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# School-based Meditation Practices for Adolescents: A Resource for Strengthening Self-Regulation, Emotional Coping, and Self-Esteem

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Schools are searching for innovative ways to meet the unique academic, social-emotional, and behavioral needs of adolescents, many of whom face serious personal and family challenges. An innovative practice that is currently being introduced into school settings is meditation. Types of meditation offered in school-based settings include mindfulness meditation, the relaxation response, and Transcendental Meditation. These practices, as cognitive-behavioral interventions that are available for use by social workers and other school professionals, help students to enhance academic and psychosocial strengths and improve self-regulation capacities and coping abilities. This article defines meditation and meditative practices, reviews the literature showing the benefits and challenges of offering meditation to adolescents in a school-based setting, and describes the relevance of these practices for adolescents. The article also discusses implications for school social workers, teachers, and school administrators and reflects on the current research and future efforts toward building the research base for the promising practice of meditation in schools.

KEY WORDS: *adolescents; cognitive-behavioral; emotional coping; meditation; self-regulation*

Adolescents spend much of their time in school and engaged in school-related activities. Educational institutions, teachers, and other school professionals are recognized as important socialization agents for youths and play a crucial role in helping students who often face serious personal or family challenges. Consequently, schools incorporate prevention and intervention programs to meet the psychosocial, emotional, cognitive, and behavioral needs of adolescents. School social workers are intimately involved in administering these programs (Allen-Meares, Washington, & Welsh, 1996). School districts also provide innovative prevention and intervention programs that target all students in the school rather than limiting services to those students identified as at risk or high need.

Some schools are developing innovative programs that incorporate aspects of meditation in small-scale or global prevention and intervention activities for students (Schoeberlein

& Koffler, 2005). These efforts have been the focus of articles in the popular media, in which meditation in schools has been described as a new and promising practice (P. Brown, 2007) and a "cutting edge" approach (Elias, 2009). There is an initial research base, with a limited number of studies showing that meditation, as a cognitive-behavioral intervention for vulnerable students, improves the physical, social, emotional, psychological, and cognitive functioning and has the potential to enhance psychosocial strengths and coping abilities (for example, Barnes, Davis, Murzynowski, & Treiber, 2004; Beauchemin, Hutchins, & Patterson, 2008; Rosaen & Benn, 2006).

Cognitive benefits of school-based meditation programs for adolescents include enhanced ability to pay attention, improved concentration, and decreased anxiety (for example, Beauchemin et al., 2008; Rosaen & Benn, 2006; So & Orme-Johnson, 2001; Wisner, 2008). Meditation interventions also lead to improved

emotional and behavioral self-regulation, frustration tolerance, and self-control (Barnes, Bauza, & Treiber, 2003; Barnes, Davis, et al., 2004; Barnes, Treiber, & Davis, 2001; Barnes, Treiber, & Johnson, 2004; Rosaen & Benn, 2006; Wisner, 2008). In addition, meditation helps students improve self-esteem (Benson et al., 1994) and facilitates emotional intelligence (Rosaen & Benn, 2006). Furthermore, meditation integrated into the school curriculum can also have positive effects on school climate (Wisner, 2008).

Although there is a large and growing body of literature addressing the benefits of meditation for adults, few studies have been conducted with adolescent participants (Jha, 2005). More attention to studies with adolescents, extension of the research knowledge in this area, and further assessment of meditation as a helpful intervention for adolescents in schools is needed. This article offers a definition and explanation of meditation and explores the relevance of these practices for adolescents. In addition, an overview of relevant research studies exploring the use of meditation with adolescents in school settings is provided, recommendations for school professionals are offered, and research recommendations are considered.

### **MEDITATION AND MEDITATIVE PRACTICES**

There are many different conceptualizations of meditation, so it is imperative that research and literature discussing meditation make clear what is meant by the use of the term. *Meditation*, in a broad sense, may be considered "a family of techniques which have in common a conscious attempt to focus attention in a nonanalytical way and an attempt not to dwell on discursive thought" (D. H. Shapiro, 1984, p. 6). Meditation is often used in spiritual and religious practices, and meditative techniques are used within branches of each of the world's major religions. However, meditation, as used in the research literature, typically involves the use of secular techniques that are not used within a spiritual or religious context.

