

SCIENTIFIC EVIDENCE FOR AND AGAINST THE APPLICATION OF MINDFULNESS PRACTICES FOR SPECIAL EDUCATION TEACHERS

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Abstract: Mindfulness has been introducing and adapting to secular practices in Western countries over the last recent decades. This paper has reviewed scientific evidence to establish a theoretical foundation for the application of mindfulness for special teachers. This paper has highlighted scientific evidence of psychological and medical effects of mindfulness practices for participants by attending traditional mindfulness training, brief mindfulness training or using mobile mindfulness applications. It has also reviewed the scientific evidence for unexpected effects of mindfulness practices. Based on reviewing the selected literature, the potential effects of mindfulness practices on special education teachers and the challenges in the application of mindfulness practices for special education teachers were discussed. Findings are useful for managers and special education teachers to consider adopting mindfulness practices in their workplace.

Key words: Mindfulness, special education teachers.

INTRODUCTION

Mindfulness is operationally described as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145). Having historically roots in Buddhism, mindfulness lays the foundation of all streams of Buddhist meditative practice, including Theravada, Zen, and the Vajrayana tradition (Kabat-Zinn, 2003). Mindfulness can be cultivated and developed formally by practising mindfulness meditation (Baer, 2003; Kabat-Zinn, 2003; Meiklejohn et al., 2012) or informally via weaving mindful awareness into all daily activities (Kabat-Zinn, 2003; Meiklejohn et al., 2012).

Mindfulness meditation has been introducing and adapting to secular practices in Western countries over the last recent decades because of its psychological and medical beneficial effects (Meiklejohn et al., 2012) on mental health of clinical and non-clinical population (Flett, Hayne, Riordan, Thompson, & Conner, 2018). Increasing number of studies showing that practising mindfulness meditation and mindfulness-based therapies leads to various positive changes in psychological problems (Craigie et al., 2016; Flett et al., 2018), life satisfaction, vitality (Creswell 2017; Hofmann et al. 2010, as cited in Flett et al., 2018), job satisfaction (Hülshager et al. 2013, as cited in Craigie et al., 2016) and positive reappraisal of stressors (Garland et al. 2010, as cited in Craigie et al., 2016).

Special education teachers have been facing diverse challenges, expectations, complex demands (Stoesz et al., 2014). They often experience “increasing or large caseloads, lack of clarity in their roles, lack of administrative support, excessive paperwork, feelings of isolation and loneliness, and minimal collaboration with colleagues” (Cancio et al., 2018, p. 542). As a result, special education teachers are at high levels of stress in the workplace (Benn, Akiva, Arel, & Roeser, 2012; Mount, Albrecht, & Waters, 2016). The literature shows that teachers’ high levels of stress affect quality of teaching (Benn et al., 2012; Mount et al., 2016) and student engagement (Cancio et al., 2018); increases the risk of physical and mental abuse towards individuals with disabilities (White, Holland, Marsland, & Oakes, 2003, as cited in Mcconachie & Graham, 2014). High levels of stress may also lead to burnout, threatening teacher-student relationships, classroom management, classroom climate (Jennings & Greenberg, 2009), teacher health and students outcomes (Brunsting, Sreckovic, & Lane, 2014). “Students of disengaged or exhausted teachers are frequently disruptive, struggle socially and emotionally, and attain their Individualised Education Plan goals less frequently” (Brunsting et al., 2014, p. 683). Given all the problems that may negatively influence teachers wellbeing as well as their relationships with students, interventions to help special education teachers better coping with unpleasant issues arising at their work become critical not only for themselves but also for better support students with special needs.

There are many studies examining the effects of mindfulness with promising positive results (Benn et al., 2012; Brooker et al., 2013; Mcconachie & Graham, 2014; Singh, Lancioni, Karazsia, Chan, & Winton, 2016; Singh, Lancioni, Karazsia, & Myers, 2016; Singh et al., 2011). On the contrary, several studies are indicating that mindfulness practices lead to unexpected effects for participants (Reynolds, Bissett, Porter, & Consedine, 2017). Nonetheless, research on teacher practising mindfulness training is in its infancy (Albrecht, Albrecht, & Cohen, 2012; Flook, Goldberg, Pinger, Bonus, & Davidson, 2013), especially in the field of special education. There is a lack of a systematic review of the reasons for and against the application of mindfulness practices for special education teachers.

