present study. Six participants were regular classroom elementary education teachers (grades 2–5), and two participants were secondary education specialist teachers (grades 7–12). Participants in this study had 6 to 13 years of teaching experience and ranged in age from 29 to 51 years. All participants worked in public schools; five participants worked in a large, urban district, one worked in a midsized suburban district, and two worked in a large suburban district. All participants were Caucasian.

Positive change was operationalized by computing *z* scores for each CARE participant on a battery of five self-report measures that showed statistically significant effects following the CARE intervention (Jennings et al. 2013). The following five subscales were used to measure change: general hurry (time urgency scale; Landy et al. 1991), personal accomplishment (Maslach Burnout Inventory for Educators; Maslach et al. 1996), reappraisal (Emotion Regulation Questionnaire; Gross and John 2003), observe (Five Facet Mindfulness Questionnaire; Baer et al. 2006), and the Daily Physical Symptoms inventory (Larsen and Kasimatis 1991). The *z* scores of the five measures listed above were computed for the entire pool of persons who completed CARE 2010–2011. Those individuals who had positive change scores and who consented to being contacted to participate in a follow-up survey about their CARE experience were invited to participate in individual interviews.

Procedure and Measures

Participant observation of the CARE trainings as well as focus group and individual pilot interviews informed the development of the interview questions (Glesne 2006; Patton 2002). Four individual focus groups and a pilot interview were

conducted by the first author and utilized to refine and contextualize interview questions (Schussler et al. 2015). Data were collected through the use of semi-structured interviews. The following questions were used to guide the interviews: Take me through a typical day in your life, discussing both your personal and professional roles and responsibilities in the process. Now that you have identified those roles and responsibilities in your daily life, can you help me understand what challenges arise in the context of you navigating your day? Have you made changes in the way you do things, in navigating your day or in your work setting following the CARE training? If yes, tell me about the changes you have made following the CARE training. If no, help me understand the barriers that you have encountered that keep you from making changes. Is there a recent example of a challenging work situation where you've applied a CARE skill? If CARE were to be offered again, how would you describe it to one of your co-workers?

Follow-up questions were used to increase the depth of participant responses and clarify responses. All interviews were conducted face-to-face in either the participant's classroom or at a neutral location near his/her place of employment by the first author. Interviews ranged from 40 to 85 min in length and were conducted 12–14 months following participants' completion of the CARE training.

Data Analyses

Interviews were audio recorded and transcribed. Transcripts were analyzed using an inductive thematic analysis; therefore, themes were developed without attempting to fit them into a predetermined framework (Braun and Clarke 2006). That is, we did not apply existing theories about mindfulness, stress, and stress reduction to develop data categories. To prevent over abstracting the data, a semantic analytic approach was employed to focus on visible explicit meanings contained in transcripts. This choice was made because of the focus on describing participants' experiences, and a perception that staying close to those experiences provided the most relevant feedback for CARE program evaluation and refinement.

Braun and Clarke (2006) identified six phases in thematic analysis: (1) familiarizing yourself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. Braun and Clarke's (2006) template for thematic analysis was selected because it is user-friendly and has been used by other mindfulness researchers in the fields of education and counseling (e.g., McCollum and Gehart 2010).

The first step in the analyses involved familiarization with the data through reading transcripts and listening to audio recordings after which preliminary thoughts, questions, and key ideas were noted (Braun and Clarke 2006). The second

phase in the thematic analyses involved generating data-driven codes to begin categorizing dimensions of the data set (Braun and Clarke 2006). No a priori codes were used since it was decided to allow the data to drive the analyses (Braun and Clarke 2006; Kvale and Brinkmann 2009). The third phase in the analyses involved generating categories of codes (Graneheim and Lundman 2004). Content in a category identifies codes that share a commonality, answers the *what* question, and enables researchers to "structure large interview texts into a few tables and figures" (Kvale and Brinkmann 2009, p. 203). In phase 4, the categories were examined and the data were placed underneath the appropriate categories to determine whether they formed coherent patterns (Braun and Clarke 2006). The fifth phase of the analyses involved defining and naming the themes that arose from the categories. A theme is defined as a "thread of underlying meaning" (Graneheim and Lundman 2004, p. 107) that cuts across categories with "recurring regularity" (Polit and Hungler 1999, as cited by Graneheim and Lundman). Themes unify and summarize patterns in the data and provide a succinct way of representing those patterns.