Meditation is used in the context of mindfulness meditation (MM), mantra meditation, yoga, tai chi, and qigong (Ospina et al., 2007). Yoga, tai

chi, and qigong are typically considered meditative practices and involve bodily movement and concentration on the breath. All of these practices typically take place in a quiet location; may involve use of particular postures; and require an open, nonjudgmental attitude (National Center for Complementary and Alternative Medicine [NCCAM], 2007).

Two common types of meditation most often used in research studies are concentration meditation (which includes mantra meditation) and MM. Concentration meditation involves repeatedly focusing on a particular word, phrase (for example, the mantra), or object in an attempt to quiet the mind. Standard recommendations for developing a meditation practice typically call for two 20-minute meditation sessions a day, once in the morning and again in the evening.

Concentration or mantra meditation techniques include Transcendental Meditation (TM) and Herbert Benson's relaxation response method. TM, developed by Maharishi Mahesh Yogi in the 1950s, involves meditation instruction provided by a certified teacher, use of a personal mantra, and payment of a fee for instruction (Coppola, n.d.). Recommendations typically include meditating in a seated position with eyes closed using the mantra. The relaxation response method is also a secular mantra-based practice in which the participant chooses a personal mantra, which may be a word, sound, or even a short prayer. Use of the relaxation response does not require a trained teacher, and it can be learned through personal guidance or the use of printed materials (Benson, 1975).

MM does not involve use of a mantra; rather, it involves an awareness and acceptance of the present moment (NCCAM, 2007). Thus, *mindfulness meditation* "can be defined as the effort to intentionally pay attention, nonjudgmentally, to present-moment experience and sustain this attention over time. The aim is to cultivate a stable and nonreactive present moment awareness" (Miller, Fletcher, & Kabat-Zinn, 1995, p. 193) and to resist concentrating on thoughts and emotions (D. P. Brown, 1984). MM is not strict control of thinking or the absence of thought, and although relaxation may at times be part of

meditation, relaxation training is not the same thing as meditation (Kabat-Zinn, 2005).

Much of the impetus for research regarding MM as an intervention originated with Jon Kabat-Zinn (1990) and his colleagues at the University of Massachusetts Medical Center. The Stress Reduction Clinic at the medical center offers a comprehensive stress reduction program (mindfulness-based stress reduction [MBSR]) in a medical setting that uses meditation and yoga as aspects of the treatment approach for patients with a wide range of medical and psychiatric diagnoses. As is true for MBSR, MM is frequently taught without reference to the spiritual or religious underpinnings of the meditation techniques (Kabat-Zinn, 1990). Many MM practices are loose adaptations of MBSR (Schoeberlein & Koffler, 2005), and these practices have been adapted for use with adolescents (O'Brien, Larson, & Murrell, 2008; Thompson & Gauntlett-Gilbert, 2008). This article focuses on the three types of secular meditation primarily used in research with adolescents (MM, TM, and the relaxation response method).

### **MEDITATION AS AN INTERVENTION**

Meditation and other mind-body practices are widely accepted by the general U.S. population and are increasingly accepted by helping professionals (Honda & Jacobson, 2004; Russinova, Wewiorski, & Cash, 2002; Upchurch & Chyu, 2005). Meditation, as an intervention for adults, has strong empirical support that has been explored in a number of literature reviews (Baer, 2003; Ospina et al., 2007; S. L. Shapiro & Walsh, 2003). Perhaps due to the paucity of research with adolescents, little attention has been given to including studies conducted with adolescents in such reviews.

Although there is strong evidence that meditation is an efficient and effective intervention for many, some cautions should be noted. Practitioners should be aware that some people require very brief meditation sessions due to hypersensitivity to meditation and that those experiencing losses or grief may feel overwhelmed with these emotions during meditation. In addition, meditation should be used cautiously

with clients with severe psychiatric problems, including psychosis, depression, and anxiety (Baer, 2003; Ospina et al., 2007; S. L. Shapiro & Walsh, 2003).

### **Meditation Interventions and Social Work**

Meditation has, for many years, been accepted as a helpful complementary technique in social work (Keefe, 1975, 1976, 1996), and, in fact, meditation is now considered "part of mainstream practice" and is one of the most frequently used mind-body practices (Henderson, 2000). This is reflected in the recent social work literature about meditative practices for social workers, social work clients, and social work students (Bein, 2008; Canda, Nakashima, & Furman, 2004; Finger & Arnold, 2002; Henderson, 2000; Sheridan, 2004; Wolf & Abbell, 2003). Furthermore, meditation programs offered by school social workers in school-based settings have been shown to be effective interventions (Beauchemin et al., 2008; Wisner, 2008).

