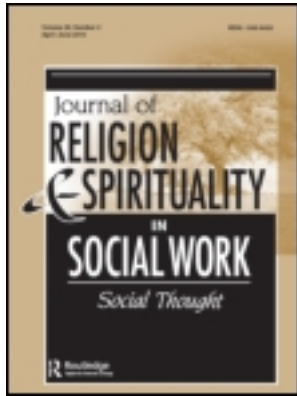


This article was downloaded by: [58.9.220.58]

On: 18 August 2012, At: 19:34

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Religion & Spirituality in Social Work: Social Thought

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wrsp20>

Mindfulness, Self-Care, and Wellness in Social Work: Effects of Contemplative Training

Tessa McGarrigle MSWRSW^a & Christine A. Walsh PhD^b

^a Hull Child and Family Services, Calgary, Alberta, Canada

^b Faculty of Social Work, University of Calgary, Calgary, Alberta, Canada

Version of record first published: 05 Aug 2011

To cite this article: Tessa McGarrigle MSWRSW & Christine A. Walsh PhD (2011): Mindfulness, Self-Care, and Wellness in Social Work: Effects of Contemplative Training, *Journal of Religion & Spirituality in Social Work: Social Thought*, 30:3, 212-233

To link to this article: <http://dx.doi.org/10.1080/15426432.2011.587384>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Mindfulness, Self-Care, and Wellness in Social Work: Effects of Contemplative Training

TESSA MCGARRIGLE, MSW, RSW

Hull Child and Family Services, Calgary, Alberta, Canada

CHRISTINE A. WALSH, PhD

Faculty of Social Work, University of Calgary, Calgary, Alberta, Canada

The demands placed on human service workers in supporting people through challenging circumstances can contribute to high levels of stress and burnout. Self-care practices implemented regularly may decrease the impact of the high levels of stress while also serving as strategies for coping during particularly stressful times. The interconnections between contemplative practices, including mindfulness, as coping and preventative strategies for self-care practice among human service workers are beginning to emerge. We used a multimethod study to examine the effectiveness of eight weeks of contemplative practice training in increasing self-care, awareness, and coping strategies for 12 human service workers. Paired t-tests conducted on pre- and post-training scores on the Perceived Stress Scale and the Mindfulness Attention and Awareness Scale showed that mindfulness was significantly increased and that stress significantly decreased over the intervention. Thematic analysis from participant journaling and a focus group discussion suggests that time, permission, and place for learning and practicing mindfulness-based activities are necessary. A meditative model is presented to illustrate how enhanced awareness through mindfulness practice can increase self-care which can, in turn, positively affect the service human service workers provide to their clients.

KEYWORDS *contemplative practice, meditative model, mindfulness, social work, stress*

Received October 6, 2010; accepted January 10, 2011.

Address correspondence to Tessa McGarrigle, MSW, RSW, 2266 Woodpark Ave. SW, Calgary, Alberta, T2W 2Z8, Canada. E-mail: tessamcgarrigle@hullservices.ca

Assisting others is a common aspiration of people who are drawn to the human service professions, particularly social work (Lloyd, King, & Chenoweth, 2002). Typically, these individuals have an interest in supporting social change by addressing the injustices of economic oppression, violations of human rights and barriers that marginalized populations face in their day-to-day struggles (Anderson, 2000; Lundy & van Wormer, 2007). However, while supporting others, social workers and other human service providers often work under stressful conditions. The systems they work in are complex and multilayered, creating a myriad of challenges and frustrations for practitioners. Consequently, social workers must cope with many layers and levels of stress (Abrams & Curran, 2004; Lloyd et al., 2002; Lundy & van Wormer, 2007)—caseloads that are too high, low wages, shift work, chronic lack of resources and the pervasive effects of organizational constraints on the social worker's environment (Anderson, 2000; Bell, Kulkarni, & Dalton, 2003; Farrell & Geist-Martin, 2005; Mor Barak, Nissly, & Levin, 2001; Ospina-Kammerer & Dixon, 2001; Stalker, Mandell, Frensch, Harvey, & Wright, 2007).

Notably, hearing about and assisting others managing the impact of their traumatic experiences of war, abuse, mental health, loss, grief, or death, can be stressful and eventually contribute to vicarious trauma for social workers (Adams, Boscarino, & Figley, 2006; Ben-Zur & Michael, 2007; Bride, Radey, & Figley, 2007; Dane, 2002; Fahy, 2007; Fox, 2003; Lloyd et al., 2002; Ospina-Kammerer & Dixon, 2001). Also significant to consider is stress which occur outside of the workplace and/or to historical experiences of trauma that manifest as nervous system dysregulation (Segerstrom & Miller, 2004). A professional experiencing vicarious trauma or compassion fatigue has limited ability to express empathy, has overwhelming feelings of despair and is unable to be sufficiently emotionally available to his/her clients (Adams et al., 2006; Bride et al., 2007; Collins & Murray, 1996; Fahy, 2007; Fox, 2003).

Due to the systemic, organizational, and client stressors and the possible negative impact of hearing traumatic stories from clients, it is imperative that human service and social workers develop adequate coping strategies for positive self-care (Collins & Murray, 1996; Ospina-Kammerer & Dixon, 2001). Contemplative practices such as mindfulness have been proposed as one means of promoting self-care among social work practitioners (Finger & Mayfield Arnold, 2002; Hick, 2008).

This paper reviews the literature on the use of contemplative practices for human services and social work practitioners and presents findings from an 8-week meditative training session which results in a model aimed at increasing awareness and coping among practitioners.

BACKGROUND

Contemplative practices promote contemplation; thinking, questioning, discussing, reflecting, and concentrating on self, all of which are aimed at

cultivating a deepened level of awareness and insight. Actual contemplative practices include meditation and other mindfulness-based activities, silence, prayer, chanting, yoga, tai chi, and “questioning through dialogue . . . self-inquiry . . . metaphysical reflection . . . or deep pondering” (Hart, 2004, p. 29). A deepened awareness of self may transform into a more open and compassionate self toward others (Jennings, 2008).