The following strategies were employed to enhance trustworthiness of the research: (a) disconfirming evidence, (b) reflexivity, (c) purposive sampling, and (d) triangulation of theories. Disconfirming evidence, looking for evidence inconsistent with the descriptions and themes (Creswell and Miller 2000), was used to enhance credibility. Reflexivity was demonstrated by keeping a self-reflective journal throughout the research process and engaging in consultation with a research team and colleagues (Morrow 2005). In addition, purposeful sampling was employed to ensure that an adequate and appropriate sample was obtained (discussed in the description of participant selection). A final strategy used to ensure trustworthiness was triangulation (Creswell and Miller 2000; Glesne 2006).

Results

Each participant had different narratives about how he/she integrated learning from CARE into daily life; however, several patterns across participants were noted. Key patterns that emerged were their tendency to discuss the CARE strategies they used, the ways in which their mind-sets have shifted as a result of CARE, and examples of how they have integrated their learning at school and/or outside of school.

Application of Mindfulness

Three themes identified in participants' application of mindfulness were (1) integration of CARE metaphors, (2) present-

centered awareness of emotions, and (3) ability to reappraise situations and shift perspective.

CARE Metaphors and Emotional Awareness

One of the most salient pieces of data demonstrating that participants had internalized learning from CARE was their use of language. Many participants used metaphors that were introduced in the training to further promote understanding about emotional responses. “Elevator going up” and “flipping my lid” were two metaphors that were introduced in the CARE training to refer to emotional reactivity.

Statements including CARE metaphors were used throughout interviews by six of the participants. Three brief examples were provided by Nadia, Gabrielle, and Kasey (pseudonyms used to protect participants). When Nadia was talking about her use of deep breathing, she was asked when she tended to use the technique. She replied, with laughter, “When I’m about to flip my lid!” In this statement, Nadia demonstrates awareness of her emotional reactivity and also applies a CARE strategy in attempt to self-regulate.

Kasey and Gabrielle also provided examples of recognizing their emotional reactivity, labeling it with a metaphor, and responding with an appropriate CARE strategy. Kasey explained that she tends to use CARE strategies reactively, instead of proactively: “I let my elevator get too high and then I stop and ground myself and breathe.” Gabrielle reflected, “I know my elevator’s going up. Isn’t that what we said? Yeah. And I know I can’t just burst. I feel it and I need to go back down before I do anything.” In addition to awareness of her emotional state, Gabrielle’s statement suggests that she makes a deliberate choice to suspend action until she’s less reactive.

Present-Centered Awareness and Reappraisal

The intentional pause described by Gabrielle links to the second pattern that was present across participants—present-centered awareness of emotions. In response to emotional awareness, participants described the ability to zoom out or take a step back before assessing their current situation. Participants used a variety of approaches to reappraise the problem they were experiencing. Two examples follow that illustrate how participants were impacted by CARE.

Gabrielle provided two examples of how she had enhanced her knowledge and ability of how to assess difficult situations in her classroom and pause before taking action. In general, Gabrielle talked about taking a moment “to pull it in” and ask herself, “What would be the best way to go from here? How can I handle this without making it worse?” In particular, Gabrielle provided a concrete example of her ability to implement deliberate pauses before responding to situations. Gabrielle shared

that she recently had a student with major behavior issues who moved and that since that student’s departure, she had become aware of minor behavior issues. She explained:

I was starting to get really frustrated at the students when I was like maybe they don’t know what I expect of them right now. Maybe it’s my communication, so I could feel myself getting ready to be like, ‘Okay, no recess for the rest of your lives,’ kind of thing, but I took a moment and I just thought, okay. Step back and think and think about it. They’re not taking a test, so a little bit of noise isn’t going to be the end of the world. Just kind of put it in perspective. Why am I getting upset over a little bit of noise when before I had things being thrown? It’s that kind of stuff, and that really helped calm me down and kind of move my elevator back down and be like, okay, I can handle this. This isn’t worth getting upset about. This isn’t worth reacting to kind of thing.

This example illustrates Gabrielle’s ability to take a moment to assess a situation in her classroom and shift her perspective before responding purely from frustration. Instead, when she had a bit of internal dialogue with herself, she was able to recognize that her classroom was relatively calm and students were on task. She was able to reappraise the situation and move on.