### **Meditation for Adolescents**

Meditation practices—including the relaxation response method, TM, and MM—have been used as sole interventions and as components of successful programs to treat a variety of concerns in adolescent populations. Studies have shown that the benefits of meditation interventions for adolescents include improved cognitive functioning; increased self-esteem; improvements in emotional self-regulation, self-control, and emotional intelligence; increased feelings of well-being; reductions in behavioral problems; decreased anxiety; decreases in blood pressure and heart rate; improvements in sleep behavior; increased internal locus of control; and improved school climate (for example, Barnes et al., 2003; Barnes, Treiber, & Johnson, 2004; Beauchemin et al., 2008; Benson et al., 1994; Bootzin & Stevens, 2005; Derezotes, 2000; Rosaen & Benn, 2006; So & Orme-Johnson, 2001; Wisner, 2008). The focus of this article is meditation research with adolescents in school-based settings. Specific details of the studies addressing meditation interventions for adolescents in schools are provided in Table 1.

**Table 1: Meditation Research with Adolescents in Schools**

Study	Meditation Practice	N	Participants	Length of Program	Session Frequency and Length (in Minutes)	Design
Benson et al. (1994)	Relaxation response method	50	Gender and age not specified	1 school semester	3 times weekly (15)	Randomized; meditation included in health classes
Barnes et al. (2001)	TM	35	Ages 15–18; 16 female, 19 male	2 months	Twice daily (15)	Pre- and posttest; control group
Barnes et al. (2003)	TM	45	Ages 15–18; 13 female, 32 male	4 months	Twice daily (15)	Pre- and posttest; control group
Barnes, Treiber, & Johnson (2004)	TM	100	<i>M</i> age = 16.2; 37 female, 63 male	4 months	Twice daily (15)	Pre- and posttest; control group
So & Orme-Johnson (2001), Experiment 1	TM	154	<i>M</i> age = 16.5; 76 female, 78 male	6 months	Twice daily (15–20)	Pre- and posttest; control group
So & Orme-Johnson (2001), Experiment 2	TM	118	<i>M</i> age = 14.6; all female	6 months	Twice daily (15–20)	Pre- and posttest; comparison group: contemplation meditation
So & Orme-Johnson (2001), Experiment 3	TM	99	<i>M</i> age = 17.8; all male	6 months	Twice daily (15–20)	Pre- and posttest; control group
Rosaen & Benn (2006)	TM	10	Ages 12–14; 5 female, 5 male	School days for 1 year	Twice daily (10)	Qualitative
Barnes, Davis et al. (2004)	MM	73	<i>M</i> age = 12.3; 34 female, 39 male	3 months	Twice daily (10); one 20-minute instruction time per week	Pre- and posttest; control group
Beauchemin et al. (2008)	MM	34	Ages 13–18 ( <i>M</i> = 16.61); 29% female, 71% male	5 weeks	Initial training (45); 5 days per week (5–10)	Pre- and posttest
Wisner (2008)	MM	35	Ages 15–19 ( <i>M</i> = 17.28); 16 female, 19 male	Initial: 2 weeks; subsequent: 6 weeks	Initial: twice weekly (4); subsequent: 4 times weekly (10)	Mixed methods: Pre- and posttest; qualitative

Note: TM = Transcendental Meditation; MM = mindfulness meditation.

## RESEARCH ON MEDITATION INTERVENTIONS FOR ADOLESCENTS IN SCHOOLS

### Relaxation Response Method of Meditation

Benson's (1975) relaxation response method of meditation was used as an intervention for high school sophomores (Benson et al., 1994). Students, as part of health classes, were taught the elements of the relaxation response, including instructions for focusing attention, pacing the breath, relaxing, and maintaining a passive attitude. The health curriculum incorporated information on stress management, nutrition, and drug use. Health classes met three times weekly and classes began with 15 minutes of the relaxation response. Students in the curriculum

group incorporating the relaxation response showed significant increases in self-esteem and increased internal locus of control when compared with the control group.

### TM

Barnes and colleagues conducted a number of studies to assess potential benefits of TM interventions on a variety of factors for high school students. Barnes et al. (2001) assessed the impact of TM on cardiovascular reactivity in adolescents (34 African American, 1 white) with blood pressure in the high-normal range. Students in the TM group were instructed in meditation practice and asked to practice 15 minutes twice a day for a two-month period.