This paper focuses on studies on the effects of mindfulness on the broader population as an effort to provide scientific evidence for the application of mindfulness practices for special education teachers. Results of this paper will be beneficial for educational managers and special education teachers to carefully consider adopting mindfulness training in their workplace. This paper also attempts to enrich the literature on the application and dissemination of mindfulness practice programs into secular life.

METHOD

This paper is a literature review to find the potential effects of mindfulness practices for special education teachers. This review is to answer two research questions: (1) What are the reasons for supporting the application of mindfulness practices for special education teachers in the literature? (2) What are the reasons for not supporting the application of mindfulness practices for special education teachers in the literature? We

select English journal articles, books, book chapters and doctoral theses published from 2003 to 2018, representing a 15-year period. Focuses of these papers are mindfulness programs and similar programs such as yoga and meditation. As the number of studies conducted in special educational settings is limited, studies in other settings are also reviewed to provide more comprehensive evidence. The search for literature was conducted through educational databases (ERIC, PsychInfo, ProQuest and Google Scholar). Key terms used for searching are “mindfulness”, “mindfulness-based”, “mindful”, “yoga”, “meditation”, “special education”, “education settings”, “teachers”. The majority of the literature meet our criteria was published from 2011 onwards.

RESULTS

Scientific evidence supporting the application of mindfulness practices

As a result of the search for studies based on the above-selected criteria, we found many papers on the positive effects of mindfulness practices for participants by attending traditional mindfulness training, brief mindfulness training or using mobile mindfulness applications.

Traditional mindfulness training

Most of the selected papers indicate many traditional clinical interventions based on mindfulness training, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) or incorporating mindfulness such as Dialectical Behavioural Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Relapse Prevention (RP) (Baer, 2003). These programs require highly qualified instructors who are not only received intensive training but also practice mindfulness in their daily life (Flett et al., 2018; Kabat-Zinn, 2003). Additionally, mindfulness-based interventions like MBSR and MBCT require participants to attend eight 2-hour weekly sessions, plus a 1-day retreat and encourage them to practice mindfulness formally up to 40 minutes per day (Craigie et al., 2016).

Various psychological and medical beneficial effects of mindfulness meditation on mental health of clinical and non-clinical population have been mentioned in the literature (Flett et al., 2018; Meiklejohn et al., 2012). Practising mindfulness meditation and mindfulness-based therapies like MBSR and MBCT, the two most prominent mindfulness-based interventions, leads to reductions in psychological problems (Creswell 2017; Hofmann et al. 2010, as cited in Flett et al., 2018), including negative mood (Khoury et al. 2013, as cited in Craigie et al., 2016), impulsivity to stressors (Mantzios 2014, as cited in Craigie et al., 2016), stress (Wolever et al. 2012, as cited in Craigie et al., 2016) and burnout (Goodman and Schorling 2012; Ruths et al. 2013, as cited in Craigie et al., 2016) and preventing depression (Khoury et al. 2013, as cited in Craigie et al., 2016). It can also increase positive affect, life satisfaction, vitality (Creswell 2017; Hofmann et al. 2010, as cited in Flett et al., 2018), job satisfaction (Hülshager et al. 2013, as cited in Craigie et al., 2016) and positive reappraisal of stressors (Garland et al. 2010, as cited in Craigie et al., 2016). Another critical finding is

that mindfulness training lead to participants' changes in neurons and behaviours, particularly in brain areas subserving attention and regulate emotions as well as their mood and wellbeing (Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2010, as cited in Benn et al., 2012). Additionally, the literature indicates that "contemplation and mindfulness practices increase awareness of one's internal experience and promote reflection, self-regulation, and caring for others" (Jennings & Greenberg, 2009, p. 511). All of these studies were published from 2010 onwards.

Brief mindfulness training

In addition to traditional mindfulness training, several studies are showing the effects of briefer and less intensive mindfulness-based interventions than traditional training. Craigie et al. (2016) conducted a preliminary study on evaluating a Mindful Self-care and Resiliency (MSCR) Intervention for nurses. Twenty – one nurses in Western Australia attended 1-day compassion fatigue prevention educational workshop and a series of follow-up weekly mindfulness training seminars over 4 weeks (12 h total intervention time). Although the MSCR intervention was brief in comparison to MBSR and MBCT, participants did show significant improvements in terms of compassion satisfaction, burnout, trait-negative affect, obsessive passion, and stress scores.

Based on this finding, a controlled trial study was conducted by Slatyer et al. (2018) to further examine the effectiveness of MSCR intervention in reducing burnout, secondary traumatic stress and symptoms of general psychological distress in nurses working in an Australian tertiary hospital. Results of the study revealed that the intervention group ($n = 65$) had significant reductions in burnout and depressed mood in comparison to the control group ($n = 26$) at the end of the MSCR intervention and the 6-month follow-up. These findings indicate that a brief mindfulness-based self-care intervention is effective at improving the emotional functioning of nurses (Slatyer et al., 2018).

