

 Celebrating 40 Years

Alternative and Complementary Therapies, Vol. 26, No. 6 |

 Full Access

Roundtable Discussion: Training Youth in Mindfulness Leads to Critical Coping Skills, According to Mental Health Professionals

Moderator: Jane Hart, Participants: Kristin Bruning, Danielle Smith, Anthony Pantaleno, and Barbara Edell Fisher

Published Online: 8 Dec 2020 | <https://doi.org/10.1089/act.2020.29306.rtd> View Article

Dr. Hart: What current issues bring to light the need for mindfulness training in schools and/or for youth today?

Danielle Smith, PsyD: In my experience, students may be academically prepared after graduating from high school; however, many have not been taught social-emotional skills to navigate the pleasant and unpleasant times in their life. While social-emotional learning has been at the forefront as of recent, there seems to be a lag with explicitly teaching individuals about emotional language, self-awareness, emotional regulation, and stress management. Moreover, anxiety and suicide rates for this population continue to increase over the past decade. Therefore, mindfulness training is one way to address these critical issues effectively.

Anthony Pantaleno, PhD: Parents and children are facing great uncertainty with respect to safety in today's world, and COVID-19 transmission is likely to cause some parents to hesitate in regards to sending their children back to school. This will mean some students will attend, some will stay home, and many parents will be in a dilemma. Parents and youth will need tools to settle the mind, calm the fight-flight response in the face of possible danger fueled by current circumstances and the media, and allow clear thinking to prevail. Mindfulness offers this promise, not just for this moment in history, but for all future generations of students who will need to adapt with a healthy, low-cost approach to stress management and for the masses that face an ongoing pandemic.

A second point worthy of consideration was made most recently in a special webcast on the occasion of the Dalai Lama's 85th birthday. We may be powerless to change external events, but we hold the choice over how we respond, rather than react, to them. As the once divergent worlds of Einstein's general relativity and the emerging science of quantum mechanics converge, it is suggested that underlying our perceptions of the world is the understanding that phenomena which are observed are in an interactive relationship with the observer. In other words, we are not our thoughts as much as we are the writer of our own versions of what we want our lives and the world to be. Despite the great advances in human connectedness brought about by technology, many would agree that there exists a collective global disconnect. Research supports, however, that humans do better when we interact with each other in small groups and therefore, what would be the greatest contribution to any education for our children? I can think of no other than groups of students practicing mindfulness with their teacher and/or

their parents, hopefully allowing all of the divisiveness of our cultural and social language conditioning to fall away and to learn that we all struggle with the same basic human emotions.

Dr. Hart: What are some observances in your clinical practices that highlight the need and potential benefits of mindfulness training? People with what types of conditions in particular may benefit from mindfulness training?

Kristin Bruning, MD: As a child psychiatrist in private practice, the majority of my patients are teenagers and young adults. Most often, they come to me for assessment and medication management. Of course, I believe there is a role for medication in the overall treatment plan for many patients—especially those with debilitating anxiety, depression, and emotional dysregulation. However, I first discuss with my patients that medication should be but one facet of a treatment package, and there really are no quick fixes in life. What I find heartbreaking is that many of these young people lack skills—actual techniques they can utilize—to manage their anxious and negative thoughts and intense feeling states. It makes sense. I mean, where do we learn these skills?

To address this, I talk with my patients about how transformative mindfulness and meditation practices have been for me and why. I become very excited when discussing mindfulness with patients because I want them to have agency and feel empowered to cope and even thrive, especially in times of struggle. I use what they bring to me—their specific anxious thoughts, or intense feeling states, to illustrate basic principles of mindfulness. When appropriate, I may discuss how when we are stressed our sympathetic nervous system is in overdrive and meditation can activate the opposing calming parasympathetic (rest and digest) part of our nervous system. Or I might discuss how meditation can strengthen new neural pathways, or teach us how to “sit with” whatever the present moment experience holds without needing to push it away or be taken down by it. Or I might talk about how mindfulness can teach us how not to be hijacked by our thoughts and feelings and instead develop an ability to detach and observe them. I try to help my young patients see how by doing these things they can gain more clarity and wisdom and compassion for self and others. I find that most times they really “get” it and want to learn. Of course, I think anyone and everyone can benefit from becoming a practitioner of these practices, because they allow us to be present to more of our life, but especially those struggling with anxiety, depression, emotional dysregulation, and self-loathing.