Mindfulness practices such as meditation may be engaged in because of an underlying question or sense of wonderment about our lives. We may be looking for something more—perhaps a greater understanding of who we are. Such questions may evoke a spiritual quest for knowing self. Bhante Henepola Gunaratana (2002) suggests that “meditation is intended to purify the mind . . . [it] brings the mind to a state of tranquility and awareness, a state of concentration and insight” (p. 14). He proposes that some individuals who practice meditation may be doing so in order to address some of humanity’s greatest questions about life.

Mindfulness may assist us with understanding self while cultivating a level of insight or inner clarity about life as Jon Kabat-Zinn (1990) states:

mindfulness is moment to moment awareness . . . cultivated by personally paying attention to things we ordinarily never give a moments thought to. It is a systemic approach to developing new kinds of control and wisdom in our lives, based on our inner capacities for relaxation, paying attention, awareness and insight. (p. 2)

Self-care can be described as an individual’s ability to balance personal, professional, emotional, mental, physical, and spiritual components in order to live in a balanced, energized manner that assists one in coping with day-to-day stressors (Collins, 2005). Wellness is establishing a sense of well-being, often a result of focusing on self-care and balancing the personal, professional, emotional, mental, physical and spiritual components of self. Focusing on wellness therefore includes focusing on coping with and effectively managing the demands of personal and professional stressors. Collins (2005) defines self-care as “an integral part of multiple aspects of a person’s life, including health and wellness” (p. 264).

Implementing healthy self-care practices impacts one’s overall well-being. In contrast, neglecting self-care and healthy coping strategies typically results in sleep deprivation, emotional exhaustion, reduced morale, feelings of despair, high levels of staff turnover among social workers (Nissly, Mor Barak, & Levin, 2005; Pooler, 2008), and may result in ineffective treatment and care for their clients (Ben-Zur & Michael, 2007; Pooler, 2008).

Coping strategies for self-care among social workers and other human service workers have traditionally focused on cognitive-behavioral, behavioral, and emotional approaches to managing personal and professional stress (Anderson, 2000; Ben-Zur & Michael, 2007; Mor Barak et al., 2001; Wong, 2004). These approaches mirror the predominant view of conceptual

knowing within social work education which focuses on cognitive ways of learning and of knowing one's self (Lu, Dane, & Gellman, 2005; Parkinson & Thompson, 1998). The literature on self-care and spirituality includes a wide spectrum of approaches such as the existential approach, Aboriginal or Indigenous approaches, contemporary social theory, feminist perspectives, and contemplative theory (Coholic, 2003; Gray, 2006; Ospina-Kammerer & Dixon, 2001; Sherman & Siporin, 2008). Additionally, the integration of humanism into social work and the idea that self actualization is paramount relates to the individuality of spirituality itself (Gray, 2006).

Contemplative practices offer an integration of traditional and spiritual approaches to coping and focusing on self-care (Hart 2004). Understanding the influences and range of the traditional and integrated approaches to mindfulness and stress management and how spiritual practices can complement stress management offers human service workers with additional, more diverse, contemplative practice options for self-care (Oman, Hedberg, Downs, & Parsons, 2003).

Dane (2002) suggests "spiritual renewal" may assist social work practitioners in balancing the needs of clients with their own self-care. Spiritual health she notes might include, "taking an afternoon to sit, find a place that encourages contemplation . . . learning to meditate, pray . . ." (p. 14). Dane provides examples of how self-care and spirituality can work together to provide social workers with a wide repertoire of skills and coping strategies. Strategies such as meditation and other mindfulness-based activities like mindful walking or yoga may assist in the reduction of stress among practitioners (Gray & Lovat, 2008). Finger and Mayfield Arnold (2002) also invite us to consider how to incorporate mindfulness-based strategies into social work, as most social workers engaged in meditation, yoga or other mindfulness-based activities are learning about these strategies outside of the social work profession. Lynn (2010) writes about the range of possibilities of contemplative practices, including mindfulness in social work education. Her interest in introducing mindfulness within the educational setting for social workers is to offer a similar emphasis of these practices for social workers as in the training of other health care professionals.

Self awareness in social work is promoted as a technique or process that benefits the social worker's role (Birnbaum & Birnbaum, 2008; Brenner, 2009), but the actual methods or strategies for increasing self awareness are rarely discussed. Writing self-reflective journal entries and consultative discussions with colleagues have been suggested as ways for social workers to "know self" (Birnbaum & Birnbaum, 2008). There is however, a lack of evidence as to the effectiveness of these strategies.

Evidence-based contemplative practices that connect mind and body, such as Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR), are emerging in social work as interventions for clients experiencing stress, anxiety, or depression (Finger & Mayfield Arnold, 2002; Sherman & Siporin,

2008). These models provide opportunities for clients to ‘understand self’ and be more conscious of their thoughts, feelings and behaviours (Broderick & Metz, 2009; Chan, Chan, & Ng, 2006; Coholic, Lougheed, & Lebreton, 2009; Kane, 2006). The literature also focuses on the positive outcomes for clients working with a spiritually connected social worker, rather than the impacts for social workers themselves (Coholic, 2006; Collins, 2005; Gray & Lovat, 2008; Staral, 2002). A shift from an understanding of meditation and mindfulness-based activities as interventions by social workers for their clients toward meditation and mindfulness-based activities for practitioners themselves is beginning to occur (Finger & Mayfield Arnold, 2002; Hick, 2008; Wong, 2004).

Recent literature exploring contemplative practices suggests that social workers can benefit from a holistic understanding of self (Birnbaum & Birnbaum, 2008; Brenner, 2009; Lynn, 2010). Developing an enhanced understanding of thoughts, feelings, sensations, and emotions through mindful practices, can result in an openness and nonjudging approach with self and client (Birnbaum & Birnbaum, 2008; Brenner, 2009; Hick, 2008; Sherman & Siporin, 2008). Additionally, Lu et al. (2005) and Parkinson and Thompson (1998) propose that contemplative practices increase the ability to pay attention to “cognitive judgment,” that is, in differentiating between stories that have been made up based on assumptions and conditioning rather than being in the moment, witnessing and hearing the ideas and voices of the client. A mindful practitioner is paying full attention to the client, being with the client in the moment while being aware of her own thoughts and judgments. Although the practitioner is aware of her own thoughts and judgments she is able to let them go in order to be fully present with the client—focused on what they are saying.