Students in the TM intervention group showed greater decreases in resting systolic blood pressure and less cardiovascular reactivity to acute stress than did those in the control group, which met weekly for one-hour lifestyle education sessions for seven weeks.

In another school-based study, Barnes et al. (2003) assessed the effects of TM used for stress reduction and behavioral management for African American students. Students in the TM group were instructed in meditation practice and asked to practice TM for 15 minutes twice a day for a four-month period. Students in the control group met each day for 15 minutes of health education. Students in the TM intervention group showed significant decreases in days absent from school, decreases in rule violations, and fewer days of suspension from school when compared with the control group. In addition, girls in the TM group showed greater decreases in anger than did those in the control group, but there were no corresponding changes in anger for boys in the TM group compared with boys in the control group.

Barnes, Treiber, and Johnson (2004) used TM as a stress-reduction intervention for African American adolescents with high-normal systolic blood pressure. Students in the TM group were instructed in meditation practice and asked to practice 15 minutes twice a day for a four-month period. Students in the control group took part in a four-month program addressing weight management through dietary recommendations and encouraging physical activity. Students in the TM intervention group showed significant decreases in ambulatory blood pressure in comparison with those in the control group, and these decreases were maintained at the four-month follow-up period.

These intervention studies show that TM has the potential to be an important aspect of school-based intervention programs for students at risk of cardiovascular problems, including essential hypertension, and for students experiencing high levels of stress with concurrent behavioral concerns.

In a series of three experiments using random assignment, So and Orme-Johnson (2001) studied the effects of practicing TM for 15 to

20 minutes twice daily on a number of cognitive factors in Chinese junior high and high school students, including a group of vocational students. Students in the TM groups, compared with napping and no-treatment control groups, showed increased levels of creativity and practical intelligence, increased field independence, and decreased levels of state and trait anxiety. Students also showed increased speed of information processing. Moreover, students in the TM group, in comparison with those in a contemplation meditation group, showed increased levels of creativity and practical intelligence and decreased levels of state and trait anxiety (So & Orme-Johnson, 2001).

Rosaen and Benn (2006) used qualitative methods to identify themes that emerged from interviews with African American seventh-grade students who practiced TM for two 10-minute periods each school day for a one-year period. The qualitative data analysis yielded three overarching themes: restful alertness, increased emotional intelligence, and improved academic performance. Students reported that meditation helped them to attain greater levels of concentration, relaxation, and energy and, at the same time, helped them to increase self-control, especially with regard to anger. The students also reported an improved sense of adaptability across situations and more patience and tolerance. Rosaen and Benn concluded that the enhanced state of *restful alertness* (awareness of the feelings of self and others along with a sense of internal calmness) reported by the adolescents in this study may contribute to improved social-emotional functioning, both self-control through emotional regulation and increased adaptability and improved flexibility in responsiveness.

#### **MM**

Barnes, Davis, et al. (2004) evaluated the effects of a school-based MM program on blood pressure and heart rate for 38 African American and 35 white middle school students with normal blood pressure. Students in the MM group were asked to meditate for 10-minute sessions at school and at home each day and to participate in one 20-minute instruction time per week for three months. The control group took part in daily

20-minute walks and weekly 20-minute educational sessions about changing diet, increasing physical activity, and losing weight. Students in the meditation group showed significant decreases in resting systolic blood pressure and decreases in daytime and after-school ambulatory systolic and diastolic blood pressure, and they also showed decreases in heart rate.

A pilot study conducted by Beauchemin et al. (2008) assessed the benefits of providing a five-week MM program for high school students diagnosed with learning disabilities. Students spent five to 10 minutes in meditation each school day, and those who completed the program showed improved social skills, decreased anxiety, and improved academic performance.

Wisner (2008), in a mixed-methods study, offered an eight-week MM group program for all students (1 biracial, 35 white) in an alternative high school. Students and school personnel started with four-minute meditation sessions and worked up to 10-minute meditation sessions four days a week. Teacher ratings taken prior to and following the intervention indicated that students improved in behavioral and emotional strengths following the intervention. Specifically, students showed increases in interpersonal and intrapersonal strengths, family involvement, school functioning, and affective strengths. Qualitative data indicated that students found MM helpful for increasing self-regulation, calming themselves, relieving stress, increasing relaxation, and improving emotional coping. In addition, students reported knowing themselves better and increased abilities to pay attention and to control thinking. Students also reported that meditation resulted in a calmer school community with a more positive school climate and less stressed, happier, more engaged students. Moreover, findings also suggest that the potential for MM to relieve stress and to improve school climate are particularly important benefits for students. The majority of students mentioned the importance of meditation as a calm, peaceful, and relaxing time. An unexpected theme in qualitative student narratives was that learning and practicing meditation in a school setting is not without challenges, both personal and programmatic. Challenges included negative

preconceptions about meditation, difficulty of meditating in groups in a sometimes noisy environment, difficulty concentrating and focusing during meditation, and drowsiness interfering with meditation.