Rayleen also shared a particularly detailed example that also demonstrated her ability to remain calm in the context of an interaction with a parent, to evaluate the situation in a detached fashion, and move on with her day. She reported that she had scheduled multiple meetings with a parent, and the parent missed those meetings. However, the parent showed up at school unannounced during class time while she was teaching and she invited the mother to come up to her classroom to talk briefly. Rayleen greeted the mother at the door to her classroom and positioned herself in a way so that she could see her class and also interact with the visiting parent, who stayed in the hallway. At first, Rayleen and the mother talked. However, then the mother began asking her daughter questions, while still standing outside of the classroom, and Rayleen’s class tuned into the conversation:

So she [mother] started asking her daughter, “I don’t see you bring homework home. Doesn’t your teacher give you homework?” I’m like, “Yes, we have homework. Not always every day.” She’s [student] like, “No we don’t. No we don’t.” Then she’s asking her peers, “Do we have homework?” [Her peers respond,] “No, we don’t have homework.” Like it was just kinda the whole class was against the teacher in front of this parent.

Rayleen remained calm and chose not to get pulled into the back and forth dialogue between the students and the parent.

In response to the mother's question, she simply stated, "We definitely get homework here. Most of you don't do your homework, but we have homework here." Rayleen's conversation with the mother continued, and then she wrapped it up explaining that she needed to get back to her class. The mother left after giving Rayleen a sharp parting gift:

She's like, "Okay, well, next time I'm here, I hope I see some more teaching going on." I'm thinking, "Okay. Just breathe and walk quietly into your room. There's nothing you can do about this parent's opinion at the moment."

Rayleen described her thinking around the incident, throughout which she demonstrated the ability to take perspective on the situation:

She saw our classroom for 10 to 12 minutes at a point where the children weren't very focused to begin with. And then she came and took me away for longer than I thought she was going to take me away for and kinda getting her daughter and the students involved in – you know it was just a bad situation. And I think a lot of other times I would've beat myself up and felt like I have to defend myself...and I chose to breathe and walk quietly back into my classroom and continue teaching the math that we were doing. And that's just one example, I think, of being able just to let it go, to breathe and not feel like defending myself was actually going to take care of myself. To just kinda let it go.

Rayleen could have allowed herself to become quite reactive and taken on a defensive stance; however, she maintained calm and addressed the situation in a productive way. In this example, Rayleen demonstrates bringing presence to a difficult interaction, staying present in that interaction, and letting go of the situation, all of which are evidence of mindfulness. Rayleen's example is particularly noteworthy because it illustrates the second pattern—CARE participants' ability to reappraise situations and shift perspective in response to present circumstances. The examples provided from two participants above illustrate this perspective taking. This seems to be a particularly promising outcome of the CARE training, as wisdom suggests that "we cannot solve our problems with the same level of thinking that created them" (Albert Einstein).

Reflection Upon CARE Involvement

In reflecting on involvement in CARE, two particularly noteworthy patterns emerged; participants commented on how it

impacted their emotional reactions and their approach to students.

Impact on Emotional Reactions

The majority of program participants explicitly discussed how the program impacted their emotional reactions. Emma described her frustration in working with elementary school students who sometimes rely on her to get support with situations that she believes students of their age should be able to handle, and concluded "[I] just seem to be more calm with them when I approach those subjects...I think for the smaller things, I'm not getting as agitated as much as I did before." In her statement, Emma is addressing the CARE program's aim of providing teachers with strategies to help them modulate their emotions in the classroom. Sandy goes into further detail than Emma to describe her shift in emotional reactions to students:

I don't have this rollercoaster of emotions like up and down and I don't know, kind of like freaking out over things that – if someone spills milk or something it's like oh well. I just kind of walk away and it's like, guess you have to clean it up. And then like kids are running to me about this or that and I just don't really choose to get excited about it.

In Sandy's description, she highlights how she has developed a less reactive approach to working with students. Nadia too commented on the program's impact on her emotional reactions and described it as the most important part of the CARE training:

The thing that has changed me the most has been just learning about the whole emotional process and how everything works because now when my kids get upset I don't get upset. I'm just like, "Okay, well, go take a break and come back when you're calm," and before that's not what would happen. [Before] they would elevate me to the same level that they were and it was like instant...it could happen in a matter of seconds, where I would be fine one second and you're doing something and now I'm totally angry and can't make a good decision about how I'm going to react, but now that's not the case anymore and usually if I'm getting that upset, I still tell them to go take a break anyway.