Social workers are guided by a Code of Ethics (Canadian Association of Social Workers, 2005) that demands self-awareness, self-monitoring of thoughts, feelings, and behaviors and attention to self-care and wellness, yet limited educational or professional supports and few theoretical models are available to support this work.

Available research on contemplative or meditative practices in social work includes studies of social work students (Birnbaum, 2007; Lynn, 2010), social workers (Hick, 2008; Turner, 2009) and clients (Brenner, 2009; Broderick & Metz, 2009; Chan et al., 2006; Coholic et al., 2009; Kane, 2006; Leahy, 2005). Studies of students and clients suggest that contemplative practices such as meditation and other mindfulness-based activities may promote an enhanced sense of self-awareness, emotional regulation and openness to self and to others. What is missing, however, is an exploration of how a meditative model would affect practices of self-care, self-awareness and wellness among social workers. This study aims to understand the influence of contemplative practices on the awareness of self-care and wellness among human services and social work practitioners. In particular, in this study we

propose that human service workers and social workers will benefit from practicing the very skills they expect clients to practice and implement.

METHODS

We used a mixed method design to assess how an 8-week meditative group session model based on contemplative practices such as mindfulness-based activities could influence or assist social workers in maintaining wellness. The process to promote contemplative practices in this study was adapted from the Cultivating Emotional Resiliency in Education (CARE) model which is designed to assist teachers to become aware, mindful, emotionally-competent role models (Garrison Institute, n.d.). CARE uses evidence-based strategies and skills based in contemplative practices for teachers to focus on self-awareness and care in order to support and model these practices for their students. CARE operates by influencing educators to practice the skills and interventions they teach to their students. A central concept of CARE is that professionals should model and practice the skills students are expected to use. In transferring this notion to the human service sector, it was proposed that human service workers are expected to practice skills such as managing their stress in a similar fashion as they expect their clients to manage and cope.

The training offered during the group sessions for this study was a compilation of contemplative practices which the author drew upon from her experiences with meditation practices learned during various retreats, daily practice, and yoga practices over the past 15 years. Other participants contributed in sessions, drawing upon their own reflective practice training or Dialectical Behavioral Therapy training, which has a strong emphasis on mindfulness.

Eight 2-hr weekly group sessions, conducted by the lead author, focused on contemplation practices including mindfulness, reflection, and discussions on the experiences of the participants and their self-care and wellness. The group sessions took place at the participants' workplace, a nonprofit agency which serves children, adults, and families with mental health, behavioral, and developmental challenges, during their paid work week. At the beginning of each session, the participants completed self-reflective journals where they could choose to free write or comment on their experiences and understanding of the exercises and discussions during the group sessions. The weekly content of the group sessions was adjusted according to participants' interests, but generally included meditation, body scan, relaxation, or yoga (facilitated by a certified yoga instructor from the community) and mindful walking and listening exercises during the group sessions. Next, the participants practiced mindfulness-based activities, and discussions and explorations of the core concepts were incorporated into the sessions to learn of and from the experiences of the participants. The

facilitator provided brief information on the history, variety, and theological influences of mindfulness activities; basic formal examples of contemplative practices were used where spiritual or sacred spaces may or may not have been experienced by the participants. Mindfulness, one example of contemplative practices, was a key area of focus in the group sessions because of the established evidenced-based models that speak to the connection between mindfulness and stress management (Kabat-Zinn, 1990). The group sessions were an opportunity to practice this one modality and explore the impact on the participants' stress management, awareness, and then strive to understand their overall sense of wellness as a result of participating in contemplative practices.

Participants provided written informed consent and completed the 8-week group sessions. The study received ethics approval from the Conjoint Faculties Research Ethics Board, University of Calgary.

Data Collection

Participants completed two brief inventories preintervention and postintervention. The Perceived Stress Scale (PSS), a 10-item scale (Cohen & Williamson, 1988) adapted from the PSS 14-item scale is a valid and reliable measure of the "degree to which situations in one's life are appraised as stressful" in the past month (Cohen, Kamarck, & Mermelstein, 1983, p. 394). The Mindfulness Attention and Awareness Scale (MAAS) is a 15-item scale with strong psychometric properties designed to assess open or receptive awareness of and attention to what is taking place in the present (Brown & Ryan, 2003).

Participants wrote an anonymous self-reflective journal in response to written questions about self-care, wellness and other forms of contemplation at the beginning of each session. In addition they also had the option to free write each week. Entries were placed into an envelope, sealed, and mailed to the transcriptionist and subsequently transcribed verbatim. The group facilitator kept a journal of observations about the group and the group process, which also became a part of the dataset.

As a method of data analysis triangulation (Cresswell, 2009), participants were invited to a 2-hr focus group once the training sessions were completed. The group was led by two trained facilitators who reviewed the preliminary findings of the study and sought input from participants. The focus group discussion was audio recorded, transcribed verbatim, and included in the dataset.

Data Analysis

Paired t-tests compared pre- and post-training scores on the PSS and MAAS. Analyses were run in SPSS Version 18.

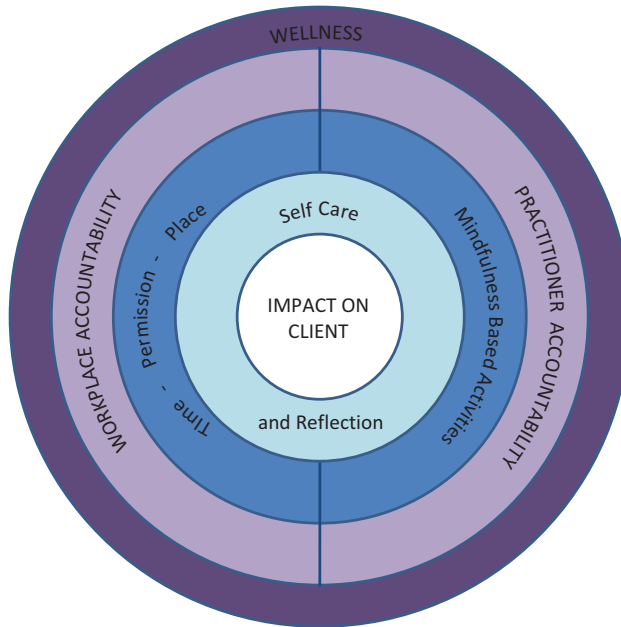


FIGURE 1 A meditative model depicting the relationship between awareness, self-care and wellness for social work practitioners (color figure available online).