Barbara Edell Fisher, PhD: Many of my patients, both teens and adults, have benefited from prior courses of Cognitive Behavior Therapy (CBT) to the point that they are able to understand the connection between their thoughts, feelings and behaviors. However, often they find themselves back in the rut of rumination, and working more on changing their thinking patterns becomes exhausting and frustrating. Introducing these patients to mindfulness opens up another door. They learn to see thoughts in a different light, to distance themselves from thoughts so they are not led by some unhealthy, habitual ways of thinking. Mindfulness practices shine a light on some of the destructive thoughts and behaviors, which may be very automatic and lead to anxiety, depression and anger. It is liberating to know that there are always more choices in how to respond to difficult situations. Consistent practice begins to illuminate pervasive thought patterns, which often center on thoughts of being inadequate, of not being enough. It is alarming and disturbing to see just how many people walk around all the time feeling that there is something wrong with them and that they are not worthy of love and respect.

Mindfulness is moment by moment awareness. Every moment is the only place in time where choices can be made, and change can occur. What happened in the past can't be changed, and the future is not known, so the emphasis is on making effective choices in the moment. Patience and compassion for self and others is an integral part of this practice. Guilt and shame, two very difficult emotions which are often revealed in therapy, are mitigated by the practice of self-compassion and self-kindness.

Dr. Pantaleno: I would add to these important points, that our minds are always telling us what we perceive to be the truth: I'm not good enough. Who could ever love me? What's wrong with me? These are self-referential observations. Unfortunately, science has been unable to locate this "self." However, if we consider that the self is always referencing the individual, what if some of these individual "truths" are not real at all, but passing events of the mind? They change as a result of experience. They are not static. Yet, if we repeat these types of toxic statements over and over for many months or many years they become a storyline such as "I'm the shy one." Or "I just don't have the courage to take risks in life." Or "I'm the depressed one. I'll always be anxious." I see this in clinical practice all the time.

In mindfulness practice, we can teach children and young adults to critically examine false notions and ask ourselves some questions that shatter the illusion of the self: Is this objectively true? Is this idea the absolute truth under all conditions and at all times? Does holding this belief serve my purpose of leading a more meaningful life? What would my days, weeks and months ahead look like if I no longer held this idea? Inevitably, what I have observed in clinical practice is that students of mindfulness learn that there is no true, absolute self and that we are always evolving creatures. This brings a freedom to live our lives in the manner that we truly desire and allows us to let go of the stories that have held us back for so long. This is a very powerful practice for young people to carry into their adult years.

Dr. Hart: What are some of the key ways that mindfulness in schools helps children?

Dr. Pantaleno: Emotional self-regulation (self-awareness and self-management) is the key to focusing our attention, which is the mother-load of all learning and offers a clear path to general stress management. It is known that students who are the most grounded learn with less effort and demonstrate less of a tendency to become perfectionistic or obsessed over grades. In Western society, we teach and reinforce this mad dash to be at the top of the class. I ask which student has the best outcome as an adult—the young person with a 4.0 average, but is on the verge of suicide with their first B+, or the young adult with a lesser GPA, but a sense of service to their fellow man and a sense of community? The Collaborative for Social and Emotional Learning (CASEL) was the first think tank in the United States to begin researching and advocating for programs in K-12 settings, which sought to deliver a powerful message, which was that schools that emphasized Social and Emotional Learning programs produced students with an 11% increase in academic achievement! This certainly increased the attention of administrators toward taking mindfulness more seriously.