### **SUMMARY OF THE SCHOOL-BASED MEDITATION RESEARCH**

Clearly, the preliminary research with adolescents suggests that meditation, as a cognitive-behavioral intervention, has positive implications for the functioning of students (Barnes et al., 2001, 2003; Barnes, Davis, et al., 2004; Barnes, Treiber, & Johnson, 2004; Beauchemin et al., 2008; Benson et al., 1994; Rosaen & Benn, 2006; So, & Orme-Johnson, 2001; Wisner, 2008). Students experiencing high levels of stressful life circumstances, physical or emotional health concerns, learning problems that involve difficulty paying attention or concentrating, or low self-esteem may be particularly helped by this type of intervention. The foregoing are all concerns that may interfere with school success, and meditation may be of benefit to students with these challenges. In addition, because meditation enhances coping abilities and self-regulation and improves social relationships with peers, it is likely that improvement in these areas will enhance relationships within the school community, thus improving school climate.

However, there are limitations within this literature. Some studies did not separate meditation from other components of the intervention, and others failed to include a control or comparison group. Limitations also include lack of a thorough description of the intervention and methodology and little discussion of the credentials of the person teaching the meditation practice. Furthermore, the available literature on using meditation practices for adolescents in schools has been limited to a few researchers, often with small numbers of participants.

Meditation models used with adolescents are typically based on models designed for and used almost exclusively with adults (for example, practicing meditation for 15 to 20 minutes twice a day). For the most part, the studies reviewed here modified these models to good effect. Briefer meditation periods have proven

effective without compromising benefits to students (Barnes, Davis, et al., 2004; Benson et al., 1994; Rosaen & Benn, 2006; Wisner, 2008). For example, a shorter meditation time of 10 to 12 minutes, practiced once per day or several times a week, may provide adolescents with the benefits of a meditation practice. Moreover, the model programs reviewed showed a level of effectiveness across a variety of settings (that is, public middle, junior, and senior high schools; an alternative school; a private residential school; a vocational school; and schools in international settings), pointing to the utility and adaptability of using meditation in schools and with a variety of techniques (TM, MM, the relaxation response method).

However, a critical assessment of these models is needed, with development of a more cohesive model of meditation for use with adolescents. In addition, it is necessary to provide meditation interventions that are replicable, transportable, and easily incorporated into school settings. School settings, with rigid schedules and time spent attending to curriculum standards and standardized testing, are appropriate venues for studying these adapted and modified methods of teaching meditation.

## **CONCLUSION**

### **Recommendations for School Social Workers**

School social workers, charged with helping students who are struggling with many challenges, may find meditation to be an effective and efficient clinical tool for use with adolescents. Adolescents, developmentally, are learning how to regulate their emotions and behavior. As they do so, they often face certain challenges such as feelings of fear, anger, and sadness and self-defeating recriminations. Many students have additional learning, emotional, and social challenges. Meditation as a practice technique has the potential to help students to manage behavior, thinking, and emotions in a way that can assist them in their school and home settings. Meditation interventions for adolescents are intended to provide a means for improving coping and increasing self-awareness, allowing each student to succeed. Meditation offers

students a brief period in which to seek a calm and still place within them during the typically chaotic school day.

School social workers may find that there are a number of benefits to developing school-based programs that incorporate meditation. Meditation, when practiced on a regular basis, is a technique that can be learned fairly quickly and has been proven effective for use in groups and for relatively brief cycles of time (four to eight weeks). The studies discussed in this article provide examples of interesting ways to institute school-based meditation programs for junior high and high school students. School social workers can use this literature to develop successful programs highlighting the benefits of meditation while, at the same time, recognizing and planning for the challenges of coordinating a meditation intervention with adolescents.