We adopted a grounded theory approach (Strauss & Corbin, 1998) to explain the phenomenon of contemplative practices, with a particular focus on mindfulness, in the context of human service work. We reviewed and categorized transcripts to identify interconnections among data from the self-reflective journals, the focus group, and the group facilitator's observations. Two researchers independently completed first level coding identifying meaning units, categorizing the units and providing codes for categories (Grinnell & Unrau, 2008). Reviewing and rereading the data allowed for the formation of categories and the initial coding of the data, which was funneled into categories used during the second-level coding. Second-level coding determined similarities and differences that helped extrapolate meaning from the data (Grinnell & Unrau, 2008). Once the key elements of the phenomenon were identified, we categorized the relationships of those elements into a meditative model (see Figure 1).

RESULTS

Twelve practitioners took part in the study; 11 of whom were female. Nine participants were social workers, one a Child and Youth Care Counselor, and two were Child and Family Support Workers. The mean number of years working at the agency was 5.8 (s.d. 3.10) and participants ranged in

TABLE 1 Pre- and Post-Training Scores on the Mindfulness Attention and Awareness Scale (MAAS) and Perceived Stress Scale (PSS)

Scales	Pre-training score Mean (sd)	Post-training score Mean (sd)
MAAS*	3.6 (0.6)	4.2 (0.5)
PSS**	16.8 (6.1)	12.1 (4.7)

* $t = -2.78$, $df = 11$, $p = .018$. ** $t = 3.21$, $df = 11$, $p = .008$.

age from 27 to 55, mean age 36.5 (s.d. 8.69). Nine participants had previous experience with mindfulness and awareness practices; mean years of experience 7.5 (s.d. 4.69). A minimum of 10 participants took part in each of the group sessions.

Quantitative analysis showed a significant increase in mindfulness and significant decrease in stress pre- to post-training (Table 1). The increase in mindfulness may have made it possible for participants to be more aware of their stress and the need to attend to their stress. The decrease in their stress levels indicates they managed their stress, which may unfold as an enhanced sense of wellness.

Thematic analysis of the participants experiences in the group sessions revealed three major themes: accountability, mindfulness and workplace context. These are described below using illustrative quotes abstracted from participants' self-reflective journals and the focus group transcription.

Practitioners' Accountability to Self, Clients, and Workplace

Accountability refers to being responsible for all job duties and expectations as a professional as described by one participant as ". . . being effective for [the] client, the profession and the employer." Accountability was comprised of two subthemes: practitioners' accountability to clients, and the responsibility of both the workplace and practitioner in managing practitioner stress. Practitioner's accountability to the client includes awareness of self as a practitioner and the recognition of the impact that their unmanaged stress has on clients. Accountability in terms of managing stress consists of developing effective means of coping with stress and working proactively to reduce stress.

ACCOUNTABILITY TO CLIENTS

Participants described a variety of stressors in their daily roles which resulted in negative consequences when unmanaged. As one participant noted, "I can get stressed out when clients/families issues are very severe and I'm not sure if I will be able to help them . . . I often feel stress in my lower

back, neck, and head.” They further noted how unmanaged stress led to tension, distraction, poor concentration, confusion, and illness. As one participant commented, “. . . in my mind I am easily distracted, confused and forgetful . . . as well as easily agitated.”

Core skills such as listening and being nonjudgmental toward clients were more challenging for participants if they were unaware of or did not attend to their stress. Conversely, when participants were provided the opportunity to practice their core skills mindfully, as they experienced during the group sessions, they deepened their level of attention to their clients, as described by one participant, “I really appreciated being challenged on a basic skill [listening] which we utilize each day. I have taken this into my work and I am more mindful of where my mind is at when with clients.”

WORKPLACE AND INDIVIDUAL RESPONSIBILITY FOR MANAGING STRESS

Managing stress was seen as a responsibility shared by the participants themselves and their workplace in order to facilitate professionally accountable and ethical behavior when providing services to clients. Participants described the need to find a balance between their own accountability for self-care and the challenges of self-care at their workplace. “It’s got to be a balance, right? We’ve got to do it on our own as well as there could be time incorporated in our job to help us.” Another concurred, “balancing it, right? So what can you incorporate into your already scheduled team or consultation time . . . and what are you doing yourself throughout your day.”

Participants suggested that because of their professional responsibilities, they are more apt to practice or implement stress management techniques at work. As one participant stated, “In my personal life, it tends to be day-to-day, whereas in my professional, I have to be accountable to someone else.”

Participating in the groups and having the opportunity to practice and focus on self while at work promoted reflection and self awareness, including the impact they have on clients. As suggested by a participant who stated, “I think this opportunity has made me be able to be more aware of practice mostly myself and how I impact the clients or can try being mindful of myself (needs) and their needs.”

Mindfulness as a Key Approach to Self-Care

Practicing mindfulness-based exercises during the group sessions, according to the participants, impacted their awareness of and need for stress management and a focus on their self-care, which when at work assisted them with managing stressful situations more effectively. Mindfulness, as suggested by participants is, “staying in the moment” and “being fully present in the moment.” Mindfulness was recognized by the participants as an intervention

for coping with stress, and it involved two subthemes: the recognition that it is a skill that must be taught and practiced, and that mindfulness is interconnected to self-care and reflection. In the latter context, mindfulness promotes a practitioner's wellness and influences the ways in which services are provided to clients.

Mindfulness as a Skill

One participant illustrated "it's just [an] assumption that we're reflecting and you know it's a skill . . . it is something you need to be taught and you need to be reminded." Another stated, "it reminds me that mindfulness is a skill and if I don't work at it, it becomes more and more difficult."

Participants noted the need for a diverse approach to mindfulness and reflective practice, in particular when considering how to get others to "buy in" to the idea of mindfulness and self-care. ". . . sometimes the word meditation can have a heavy meaning or people can ascribe a meaning to it . . . sometimes people associate it with religion or you know a philosophy in life and then it gets all 'ahhhh not going there' . . . some people may need the research [as to the effectiveness of mindfulness or reflection]."