Nadia went on to further explain that learning about emotions "has changed the way I react and I respond...I would say about 70 % of the time I respond rather than react." Nadia's feedback illustrates how learning basic neuroscience regarding human emotion, which is part of the CARE program, impacts educators in the way they process their own emotions

as well as the emotional reactions of their students. In addition, Nadia's distinction between reacting and responding refers to a lesson covered in the CARE program and is one of the hallmarks of bringing mindfulness to one's interactions (Bishop et al. 2004).

Approach to Students

Strong rapport with students and compassion for students were two of the patterns that emerged within teacher reflections. One of the foundational teachings of CARE is that kids' emotional reactions are not about the teacher who is on the receiving end of those emotional reactions. Nadia expressed increased compassion as well as her understanding of kids' emotions: "when I see them freaking out about something... it's not because of really what just happened. There's something else. So what's the point of me even talking to you about what just happened? What's wrong, you know? What else?" Nadia went on to succinctly state, "There are two kids in my class that do that [freak out] and they have their own issues which cause them to do that." In this example, Nadia demonstrates the ability to attribute student emotional responses in a way that does not pathologize students and situates their reactivity in the broader context of their lives.

Like Nadia, Sandy also talked about how some of her students have their own issues and she knows not to personalize their behaviors. Sandy discussed her sense of having good rapport with her students this academic year, following her involvement in CARE. She too discussed one of her students, who she described as an "angry child." However, Sandy described the strategies she used to work with him, and simply stated, "it's just his background" and then proceeded to share a recent situation in which she interacted with him:

My angry child, he's like "I wish it were 3:00." And they get dismissed at 3:10, like 3:10 to 3:20. And I said, "I wish it were 3:20." And he looked at me and he just gave the biggest grin and I looked back and smiled and I'm like, want to top that one?

While Sandy and Nadia shared their responses to students who behaved in challenging ways, this is often much harder to put into practice than some of the other teachings. Students and their behavior can grate on educators, and being able to greet those behaviors with compassion, empathy and/or humor can shift an interaction (Jennings 2015). Bringing those qualities to a classroom environment and practicing them has the potential to set up a different dynamic for learning. This new dynamic that Sandy and Nadia have brought into their classrooms involves bringing compassion to their interactions with students. It is noteworthy that Sandy and Nadia, the two educators who talked at length about their compassion with

students, also talked about their ability to joke with and have fun in their classrooms. Nadia and Sandy provide support for the notion that when educators consistently bring compassion into their classrooms, they may experience fewer challenges.

Discussion

One of the most promising findings of the present study was that the majority of participants demonstrated the ability to reappraise before assessing situations in which they were involved. This perspective taking was often grounded in their understanding of the neuroscience of emotions and newfound knowledge that the emotional reactivity of students was not personal. This finding connects with previous literature and supports the idea that, "when it [attention] is released from elaborative thinking, more resources are made available to process information related to current experience. This increases access to information that might otherwise remain outside awareness, resulting in a wider perspective on experience" (Bishop et al. 2004, p. 233). Shapiro et al. (2006, p. 379) used the term "reperceiving" to describe the shift from a reactive appraisal process to one that is marked by enhanced objectivity and decreased emotional activation. This wider perspective was a common experience among the participants in this sample; Rayleen demonstrated it with the parent who visited her classroom. While there is limited research exploring the impact of mindfulness on teachers, the existing research suggests that cognizance of emotions and ability to modulate emotions supported educator's well-being (Abenavoli et al. 2013, Benn et al. 2012, Roeser et al. 2013). In this way, one of the most promising mechanisms of action of the CARE training is its ability to aid participants in broadening their mental perspectives of the situations they encounter. Thus, the current study aligns with previous research suggesting that the ability to reperceive situations is one outcome of MBI focusing on teachers.

An additional finding was that participants continued to use language learned in CARE 12–14 months after completing the CARE training. In particular, two metaphors, "elevator going up" and "flipping my lid," were introduced in CARE to describe increasing emotional activation and emotional outbursts, respectively. Varra et al. (2009) suggest that "figurative speech is used to reframe thinking, evaluating, judging, remembering, and feeling as ongoing human activities" (p. 114) with the intention of shifting the influence of thinking. Participants' use of these metaphors often corresponded with their descriptions of how they responded to situations in which they were emotionally activated; it is entirely possible that the participants' use of CARE language assisted them in reappraisal and subsequently helped them to more accurately assess the situations in which they were involved. Indeed, these participants had demonstrated

improvements in self-reported reappraisal (Jennings et al. 2013). Interviewees seemed to be constantly engaged in a sort of reflectivity, a characteristic of reappraisal (Gross and John 2003). In reflecting on involvement in CARE, two particularly noteworthy patterns emerged; participants commented on their approach to students and connected their CARE experiences with related efforts to self-regulate by reappraisal. Teachers' self-reports of increased compassion align with previous research suggesting that mindfulness training leads to greater compassion and empathy (Cohen and Miller 2009; Roeser et al. 2013). Compassion and empathy may be one buffer to educator's burnout, and mindfulness may be a promising mechanism for promoting compassion and empathy; further research ought to explore the link between teacher mindfulness and compassion and empathy.