There is also a study conducted by Roberts and Montgomery (2015) helping mothers who have experienced stillbirth overcome mental health problems using brief mindfulness-based intervention. Roberts and Montgomery (2015) explored the feasibility, acceptance, and cultural fit of a brief mindfulness-based intervention to reduce perinatal grief and other mental health issues among Indian mothers. This study found that participants showed significant improvements in anxiety, depression, coping, life satisfaction, social provisions, and mindfulness after the intervention.

We found only one study on the application of a brief mindfulness-based intervention to address youth issues in a central city in Vietnam, published by Le and Trieu (2016). Participants of this study were 42 Vietnamese youth and 5 Vietnamese teachers/facilitators. They were required to attend a 1-h daily session over 3 weeks of the mindfulness-based intervention and provide open-ended personal reflections about their experiences in the program. Results of this qualitative study reveal that mindfulness is potential as a prevention strategy to help special education teachers cope with stress and develop life skills among Vietnamese youth.

Hence, though still at an infancy stage, studies on the brief versions of mindfulness based-intervention also open a promising direction in research on the application of mindfulness practice into secular life in a more compact way.

Mobile mindfulness applications

A recently emerging method to practice mindfulness is taking advantage of communication and information technology development, especially mobile applications for smartphones (Cavanagh et al., 2014; Flett et al., 2018; Mani, 2017; Mani, Kavanagh, Hides, & Stoyanov, 2015). Cavanagh et al. (2014) recommend using mobile applications as they help deliver high quality guided meditation training from experienced instructors to more people than the traditional direct training. As a result, they can reduce geographical, social and financial barriers to access traditional delivery training (Cavanagh et al., 2014). Mani (2017) supports this point of view. He recommends using mobile applications as they provide anonymity, flexibility, convenience and can be used with or without the internet. This new trend in practising mindfulness is also adopted in a study of Flett et al. (2018), which highlights that mobile application makes mindfulness meditation training becomes easily accessible to increasing number of people owning smartphones.

Results of the selected published studies reveal improvements in mental health of users after using mobile mindfulness applications. Mani (2017) tested the efficacy of mobile applications for mindfulness on E-mental health of young people based on the evidence indicating the effectiveness of web-based interventions for depression, anxiety and substance abuse, including smoking. This randomised controlled trial study randomly allocated 185 people from 16 to 25 years old with at least mild levels of distress to one of three groups: Immediate access, immediate access with Reminders or a 6-week Delayed access group. They were asked to use the Smiling Mind application (a high-quality mindfulness training application) for over 18 weeks. The study assessed mental wellbeing, psychological distress, mindfulness and happiness of participants at baseline, 6 weeks, 12 weeks and 18 weeks. At 6 weeks, while wellbeing of the Immediate group significantly improved, that of the Delayed and Reminders groups slightly changed from baseline. Nonetheless, from 6 to 12 weeks, the Delayed showed equivalent improvement in wellbeing to that of Immediate group in the first 6 weeks. The Reminders group did not differ from the Immediate access group at any time point. All of the three groups revealed a significant improvement in all outcome measures from baseline to 18 weeks. Flett et al. (2018) conducted a pre-registered randomised controlled trial study testing the impacts of using two smartphone-based mindfulness meditation applications (including the Smiling Mind and the Headspace) on mental health of University students (n=208, aged 18 to 49). This study found that practising brief mindfulness meditation via mobile applications can improve some aspects of negative mental health in the short term and may strengthen positive mental health when used regularly. Huberty, Matthews, Leiferman, Cacciatore, and Gold (2018) published protocol of a three-group randomised feasibility trial study to explore the

feasibility and acceptability of a 12-week, home-based, online-streamed yoga intervention (the Mindful Health study), with varying doses among mothers after a stillbirth. Nevertheless, results of this study have not been published yet.

Scientific evidence for not supporting the application of mindfulness practices

Among the selected papers, we found several studies published in recent years showing that mindfulness interventions lead to negative effects for participants. This leads to various concerns when offering mindfulness training for special education teachers.

Wilson, Mickes, Stolarz-Fantino, Evrard, and Fantino (2015) examined the effect of mindfulness meditation on false-memory susceptibility. This study found that mindfulness meditation led to potential adverse influences for participants. "Participants in the mindfulness condition were significantly more likely to report critical nonstudied items than participants in the control condition" (Wilson et al., 2015, p. 1567).