Interconnections Between Mindfulness, Reflection, and Self-Care

Participants noted that reflection and mindfulness helped them manage their day-to-day stressors in ways that promote self-care: "I see mindfulness and self-care as intrinsically linked . . . it starts with mindfulness, rather mindfulness is the catalyst to self-care/wellness."

Another participant noted:

Since beginning these sessions I've been more peaceful and calm . . . I've been sleeping better . . . being reminded to be gentle with myself. I feel like that has had the most broad effect on my work . . . I haven't gone straight to thinking negatively about things, but instead can balance those out with more gentle, reflective thinking.

The interconnection between mindfulness, reflection, and self-care occurred through recognizing stress, reflecting on its possible causes and then implementing coping strategies that decrease stress and increase well being. As one participant illustrated:

Mindfulness is a way of reducing stress and increasing calmness. In a stressful situation if I stop to take a few breaths and concentrate on reducing the body reactions I am then able to return to the situation and respond in a more effective way.

Another participant suggested:

During the last week I've been feeling overwhelmed, under sleep [sleep deprived], busy and unorganized, yet have done nothing about it . . . yoga today was a blessing . . . it was exactly what I needed to end this week and calm my mind and body.

Practicing mindfulness-based exercises during the group sessions, according to the participants enhanced their awareness of managing stress and focus on their self-care, which assisted them during their work day and week to manage stressful situations more effectively.

Workplace Context—Time, Permission and Place for Self-Care and Wellness

The third major theme—the workplace context had subthemes of time, permission, and place which were necessary to promote the interaction between mindfulness, reflection, and self-care.

The workplace context played a significant role in participants' ability to strive toward self-care and wellness. As one participant explained, "I think it would be an important message to employees that this agency values their well-being." The workplace context included subthemes of time, permission, and a place to practice reflection and learn the skill of mindfulness for it to be successful.

The group sessions provided the participants with time, permission, and a place to practice and learn mindfulness-based activities. One participant described how the intervention had affected both her professional and personal life:

The information has changed the way I do my job, work with clients and in my personal life. I think that it was most impactful to see a change in my own wellness . . . I have been more positive to all the people I work with, I have a calm that has come over me in crisis, I am feeling 100% better in my everyday life.

The requirements of time, permission and place were elaborated on by participants.

TIME TO ENGAGE IN SELF-CARE

Time was identified as critical in practicing self-care and wellness, both in having and taking time to implement self-care strategies. Taking time to practice meant being more self-aware, as one participants noted, "I will take a few moments to 'collect myself' to get in touch with my thoughts . . . during

that time I am able to reflect on what was said, my reaction, and figure out the ‘why.’” The disjunction between the rhetoric of support for mindful practice and workplace practice was noted by one respondent, “I find it interesting that everyone seems to be jumping on the bandwagon train of incorporating mindfulness practices into their workplace, but not purposefully making time for this.” In contrast another individual stated, “To me, it [mindfulness] really is an important aspect of providing the best practice to our clients and it makes me happy to know that I work for an agency that is recognizing its [mindfulness] value.” Time constraints were also noted in the personal sphere, “it seems the busier life becomes the less time I have for yoga, meditation, or mindfulness.”

Permission to Engage in Self-Care and Mindfulness-Based Exercises at Work

Permission was described by participants as occurring on two levels, the workplace and within the educational setting. Permission at work was associated with the interest in practicing mindfulness-based activities or engaging in reflection while at work rather than in their personal lives. Their intentional focus and understanding of the impact they have on their clients at work seemed to be the driving force behind their desire to practice mindfulness and contemplate. As one participant explained:

I am a person who does better at reflecting in my professional role versus personal life . . . professionally we are held accountable to continually be reflective, get consultation, and ethically bound so I tend to be more diligent and aware (conscious) to do that at my work place.

For participants who wanted to practice at work, permission included workplaces which demonstrate an acceptance of mindful practice, as one participant articulated, “If my reflection/mindfulness is not well received or contrary to team member’s programs/processes I may not get the most out of it.” However, permission was not always present even for programs that purportedly encourage mindfulness and reflection. One participant provided the following example, “when suggested [by staff to program managers] that we take an hour every two weeks to practice relaxation/yoga as a team, we are told we cannot use work time.” Granting time and permission for participants to engage in the group sessions at work, led participants to feel less stressed, as one practitioner explained, “over the past eight weeks I have been busier but less stressed, I have felt calmer inside and peaceful knowing that thing[s] will get done.”

Permission to discuss and practice reflection and mindfulness was described as somewhat supervisor dependent. As one participant explained, “I think sometimes people gain exposure to these concepts on a more

individual level, for example, supervision with an individual who values these ideas and introduces or encourages continuation of self-care/mindfulness practices.”

Time had to be allotted for mindfulness in order for permission to be meaningful. One participant described her practice of arriving for a meeting with clients early and preparing for the visit by meditating and getting focused for the visit. She said she was unsure if that this practice “would be counted as work time or not . . . some supervisors may not count it, others might.” The values and beliefs of people in leadership roles influence the context of time, permission, and place for self-awareness and self-care.

The interconnection of time, permission, and place in order to promote self-reflective and self-care practices seemed most likely to be guided by the value and investment of the program leader versus the agency leaders. Therefore a culture or environment that allotted time, gave permission and a place for individuals to practice self reflection, self awareness, and self-care appears leader dependent.

OPPORTUNITY TO PRACTICE SELF-CARE AND MINDFULNESS EXERCISES AT THE WORKPLACE

Participants felt the positive outcomes associated with contemplative practices, including mindfulness, were more likely to occur at work, therefore the place for practice was at work. They described feeling more likely to practice contemplative techniques at work than in their personal lives, as one participant noted “I probably don’t use this [contemplative practice] in my personal life as much as I should.” Another added, “I am a person that does better at reflecting in my professional role versus my personal life.”

Having the group sessions at the participants’ place of work served as a reminder to practice. As one participant noted, “I think for me sometimes I lose momentum, or stray from my path . . . so having groups built into the work week like this one would be amazing.” Not only did the group sessions serve as a reminder to practice mindfulness, they also served as a reminder for self-care and reflection, which was appreciated by the participants: “. . . when I have more stress in my life I don’t think as much to take care of myself. But this group was like a weekly reminder . . . and I really appreciated it.”