The first systematic study and meta-analysis to summarize data on the effects of mindfulness-based training for children and youth in a school setting was first published in 2014.¹ The finding suggested that while mindfulness had positive effects in the cognitive domain, stress management, coping, and resilience, the authors pointed out the research limitations in this type of work, stating that the field is nascent with much more to learn. The American Mindfulness Research Association (AMRA) tells us that the first peer-reviewed studies of mindfulness appeared in the 1990s and have skyrocketed to almost 900 studies by 2018.² Clearly, there is much interest in how these practices might benefit school-aged children, as witnessed by the growing number of research-based curricula from preschoolers to college students.

Dr. Smith: I have observed that mindfulness skills help children to understand what is happening in their body and mind and to be more self-aware, emotionally regulated, and to be more compassionate human beings.

Dr. Hart: What are some of the specific trainings that you each have taken in mindfulness to help children and adults?

Dr. Bruning: The trainings that I have been involved in include Koru Mindfulness, Mindfulness in Schools (MISP) and Mindfulness Based Stress Reduction (MBSR).

Dr. Smith: Yes, I have taken those trainings along with Calm Classroom, Learning to Breathe, Little Flower Yoga and Mindfulness, Mindful Life, Mindful Schools, Mindfulness without Borders, and MindUP. Some of the programs are considered to be evidence-based for school-age children/adolescents.

Dr. Pantaleno: To that last point, Calm Classroom, Learning To Breathe, Mindfulness in Schools (MISP), and Koru Mindfulness are evidenced-based curricula for K-12 schools and the college population. I also completed the Transcendental Meditation course, less favored in K-12 schools generally due to its closer relationship with ancient cultures and spiritual influences. In the end however, all teach one or more centering practices, which allows conscious thought to move to our peripheral vision and to engage in focused awareness. With the development of focused awareness, we choose what we give our attention to despite the thousands of distractions in the course of our day. This is a game changer for K-12 students. This is mindfulness.

Dr. Edell Fisher: I have taken many of the above mentioned trainings, but also Mindfulness Based Eating Awareness Training (MB-EAT).

Dr. Hart: **Dr. Bruning and Dr. Smith, please tell us about some of the successes that you have seen when working together to lead mindfulness programs for high school seniors and college students.**

Dr. Bruning: I love working with teenagers and young adults in general. I love their energy and novel ideas and humor, and I am so lucky to co-teach with Dr. Smith. She is amazing with this age group and as much as we hold the space for all kinds of emotional experiences—anxiety, fear, overwhelm, sadness—we also laugh a lot with them. When the class has been limited to 17–22 year olds, there is a special bond that happens in the group. They tend to be anxious in the beginning, but then when they see their peers have come to the class for the same reasons—usually because of stress and anxiety and especially now with all the uncertainties brought on by COVID—they can relax and be more vulnerable. They discuss things like the stress of taking tests, completing college applications, or juggling work and school. Given COVID, we have lots of unique opportunities to work on sitting with uncertainty and impermanence.

We hear the students open up about how hard they are on themselves and how so much of their thinking about themselves is harsh, critical and judgmental. One of my favorite things to teach is the “labeling thoughts” practice. I get to see the “light bulbs” go off with the students as they learn to observe and label thoughts from a more calm and kind space, and let the thoughts pass by. They learn that they don’t have to be so burdened by these thoughts.

The experiential aspect of the class—in this case the Koru mindfulness course—is priceless. We teach them skills such as belly breathing, body scan or mindful walking with the group. We all do this together and then process as a group. It is a true joy to hear these young students reflect on the practices and be able to articulate changes they can feel in the 10-minute practice we just completed together. One student, a junior in college, remarked “I really enjoyed connecting and talking with the other students. I also appreciated how the teachers made us dig deep when we simply answered to really understand what we were saying.”