Training and experience are required to effectively teach meditation practices such as TM and advanced MM. However, meditation practices such as beginning MM and the relaxation response method—not unlike the skills used to facilitate relaxation training, hypnosis, and guided imagery—are easily taught by helping professionals and may be easily implemented in school-based settings. If a social worker prefers not to teach meditation, partnerships may be formed between the worker and school personnel or community members with expertise in teaching meditation skills to students, and the social worker may even choose to learn the skill along with the students. Alternatively, school social workers may initiate their own personal meditation practices to obtain the expertise to teach this skill to students.

There are local and national organizations that may serve as models and resources for integrating meditation into schools. One such organization, Mindfulness in Education (<http://www.mindfuleducation.org/index.html>), offers general support and resources for those who are working toward integrating mindfulness practices in schools. The Still Quiet Place (<http://www.stillquietplace.com/>) offers resources for using mindfulness with children and adolescents, including guided meditations in audio formats. Specifically addressing inclusion of

TM in schools is the Committee for Stress-Free Schools (<http://www.tmeducation.org>), which offers financial support for school programs as well as research funding.

The research discussed in this article also suggests that although there are potential barriers when offering a meditation program in a school setting, these challenges are certainly not insurmountable, and the benefits to both people and communities are well worth the effort. In fact, the knowledge of these potential personal and community benefits and barriers to effective meditation may be used in planning and organizing an effective meditation intervention program.

### **Implications for Social Work Educators**

There is increasing recognition of meditation as a skill with numerous personal and clinical benefits. Information about meditation interventions can be included in social work courses, particularly practice courses that include knowledge of innovative clinical interventions. Students preparing to be school social workers may benefit from learning these skills in classrooms and field placements. Meditation can also be taught as a method of self-care as it has been shown to be an effective stress reliever. It may even be helpful to include an option to learn and practice meditation as self-care in the course content.

Social work educators with knowledge of meditative practices are an important resource and may serve as leaders in the movement to support inclusion of these practices in schools. Educators may also collaborate with school-based personnel to support intervention programs and conduct research in this area.

### **Recommendations and Implications for Teachers and School Administrators**

Teachers, administrators, and school social workers all play leadership roles in enhancing the productivity and success of students. These professionals work together to support students in academic, social, and behavioral success. Meditation programs offered in schools can facilitate all of these goals through collaboration among these school professionals.

Although institution of a successful meditation program for students will draw on school resources, there are many potential benefits. The research discussed in this article provides useful examples of collaborations between teachers and other school professionals. An investment of 10 to 12 minutes of meditation practiced once per day or several times a week results in more successful students and a calmer learning environment (Barnes, Davis, et al., 2004; Benson et al., 1994; Rosaen & Benn, 2006; Wisner, 2008). Administrators can provide the support for a school-based meditation program and can be instrumental in helping students, faculty, staff, board members, and parents see the relevance of incorporating a secular practice of meditation in schools.

### **Recommendations for Future Research**


Although the literature offers many general examples of school-based programs integrating meditation to enhance student functioning, there has not yet been extensive research on adolescents and meditation. There is, however, sufficient evidence to warrant continued and enhanced investigation in this area. Thus, it is important to extend the research knowledge and to encourage additional empirical studies investigating the benefits of meditation as a school-based intervention for adolescents. In particular, rigorous research that explores these interventions offered by social workers, targeting both the individual and the school climate, could offer much-needed guidance for those who wish to incorporate evidence-based practices in school settings.

Most of the research on mind-body techniques such as meditation has been conducted by "pioneers in the field of mind-body medicine—the majority of whom were not social workers" (Finger & Arnold, 2002, p. 68). Finger and Arnold (2002) also contended that "practice-based research on the use of these interventions conducted by social workers is virtually non-existent and is needed to contribute to the knowledge base of our profession," and they suggested that there is "very limited social work presence in the literature in mind-body perspectives, particularly in the areas of outcome



research" (p. 69), calling for more research with these techniques by social workers. School social workers, coordinating and providing direct services to adolescents, are placed in a unique position to spearhead just this type of collaborative research project in schools.

## Summary

Meditation research on school-based programs for adolescents is a burgeoning area of investigation that will likely show much growth in the years to come. School social workers and their collaborative partners, working together to benefit students, are in the best position to organize, provide, and investigate these services for youths. 