This study was one of the first qualitative assessments of the CARE program and, as such, lends support to previous research indicating that the program is impactful for educators who enroll in the program. The CARE program goes beyond introducing and explaining techniques; participants have ample opportunities to engage in experiential learning by practicing self-care behaviors and de-stressing techniques and have telephone consultation support throughout their involvement in the program. Experiential-based learning addresses the gap between cognitive knowing and applied practice; closing this gap by incorporating mindfulness-based activities that are specifically linked to the particular stressors educators face into teacher and counselor preparation programs appears to be a promising step in improving training for current and future school personnel.

The emotion skills component of CARE was particularly beneficial to participants in this study, as it appeared to assist them in understanding their emotional reactivity. This combined with the mindful awareness practices appeared to help them shift and widen their fields of awareness, thus creating more flexibility in problem solving. Other mindfulness-based programs for educators should look to CARE as a model for linking the emotion skills component of their curricula to the application of mindfulness. Teacher and counselor preparation programs may wish to consider incorporating emotional skills and mindfulness instruction into their courses. In addition, incorporation of figurative language in training school personnel is recommended, as it appears to assist participants in shifting their thinking in the midst of potential problem situations (Varra et al. 2009). This recommendation extends beyond CARE to teacher and counselor preparation programs as well.

To date, grant-funded CARE trainings have targeted classroom teachers; however, there are other school personnel (e.g., school counselors, psychologists, social workers) who are prime candidates for disseminating CARE. School support personnel often have their pulse on overall school climate, as they get feedback from students, principals, and the teachers

themselves about their concerns and struggles. Perhaps one of the best ways school support personnel can advocate for students is to ensure that classroom teachers have the resources and tools to manage their stress.

School personnel who complete professional development programs like CARE describe their experiences as crucial in shifting their perspective in their classrooms. However, as these programs are currently being developed and piloted in various locations, little has been done to address sustainability. Therefore, it seems important to develop additional structures for CARE graduates to continue to connect with one another and be reminded of what they learned through CARE; while people often have good intentions after completing an impactful development program, they generally need some sort of accountability measures to assist them in maintaining change.

This study had several limitations. The sample size was small; therefore, it is important to note that transferability, the extent to which the findings are transferable to other settings, and not generalizability is the aim of the current study (Miller-Day 2004). Therefore, the findings of the present study will only be transferable to school personnel in similar settings and should not be generalized. In addition, the sample included eight participants recruited from Pennsylvania, which limits geographic diversity. All participants in the study were Caucasian, so there was an absence of racial diversity in this sample. In addition, the sample consisted mostly of women. Therefore, the lack of diversity of the interviewees limits the ability to make claims about who benefits and how they benefit from involvement in the CARE program. Furthermore, this study relied entirely on self-report data that was gathered through individual interviews and the trustworthiness of this research could have been enhanced by using additional sources of data (e.g., artifacts, focus groups, etc.). Finally, the first author conducted interviews in her role as a member of the CARE research team and was present throughout the CARE trainings the interviewees attended. Therefore, it is impossible to know what perceptions participants had regarding the role/influence of the interviewer and the extent to which, if any, this impacted participants' responses. Future research should address these limitations.

This research was designed to address a gap in the existing literature regarding mindfulness-based interventions and their applications with school personnel. The ways in which participants integrated mindfulness and described and reflected on their use of mindfulness varied in the present study; this illuminates the need for more mixed methods research, where qualitative strategies are utilized alongside quantitative strategies. In addition, the integration of qualitative program evaluation into larger-scale studies may provide valuable feedback for program improvement. Additional qualitative research on CARE and MBI for teachers has the potential to assist in the development and refinement of measures associated with how people internalize and apply what they learn and, ultimately,

to help clarify how participants are different as a result of their involvement in the intervention.

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