I also love seeing students learn to have gratitude for so many big and small things in their lives. Making time for gratitude is one of the most important skills we teach. At the end of our course, one of our students, a high school senior, remarked “Thank you for spreading mindfulness to others. It definitely helped me, and I can’t imagine not knowing it now that I’ve learned it.” It doesn’t get better than that.

Dr. Smith: High school students will often state, “I wish I learned this when I was younger, especially when they hear about the neuroscience behind mindfulness practices.” When I explain what happens to their brain when they are stressed, it is the “ah ha” moment for them. This is when they realize they are not alone in their feelings, emotions, thoughts and physiological states. I find that learning these skills empowers them. It is truly such a privilege to teach these practices to children/adolescents and adults.

Dr. Hart: Dr. Edell Fisher and Dr. Pantaleno, please tell us about some of the success stories you have seen when working with teens.

Dr. Edell Fisher: Because the teenage brain is not fully developed, sometimes teens have trouble making good choices when the emotional brain is in charge. Mindfulness helps them become more aware of what is stressful for them, how their body responds to stress and how that can affect the choices they make. Ultimately, it gives them some help in responding to stressful situations more effectively. Helping teens to take a pause before they react can be extremely effective in modifying emotionally based decisions.

A teenage patient of mine created a brilliant metaphor. She said “I feel like I am wearing a helmet which is full of my thoughts. When I practice mindfulness, it's like taking the helmet off and putting it in front of me. I can still see my thoughts, but they aren't squeezing my head anymore.” Gaining distance from her thoughts enabled changes in her perspective, and consequently, her decisions.

Dr. Pantaleno: Students report tangible gains from practicing mindfulness such as seeing less reactivity and anger in oneself. Others report, “I can be with myself without judgment” or “I can handle whatever is coming.” A fifth grader demonstrated a succinct understanding of mindfulness, “Not punching someone in the mouth when you really want to.” While such nominal-level data and such endorsements cannot compare to randomized controlled trials, anyone who works with SEL and mindfulness programs and hears these comments repeatedly cannot negate their impact on the individual.

Dr. Hart: Before the pandemic were you leading these courses in actual schools or in other settings? Have you been using virtual meetings more recently? Tell us about the optimal settings.

Dr. Bruning: Prior to the pandemic, I was co-teaching the Koru mindfulness course live in a yoga studio. One of the core teachings of mindfulness is to “sit with” or “be with” what is. We were right in the middle of a four-week course when everything was ordered to close down. Having to adapt and adjust even to the need to rapidly shift course with the class gave us an opportunity to “be with” the stress of this change. We did the second half through Zoom and since then, all subsequent classes to date have been through Zoom. I see pros and cons to both. With live classes, there is a bit more intimacy to the group connection, and the students have a different kind of access to us, the teachers. Of course, there are also no technology glitches. A lovely part of this course is the community that is formed when we are together. Having said that, I was pleasantly surprised by the amount of connection that happens with a Zoom group. It seemed as though the younger set was more comfortable with Zoom. I am guessing that may be because so much of their lives are device oriented and it just wasn't a big deal. We did get feedback, too, that some preferred Zoom, especially the teens and young adults. They were often in the comfort of their bedrooms, meditating on a comfy seat or their bed and even sometimes with their pets. Zoom is certainly more convenient—no need to travel to a separate location.

Dr. Smith: I agree that while I find that the classroom/small group live sessions have been optimal in the past for me, the virtual setting appeared to be more appealing to adolescents.

Dr. Pantaleno: Zoom and other online platforms are adequate for teaching mindfulness, but a live setting is optimal for facilitating and capturing group dynamics. If you would have suggested a year ago to the most experienced mindfulness teachers in the world that they teach online, they would have questioned your sanity. The sense of practicing mindfulness as part of a community was always emphasized. Given the inability to provide this service live during the pandemic, we have seen an overabundance of mindfulness programs being offered online—many for free. It has become a challenge for teachers to keep up with all of it. The term Zoom fatigue has come into being, and with it can come a case of mindfulness fatigue with too many choices.