## REFERENCES

- Allen-Meares, P., Washington, B., & Welsh, B. (1996). *Social work services in schools* (2nd ed.). Boston: Allyn & Bacon.
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125-143.
- Barnes, V. A., Bauza, L. B., & Treiber, F. A. (2003). Impact of stress reduction on negative school behavior in adolescents. *Health and Quality of Life Outcomes, 1*(10). Retrieved from <http://www.hqlo.com/content/1/1/10>
- Barnes, V. A., Davis, H. C., Murzynowski, J. B., & Treiber, F. A. (2004). Impact of meditation on resting and ambulatory blood pressure and heart rate in youth. *Psychosomatic Medicine, 66*, 909-914.
- Barnes, V. A., Treiber, F. A., & Davis, H. C. (2001). Impact of Transcendental Meditation on cardiovascular function at rest and during acute stress in adolescents with normal blood pressure. *Journal of Psychosomatic Research, 51*, 597-605.
- Barnes, V. A., Treiber, F. A., & Johnson, M. H. (2004). Impact of Transcendental Meditation on ambulatory blood pressure in African American adolescents. *American Journal of Hypertension, 17*, 366-369.
- Beauchemin, J., Hutchins, T. L., & Patterson, F. (2008). Mindfulness meditation may lessen anxiety, promote social skills, and improve academic performance among adolescents with learning disabilities. *Complementary Health Practice Review, 13*, 34-45. Retrieved from <http://chp.sagepub.com/cgi/content/abstract/13/1/34>.
- Bein, A. (2008). *The Zen of helping: Spiritual principles for mindful and open-hearted practice*. Hoboken, NJ: John Wiley & Sons.
- Benson, H. (1975). *The relaxation response*. New York: Avon Books.
- Benson, H., Kornhaber, A., Kornhaber, C., LeChanu, M. N., Zuttermeister, P. C., Myers, P., et al. (1994). Increases in positive psychological characteristics with a new relaxation-response curriculum in high school students. *Journal of Research and Development in Education, 27*, 226-231.
- Bootzin, R. R., & Stevens, S. J. (2005). Adolescents, substance abuse, and the treatment of insomnia and daytime sleepiness. *Clinical Psychology Review, 25*, 629-644.
- Brown, D. P. (1984). A model for the levels of concentrative meditation. In D. H. Shapiro Jr. & R. N. Walsh (Eds.), *Meditation: Classic and contemporary perspectives* (pp. 281-316). Hawthorne, NY: Aldine Transaction.
- Brown, P. (2007, June 16). In the classroom, a new focus on quieting the mind. *New York Times*. Retrieved from <http://www.nytimes.com/2007/06/16/us/16mindful.html>
- Canda, E. R., Nakashima, M., & Furman, L. D. (2004). Ethical considerations about spirituality in social work: Insights from a national qualitative survey. *Families in Society, 85*, 27-35.
- Coppola, F. (n.d.). *Transcendental Meditation*. Retrieved from <http://www.trancenet.org/index2.shtml>
- Derezotes, D. (2000). Evaluation of yoga and meditation training with adolescent sex offenders. *Child and Adolescent Social Work Journal, 17*, 97-113.
- Elias, M. (2009, June 7). Mindfulness meditation being used in hospitals and schools. *USA Today*. Retrieved from [http://www.usatoday.com/news/health/2009-06-07-meditate\\_N.htm](http://www.usatoday.com/news/health/2009-06-07-meditate_N.htm)
- Finger, W., & Arnold, E. M. (2002). Mind-body interventions: Applications for social work practice. *Social Work in Health Care, 35*(4), 57-74.
- Henderson, L. (2000). The knowledge and use of alternative therapeutic techniques by social work practitioners: A descriptive study. *Social Work in Health Care, 30*(3), 55-71.
- Honda, K., & Jacobson, J. S. (2004). Use of complementary and alternative medicine among United States adults: The influences of personality, coping strategies, and social support. *Preventive Medicine, 40*, 46-53.
- Jha, A. P. (2005). *Garrison Institute report: Contemplation and education: Scientific research issues relevant to school-based contemplative programs: A supplement*. Retrieved from [http://www.garrisoninstitute.org/programs/Mapping\\_Report.pdf](http://www.garrisoninstitute.org/programs/Mapping_Report.pdf)
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delacorte Press.
- Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. New York: Hyperion Books.
- Keefe, T. (1975). A Zen perspective on social casework. *Social Casework, 56*, 140-144.
- Keefe, T. (1976). Empathy: The critical skill. *Social Work, 21*, 10-14.
- Keefe, T. (1996). Meditation and social work treatment. In F. J. Turner, (Ed.), *Social work treatment: Interlocking theoretical approaches* (2nd ed., pp. 434-460). New York: Free Press.
- Miller, J., Fletcher, K., & Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry, 17*, 192-200.
- National Center for Complementary and Alternative Medicine. (2007, October). *Meditation: An introduction*. Retrieved from <http://nccam.nih.gov/health/meditation/overview.htm#meditation>
- O'Brien, K. M., Larson, C. M., & Murrell, A. R. (2008). Third-wave behavior therapies for children and adolescents: Progress, challenges and future directions. In L. A. Greco & S. C. Hayes (Eds.), *Acceptance and mindfulness treatments for children and adolescents: A practitioner's guide* (pp. 15-35). Oakland, CA: New Harbinger.
- Ospina, M. B., Bond, K. B., Karkhaneh, M., Tjosvold, L., Vandemeer, B., Liang, Y., et al. (2007). *Meditation practices for health: State of the research* (Evidence Report/Technology Assessment No. 155, AHRQ