Huijbers et al. (2016) conducted a multicentre randomised controlled non-inferiority trial study on 249 participants with recurrent depression in remission who currently treated with antidepressants for at least 6 months. Participants were randomly allocated to either discontinue (n= 128) or continue (n= 121) maintenance antidepressant medication after mindfulness-based cognitive therapy. Participants attended 8 weekly intervention sessions of 2.5 h and 1 day of silent practice and were encouraged to practice meditation at home. Results of this study revealed more significant relapse in participants discontinuing medication after mindfulness intervention.

There is also a study showing unexpected effects of brief mindfulness-based interventions for participants in addition to studies revealing negative results of traditional mindfulness training. Reynolds et al. (2017) lead a randomised controlled trial study comparing the efficacy of a brief mindfulness-based intervention with relaxation therapy on reducing distress amongst chemotherapy patients. Participants of both the intervention group (n = 32) and the relaxation training group (n = 36) attended three 90-minutes weekly sessions. Overall distress and cancer distress of both groups declined over time. Nonetheless, participants of the intervention group reported increased symptom distress and social avoidance and reduced quality of life. One participant was hesitant to follow the training as he experienced negative emotions after the first session.

Nonetheless, this paper did not find any studies on the negative effect of mindfulness practices in special educational setting, except for one study on a small number of vulnerable students and teachers in an educational setting (Burrows, 2017). This phenomenological study interviewed college students and teachers involved in courses that incorporated mindfulness meditation about their mindfulness experiences. Surprisingly, students and their teachers reported unusual and concerning experiences with mindfulness meditation. Burrows (2017) suggested that vulnerable students learning mindfulness in education need to be safeguarded, given the high rates of mental health difficulties and stress disorders among young people.

DISCUSSIONS

Potential effects of mindfulness practices on special education teachers

Although we did not find any studies directly target the effects of mindfulness practices on special education teachers, we believe that findings of previous studies suggest many potential effects of mindfulness practices on special education teachers.

First, the changes in neurons and behaviours of participants practicing mindfulness, especially the brain areas subserving attention and regulating emotions, mood and wellbeing, as mentioned in Benn et al. (2012), can help special education teachers empathically tailor their responses to meet the diverse needs of children with disabilities. In fact, teaching students with special needs is very challenging. It requires teachers to develop and maintain special characteristics and traits to better support the diverse needs of their students. This point of view is also discussed in Benn et al. (2012) and Mcconachie and Graham (2014). Ben et al. (2012) indicated that teachers need to focus their attention, become flexible in their cognition and regulate their emotion. By doing so, teachers may nonjudgmental accept the traits, attributes and behaviours of the self and the child (Benn et al., 2012). Mcconachie and Graham (2014) said that teachers would become more mindful carers, which may increase students' happiness and ability to learn, reduce levels of challenging behaviours such as aggression, non-compliance, self-injury and injuries to others as well as increase their integration into the society and the community.

Second, practising mindfulness seems to be very promising to help teachers develop positive relationships with their special needs students and better cope with the challenges associated with teaching students with special needs. The increase in self-awareness and self-management ability of teachers after practising mindfulness mediation, as cited in Jennings and Greenberg (2009) will affect their ability to cope with emotional demands in the teaching environment. This idea corresponds with previous findings of Buyse, Verschueren, Doumen, Van Damme, and Maes (2008). Accordingly, children with problematic behaviours were less likely to develop poor quality relationships with their teacher in a classroom with high teacher emotional support.

Third, if practising mindfulness meditation may promote teacher's relationship with students, it may improve teacher's wellbeing and vice versa. The literature has widely cited the close relationships among the development and maintenance of supportive teacher-student relationships, effective classroom management and teacher's wellbeing (Jennings et al., 2014; Jennings & Greenberg, 2009). The relationships between teachers and children may be enhanced by the development of teacher's interactions with the child and the improvement in teachers' mental health, job satisfaction, and sense of efficacy (Pianta, Hamre, & Stuhlman, 2003). Thus, we have the evidence to believe in the potentials effects of mindfulness practices on special education teachers' relationship with students as well as their wellbeing.

Although mindfulness plays a critical and crucial role in Vietnam history (Le & Trieu, 2016), the number of published studies on the application of mindfulness is very minimal. Given a country with the majority of religious believers is Buddhist (U.S. Department of State, 2018), mindfulness practices may be a potential prevention solution for helping special education teachers overcome challenges in their workplace.