A place for reflection also promoted discussions about the participants’ stress levels and how they could understand and appreciate the stress their clients must face, and how challenging it must be for them to cope day-to-day. As articulated by one participant:

I became much more aware of how difficult it must be for families to be mindful because of the amount of stress that they’re under, [I am] much

more aware of how difficult it must be for a lot of our families with all the stressors they have in their lives.

The Meditative Model

Through the thematic analysis of the qualitative data we created a meditative model depicting the relationship between awareness, self-care, and wellness for social work as depicted in Figure 1. The model provides a framework for enhancing awareness, self-care and wellness for practitioners in the workplace and outlines various interconnections necessary for self-care and wellness at the workplace to unfold. The outmost circle is the aim of the practice—to enhance wellness. In order to do so the next ring in the model identifies that, guided by their professional and ethical obligations, and understanding the impact they have on their clients, practitioners and the workplace have a shared recognition of their role in creating practitioner self-care and wellness. Following this the next innermost ring notes that the practitioners' awareness of self-care and ability to manage their stress needs to be discussed, taught, and practiced at the workplace. At the same time, the workplace needs to offer mindfulness-based training for practitioners, thereby interconnecting mindfulness and reflection and self-care as a stress management strategy. Within this context the practitioner learns skills to manage stress and then integrate those skills into their day-to-day work duties and the workplace leaders support the practitioner with integrating their self-care strategies into their daily work. The need therefore for both formal and informal training and discussions about managing stress is necessary to support this development and it requires a constant interplay between the individual and the workplace. The workplace provides the time, gives permission, and establishes different places for practitioners to practice mindfulness and reflective practices. As practitioners and the workplace promote and practice self-care and wellness, the focus of the next innermost circle, they are moving toward positively managing stress while being accountable for the service (and the impact of that service) to the client.

The model recognizes that with both the practitioner and agency sharing in the responsibility and accountability for the awareness of, and need to manage stressors, the overall aim of individual and workplace wellness is possible. Although wellness is the overarching goal, the model also suggests that while the focus is on the self-care of the practitioner, the impact of practitioner self-care and the accountability to the client is central—the final circle in the model. The circular framework of the model implied continual need for individuals and leaders in the workplace to review the integration of these practices regularly.

DISCUSSION

According to Kabat-Zinn (1990), the:

very first and most important step in breaking free from a lifetime of stress reactivity is to be mindful of what is actually happening while it is happening . . . being aware of the cascade of feelings and behaviours that are the stress reaction. (p. 264)

The meditative model created in this study suggests that the awareness of stress and understanding the results of stress is important in order for self-care and wellness to begin. Having time, permission, and a place to learn and practice mindfulness-based exercises will assist practitioners with being aware of stress and what is “actually happening” (Kabat-Zinn, 1990). The workplace and practitioner are accountable for managing the stress, therefore promoting self-care and reflection on what can be done to deal with the stress. Central to the workplace and practitioner focus on managing stress is the practitioner’s impact on the client. How they manage or do not manage their stress impacts the client.

A comparison of pre- and post-training scores showed that participants in this study showed a significant enhancement of attention and awareness and significantly reduced their stress after their participation in the 8-week training session in mindfulness-based activities. These findings are confirmed in the qualitative data suggesting that mindfulness training is a necessary ingredient of the meditative model.

The participants in this research study suggested that the workplace, together with its staff is responsible for providing and supporting coping strategies to enhance the self-care and wellness of the staff. Pooler (2008) suggested that “organizations can promote worker wellness by creating a help seeking and mutual support environment [and] organizations can provide staff development workshops to identify appropriate ways to develop social support and a plan for self-care” (p. 461). Participants in the study felt that “promoting” self-care and wellness at work was not enough, the workplace needs to commit to staff’s self-care by providing time, permission, and a place for the staff to learn and practice self-care strategies. Mindfulness, as a strategy for self-care includes teaching clear definitions and an understanding of mindfulness, while also exploring a variety of methods to attain moment-to-moment awareness. This training and practice of mindfulness at the workplace is one of a variety of self-care strategies for social workers. Arrington (2008) reports that the top three strategies that a sample of social workers used to manage stress were “. . . exercise, meditation, and being in therapy” (p. 7).

According to study participants, leaders in the agency play a significant role in establishing an environment that fostered self-care and wellness for the staff. Similarly, Pooler (2008) recognized ingredients necessary for social

worker workplace wellness, “education and training, [and] broader based organizational commitment to wellness” (p. 464).

The participants practiced and experienced an interconnection between mindfulness and self-care, and could integrate their new skills into the service they provided to their clients. Additionally, based on this small study, providing human service and social workers with training in mindfulness-based activities can enhance and further develop their core relationship skills, such as “skills of attention, affect regulation, attunement and empathy” (Turner, 2009, p. 97). Lutz, Dunne, and Davidson (2007) also reports these skills may also, “. . . enhance and optimize human potential and wellbeing” (p. 107).

Turner (2009) suggests that clinical social workers using mindfulness in psychotherapy, “is the result of the mindfulness practice of the clinician rather than of the client” (p. 96). Interest in mindfulness by participants in this study was driven by their professional accountability to their clients: they noted a positive shift in their service when they managed their stress and implemented coping strategies the moment they were aware of their stress.

Social workers report that job demands and limited time to fulfill all the expectations of their job make them feel overwhelmed (Arrington, 2008). As a time management strategy, and inadvertently a strategy to manage stress, we should consider the amount of time social workers spend *discussing* interventions with clients versus the time spent *doing* interventions with clients. Having time and taking time to integrate mindfulness-based activities and skill development may be accomplished simply by social workers and clients practicing mindfulness-based activities together.

Social workers incorporating interventions such as meditation, yoga, relaxation, body scans, and contemplation with interested coworkers and clients may serve to address the issue of time, permission, and place to practice. For example, if within the workplace contemplative practices are taught and encouraged, the social worker can teach and practice this with the client, offering the client a context of time, permission and a place to focus on and practice strategies that enhance his or her self-care. The challenges of changing one’s habits and day-to-day methods of dealing with one’s stress may require the integration of meditative skills at all levels of the workplace—between managers and staff, coworkers, and clients. Considerations must therefore include what there is to gain from meditative models versus how to make time, give permission or a place for such practices.