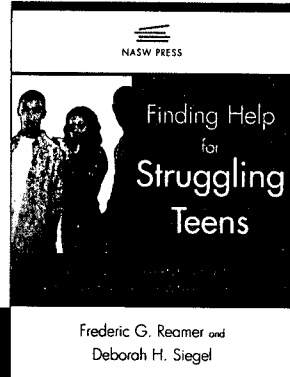
Publication No. 07-E010). Retrieved from <http://www.ahrq.gov/downloads/pub/evidence/pdf/meditation/medit.pdf>

- Rosaen, C., & Benn, R. (2006). The experience of Transcendental Meditation in middle school students: A qualitative report. *Explore*, 2, 422-425.
- Russinova, Z., Wewiorski, N. J., & Cash, D. (2002). Use of alternative health care practices by persons with serious mental illness: Perceived benefits. *American Journal of Public Health*, 9(10). Retrieved from <http://ajph.aphapublications.org/cgi/content/full/92/10/1600>
- Schoeberlein, D., & Koffler, T. (2005, October). *Garrison Institute report: Contemplation and education: A survey of programs using contemplative techniques in K-12 educational settings: A mapping report*. Retrieved from <http://www.docstoc.com/docs/2921149/Garrison-Institute-Report-Contemplation-and-Education-A-Survey-of-Programs>
- Shapiro, D. H. (1984). Overview: Clinical and physiological comparison of meditation with other self-control strategies. In D. H. Shapiro Jr. & R. N. Walsh (Eds.), *Meditation: Classic and contemporary perspectives* (pp. 5-12). Hawthorne, NY: Aldine Transaction.
- Shapiro, S. L., & Walsh, R. (2003). An analysis of recent meditation research and suggestions for future directions. *Humanistic Psychologist*, 31, 86-114.
- Sheridan, M. J. (2004). Predicting the use of spiritually-derived interventions in social work practice: A survey of practitioners. *Journal of Religion & Spirituality in Social Work*, 23(4), 5-25.
- So, K., & Orme-Johnson, D. (2001). Three randomized experiments on the longitudinal effects of the Transcendental Meditation technique on cognition. *Intelligence*, 29, 419-440.
- Thompson, M., & Gauntlett-Gilbert, J. (2008). Mindfulness with children and adolescents: Effective clinical application. *Clinical Child Psychology and Psychiatry*, 13, 395-407. Retrieved from <http://ccp.sagepub.com/cgi/content/abstract/13/3/395>
- Upchurch, D. M., & Chyu, L. (2005). Use of complementary and alternative medicine among American women. *Women's Health Issues*, 15, 5-13.
- Wisner, B. L. (2008). *The impact of meditation as a cognitive-behavioral practice for alternative high school students* (Unpublished doctoral dissertation). University of Texas at Austin.
- Wolf, D., & Abbell, N. (2003). Examining the effects of meditation techniques on psychosocial functioning. *Research on Social Work Practice*, 13, 27-42.

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# Finding Help for Struggling Teens



A GUIDE FOR PARENTS AND THE  
PROFESSIONALS WHO WORK WITH THEM

Frederic G. Reamer and Deborah H. Siegel

Struggling teen. Troubled teen. Problem child. Rebellious one. These terms are all too familiar in coping with or addressing youths who show signs of distress. Social relationships are strained and high-risk behaviors are demonstrated. This guide is designed to provide parents of struggling teens, along with the professionals who work with them, with a concise overview of issues they are likely to face, the range of available services and programs, practical strategies for finding the right services and programs, and advice about how to cope with a struggling teen.

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