Challenges in the application of mindfulness practices for special education teachers

In addition to the evidence on the positive effects of mindfulness practices, we have been very concerned about the evidence for not supporting the application of mindfulness practices for special education teachers. Based on the common results of the selected papers, we find many challenges in the application and dissemination of mindfulness practices programs into special education setting.

First, as most mindfulness training programs require highly qualified instructors, it will significantly influence the dissemination of traditional mindfulness-based intervention to the broader population, including special education teachers. This concern has been addressed as a limitation of traditional mindfulness training in the literature for many years. Kabat-Zinn (2003), founder of MBSR, mentioned this in his paper. Instructors need to sustainably practise mindfulness over days, weeks, months, and years so that they can embody mindfulness. Without such practices and experiences, “attempts at mindfulness-based intervention run the risk of becoming caricatures of mindfulness, missing the radical, transformational essence and becoming caught perhaps by important but not necessarily fundamental and often only superficial similarities between mindfulness practices and relaxation strategies, cognitive-behavioral exercises, and self-monitoring tasks” (Kabat-Zinn, 2003, p. 150). Unfortunately, the availability of adequately experienced group leaders is still limited (Mental Health Foundation, 2010, as cited in Cavanagh et al., 2014). Hence, it will negatively affect the possibility of offering high-quality mindfulness training via the traditional model for special education teachers.

Second, it is uneasy for special education teachers to meet the strict requirements regarding the duration and intensity of traditional mindfulness training like MBSR and MBCT. This concern has also been addressed in the literature in recent years. Many researchers are worried that intensive mindfulness training leads to difficulties in recruiting and retaining busy participants (Zeller & Levin, 2013) such as special education teachers, and can be costly to the meditator (Cavanagh et al. 2014, as cited in Flett et al., 2018). There are also some doubts as to whether more extended programs will deliver higher efficiencies or shorter programs (Carmody and Baer 2009; Dharmawardene et al. 2015, as cited in Craigie et al., 2016). Special education teachers are at high risk for burnout (Brunsting et al., 2014) as they experience role overload with too many unique demands on their time and resources (Adera & Bullock, 2010). In addition, there are many non-instructional tasks that special education teachers need to spend time fulfilling, such as individualised education plan meetings and paperwork (Vannest & Hagan-Burke, 2010). Although the benefits of participating in intensive

traditional mindfulness training are highly cited for helping one learn and practice mindfulness appropriately, finding extra time to do so seems to be uneasy for special education teachers. Nevertheless, we believe that practising mindfulness via mobile mindfulness applications or by attending brief mindfulness training rather than traditional mindfulness training may be more suitable and feasible for special education teachers. It can help special education teachers overcome challenges associated with traditional mindfulness training. Unfortunately, we find a quite limited number of studies testing the effectiveness of mindfulness meditation applications on mental health of users. Conclusions about the outcomes of these studies are not definitive. However, the existing of such studies contributes to a potential research tendency in using communication and information technology to deliver mindfulness-based training as an inexpensive method for every people.

Third, another critical issue is that the majority of mindfulness-based interventions reviewed in this paper target clinical health conditions and do not directly aim for special education teachers. Without an appropriate rationale and modification, such interventions may not be suitable when transferring into other settings, including special education settings. The unexpected results of mindfulness interventions on some participants in studies of Burrows (2017), Huijbers et al. (2016), Reynolds et al. (2017) and Wilson et al. (2015) lead to questions about negative influences that mindfulness training may have on special education teachers.

CONCLUSIONS AND IMPLICATIONS

Results of this review show that studies on the effects of mindfulness practices in special education settings are still at the infancy stage without definite conclusions. While it is supported to offer mindfulness training for special education teachers, it is highly recommended to keep in mind that mindfulness practices may not be suitable for everyone. The above findings are critical for the success of the application and dissemination of mindfulness practices programs into special education settings. It provides managers and special education teachers with scientific evidence to carefully consider adopting mindfulness training in their workplace. Additionally, it is beneficial for educator and policymakers to be aware of the expected and unexpected results that may happen when offering mindfulness training for special education teachers. Further research is needed to give more insight into the applications of mindfulness practices in special education setting.

However, the existing of published studies on the application mindfulness practices in Vietnam is very limited. Although Buddhism is very popular in Vietnam, to the best of our knowledge, there is not any published study on the applications of mindfulness in Vietnamese special educational settings. It is essential for further research to explore this area in order to provide more empirical evidence for managers and special education teachers in Vietnam to consider offering mindfulness training in their workplace.

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