This study has several limitations. The sample size for the study was small, participants were recruited from one nonprofit agency and included a variety of human service professionals. In addition, the majority of participants in the study had previously engaged in mindfulness practices, and were therefore open to exploring further mindfulness-based activities and contemplative practices. Further, those who did not have prior meditative experience may have been positively influenced by those who did. Implementing a meditative model across a spectrum of skill levels in

self-awareness and contemplative practices would be necessary to determine if an 8-week training session would be effective in reducing stress and increasing mindfulness. Because of the limitations noted findings from the study are not generalizable. Further research is necessary to determine the relationship between mindfulness training, self-care and social work practice, specifically.

Due to the nature and scope of professional human service and social work practice, workers are exposed to stressful and demanding circumstances (Abrams & Curran, 2004; Arrington, 2008; Lloyd et al., 2002; Lundy & van Wormer, 2007). Increasing expectations for workers to demonstrate their effectiveness with clients through evaluations of their individual and program intervention techniques has added further pressure and stress in the profession (Pooler, 2008). Incorporating a meditative model for social workers within organizations may assist with the ongoing stressors rooted in client and organizational demands. It may provide an opportunity for social workers to practice the “art” in what Brenner (2009) describes as the need “. . . to produce competent and well-rounded clinicians who can draw on both the art and science of practice” (p. 468).

The increasing demand for best practice and evidenced-based models emphasizes “the science” of practice. Balancing “the art and science” of service delivery may however be necessary for ethical social work practice in order to cope and be well in escalating levels of stressful demands. Creating avenues for social workers to explore the “art” of mindfulness, as a means to enhance self-care and wellness is one such method.

Accountability as measured by service-delivery-based outcomes may benefit from measuring both the “art and science” of social work and other human service practice. This may include more than the results of an evidenced-based model or framework implemented by staff to the client, it may also consider the impact of the psychological, spiritual, emotional, and physical wellness of the worker and the client’s change or growth.

Considering both the worker and the client’s health and well-being when measuring outcomes may help us recognize when client outcomes are a result of the service delivery of the worker. As the focus on service-delivery-based outcomes continue in the nonprofit sector, further work is required to understand the relationship between social workers engaged in contemplative practices and client outcomes. In addition, workplace wellness may also address staff recruitment and retention issues (Pooler 2008). Research is also needed to explore how workplaces can best integrate a meditative model while adhering to service provision contracts.

Although further study is needed, workplace mindfulness training shows promise in reducing stress and enhancing self-care and wellness among human service and social workers.

REFERENCES

- Abrams, L. S., & Curran, L. (2004). Between women: Gender and social work in historical perspective. *Social Service Review*, 78, 429–446.
- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76, 103–108. doi: 10.1037/0002-9432.76.1.103
- Anderson, D. G. (2000). Coping strategies and burnout among veteran child protection workers. *Child Abuse & Neglect*, 24, 839–848. doi: 10.1016/S0145-2134(00)00143-5
- Arrington, P. (2008). *Stress at work: How do social workers cope?* (NASW membership workforce study). Washington, DC: National Association of Social Workers. Retrieved from <http://workforce.socialworkers.org/whatsnew/stress.pdf>
- Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society: The Journal of Contemporary Human Services*, 84, 463–470.
- Ben-Zur, H., & Michael, K. (2007). Burnout, social support, and coping at work among social workers, psychologists, and nurses: The role of challenge/control appraisals. *Social Work in Health Care*, 45, 63–82. doi: 10.1300/J010v45n04_04
- Birnbaum, L. (2007). The use of mindfulness training to create an 'accompanying place' for social work students. *Social Work Education*, 27, 837–852. doi: 10.1080/02615470701538330
- Birnbaum, L., & Birnbaum, A. (2008). Mindful social work: From theory to practice. *Journal of Religion and Spirituality in Social Work: Social Thought*, 27(1–2), 87–104. doi 10.1080/15426430802113913
- Brenner, M. J. (2009). Zen practice: A training method to enhance the skills of clinical social workers. *Social Work in Health Care*, 48, 462–470. doi: 10.1080/00981380802589860
- Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35, 155–163. doi: 10.1007/s10615-007-0091-7
- Broderick, P. C., & Metz, S. (2009). Learning to breathe: A pilot trial of mindfulness curriculum for adolescents. *Advances in School Mental Health Promotion*, 2, 35–46.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological wellbeing. *Journal of Personality and Social Psychology*, 84, 822–848.
- Canadian Association of Social Work (2005). Code of Ethics. Retrieved from http://www.casw-acts.ca/practice/codeofethics_e_000.pdf
- Chan, C. L., Chan, T. H., & Ng, S. (2006). The strength-focused and meaning-oriented approach to resilience and transformation (SMART): A body-mind-spirit approach to trauma management. *Social Work in Health Care*, 43, 9–36. doi: 10.1300/J010v43n02_03
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385–396. Retrieved from <http://links.jstor.org/sici>
- Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of*

- health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.
- Coholic, D. (2003). Incorporating spirituality in feminist social work perspectives. *Affilia*, *18*, 49–67. doi: 10.1177/0886109902239096
- Coholic, D. (2006). Spirituality in social work pedagogy: A Canadian perspective. *Journal of Teaching in Social Work*, *26*, 197–215. doi: 10.1300/J067v26n03_12
- Coholic, D., Lougheed, S., & Lebreton, J. (2009). The helpfulness of holistic arts-based group work with children living in foster care. *Social Work with Groups*, *32*, 29–46. doi: 10.1080/01609510802290966
- Collins, J. A., & Murray, P. J. (1996). Predictors of stress amongst social workers: An empirical study. *British Journal of Social Work*, *26*, 375–387.
- Collins, W. L. (2005). Embracing spirituality as an element of professional self care. *Social Work & Christianity*, *32*, 263–274.
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Dane, B. (2002). Duty to inform: Preparing social work students to understand vicarious traumatization. *Journal of Teaching in Social Work*, *22*, 3–19. Retrieved from <http://www.haworthpressinc.com/store/product.asp?sku=J067>
- Fahy, A. (2007). The unbearable fatigue of compassion: Notes from a substance abuse counselor who dreams of working at Starbuck's. *Clinical Social Work Journal*, *35*, 199–205.
- Farrell, A., & Geist-Martin, P. (2005). Communicating social health: Perceptions of wellness at work. *Management Communication Quarterly*, *18*, 543–592. doi: 10.1177/0893318904273691
- Finger, W., & Mayfield Arnold, E. (2002). Mind-body interventions: Applications for social work practice. *Social Work in Health Care*, *35*, 57–78. Retrieved from <http://www.haworthpressinc.com/store/product.asp?sku=J010>
- Fox, R. (2003). Traumaphobia: Confronting personal and professional anxiety. *Psychoanalytic Social Work*, *10*, 43–55. doi: 10.1300/J032v10n01_05
- Garrison Institute. (n.d.). http://www.garrisoninstitute.org/index.php?option=com_content&view=article&id=77&Itemid=79
- Gray, M. (2006). Viewing spirituality in social work thorough the lens of contemporary social theory. *British Journal of Social Work*, *38*, 175–196. doi: 10.1093/bjsw/bc1078
- Gray, M., & Lovat, T. (2008). Practical mysticism, habermas, and social work praxis. *Journal of Social Work*, *8*, 149–162. doi: 10.1177/11468017307088496
- Grinnell, R. M., & Unrau, Y. A. (2008). *Social work research and evaluation foundations of evidenced-based practice* (8th ed.). New York, NY: Oxford.
- Gunaratana, B. (2002). *Mindfulness in plain English*. Somerville, MA: Wisdom Publications.
- Hart, T. (2004, January). Opening the contemplative mind in the classroom. *Journal of Transformative Education*, *2*, 28–46. doi: 10.1177/1541344603259311
- Hick, S. F. (2008). A personal journey to mindfulness: Implications for social work practice. *Reflections: Narratives of Professional Helping*, *14*, 16–23.
- Jennings, P. A. (2008). Contemplative education and youth development. *New Directions for Youth Development*, *118*, 101–105. doi: 10.1002/yd.262

- Kabat-Zinn, J. (1990). *Full catastrophe living using the wisdom of your body and mind to face stress, pain, and illness* (Fifteenth Anniversary Ed.). New York, NY: Bantam Dell.
- Kane, K. E. (2006, May). The phenomenology of meditation for female survivors of intimate partner violence. *Violence Against Women, 12*, 501–518. doi: 10.1177/1077801206288177
- Leahy, D. (2005). How and why movement works: A movement workshop for adults with schizophrenic disorders. *Social Work with Groups, 27*, 113–127. doi: 10.1300/J009v27n02_08
- Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of Mental Health, 11*, 255–265. doi: 10.1080/0963823020023642
- Lu, Y., Dane, B., & Gellman, A. (2005). An experiential model: Teaching empathy and cultural sensitivity. *Journal of Teaching in Social Work, 25*, 89–103. doi: 10.1300/J067v25n03_06
- Lundy, C., & Van Wormer, K. (2007). Social and economic justice, human rights and peace: The challenge for social work in Canada and the USA. *International Social Work, 50*, 727–739. doi: 10.1177/0020872807081899
- Lynn, R. (2010). Mindfulness in social work education. *Social Work Education, 29*(3), 289–304. doi: 10.1080/02615470902930351
- Lutz, A., Dunne, J., & Davidson, R. J. (2007). Meditation and the neuroscience of consciousness: An introduction. In P. D. Zelazi, M. M. Moscovitch, & E. Thompson (Eds.), *Cambridge handbook of consciousness* (pp. 449–551). New York, NY: Cambridge University Press.
- Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001, December). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *Social Service Review, 75*, 625–661. doi: 0037/7961/2001/7504-0005\$02.00
- Nissly, J. A., Mor Barak, M. E., & Levin, A. (2005). Stress, social support, and workers' intention to leave their jobs in public child welfare. *Administration in Social Work, 29*, 79–100. doi: 10.1300J147v29n01_06
- Oman, D., Hedberg, J., Downs, D., & Parsons, D. (2003, October). A trans-cultural spiritually based program to enhance caregiving self-efficacy: A pilot study. *Complementary Health Practice Review, 8*, 201–224. doi: 10.1177/1076167502250796
- Ospina-Kammerer, V., & Dixon, D. R. (2001). Coping with burnout: Family physicians and family social workers—what do they have in common? *Journal of Family Social Work, 5*, 85–93. Retrieved from <http://www.HaworthPress.com>
- Parkinson, C., & Thompson, P. (1998, May). Uncertainties, mysteries, doubts, and approved social work training. *Journal of Social Work Practice, 12*, 57–64. doi: 10.1080/02650539808415132
- Pooler, D. K. (2008, October). Social workers and distress: Implications for sustaining a healthy workforce. *Journal of Workplace Behavioral Health, 23*, 445–466. doi: 10.1080/15555240802540137
- Segerstrom, S. C., & Miller, G. E. (2004). Psychological stress and the human immune system: A meta-analytic study of 30 years of inquiry. *Psychological Bulletin, 130*, 601–630.

- Sherman, E., & Siporin, M. (2008). Contemplative theory and practice for social work. *Journal of Religion & Spirituality in Social Work, 27*, 259–274. doi: 10.1080/15426430802202179
- Stalker, C. A., Mandell, D., Frensch, K. M., Harvey, C., & Wright, M. (2007). Child welfare workers who are exhausted yet satisfied with their jobs: How do they do it? *Child and Family Social Work, 12*, 182–191. doi: 10.1111/j.1365-2206.2006.00472.x
- Staral, J. M. (2002). Reflecting on daily experiences: What does Ignation spirituality have to offer social work students? *Social Thought, 21*, 77–92. Retrieved from <http://www.HaworthPress.com>
- Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory (2nd ed.)*. Los Angeles, CA: Sage.
- Turner, K. (2009). Mindfulness: The present moment in clinical social work. *Clinical Social Work Journal, 37*, 95–103. doi: 10.1007/s10615-008-0182-0
- Wong, Y. R. (2004). Knowing through discomfort: A mindfulness-based critical social work pedagogy. *Critical Social Work, 5*. Retrieved from www.criticalsocialwork.com