Dr. Edell Fisher: This is a perfect example of not getting too caught up in the “stories” which our minds tell us. Right before the pandemic, Dr. Pantaleno and I were co-teaching a class and we discussed the possibility of also offering an online class, in addition to our present location. While I was considering it, I found myself thinking that it probably wouldn't be quite as effective and fulfilling as live teaching. Only a few weeks later, we realized that we didn't have a choice, we had to use Zoom for the last two sessions of our class. This is a wonderful demonstration that we cannot believe everything we think! The awareness of how our thoughts can get in the way of living life is one of the many reasons we practice mindfulness.

I've learned that for some, Zoom may be the preferred platform. Young adults in particular are very comfortable on their devices. I do see the benefits of both and can envision continuing to offer online classes as one option, although I am looking forward to resuming in-person classes.

Dr. Hart: What do you hope in terms of the future of offerings at schools regarding incorporating mindfulness in core curriculum? Have you met with some obstacles or resistance to offering such courses or are schools welcoming of this?

Dr. Smith: While many schools are interested in mindfulness-based programs, I find that some are interested in checking a box to say they are “doing it” in their school. It is important for school administration to encourage and support people who have a genuine interest and are willing to be committed to taking the appropriate training/courses necessary to teach the skills.

Dr. Pantaleno: Mindfulness programs are already integrated at some level in many school districts across the country. School district leaders have been more welcoming than ever before once they gained understanding of the science and looked past the hype of mindfulness. Schools have operated the same way for decades... a new reading program comes into vogue in one district and surrounding districts want to keep up with the Jones' so they adopt it as well. The same is true for mindfulness.

Unfortunately in our culture, I can see some students and parents seeing it as a key to a higher SAT score. For the districts embarking on the ethical path to this work, there are critical prep pieces to this puzzle. In one Long Island, New York district, they retained a private mindfulness teacher to teach 17 voluntary mental health and administrative staff members the core class of Mindfulness-Based Stress Reduction (MBSR) for eight weeks. That same consultant remained on board for the duration of the school year to meet with this group on a weekly basis to process and discuss how their practice was coming along. It's like learning to drive. One doesn't pass their road test and embark on a cross country road trip. Applying this same model, the teachers themselves experienced the pitfalls and challenges of learning this novel skill, and then they were ready to teach. In the second year of phasing in a mindfulness curriculum, the district evaluated the current programs on the market for goodness-of-fit. It was only in their third year that the mindfulness program was brought into the classrooms. Now that is something I wish that every district could emulate.

Dr. Edell Fisher: I think continued research on the positive effects of mindfulness is key in being able to incorporate mindfulness into the school curriculum in a thorough and committed manner. According to Dr. Daniel Goleman, co-author of *Altered Traits: Science Reveals How Meditation Changes Your Mind, Body and Brain*, he and Dr. Richard Davidson reviewed the research on mindfulness using the most rigorous standards to evaluate thousands of studies. They concluded that there are four consistent benefits from practicing mindfulness: stronger focus, better memory, staying calm under stress, and promoting qualities of caring and generosity. While the number of studies has grown exponentially more, gold standard research is needed, especially with young people. A study done by Vohra and colleagues at a residential mental health treatment center for teens showed that the teens who received MBSR as an adjunct to their traditional treatment showed decreases in depression and anxiety as well as improvements in social skills, study skills and leadership.³ There are certainly indications that these benefits will generalize to the school setting, but more research is needed.

Another study by Kuyken and colleagues looked at a Mindfulness in Schools program with adolescents.⁴ Results showed lower depressive symptoms and greater feelings of well-being. The degree to which students practiced the mindfulness skills in the intervention group was associated with less stress and better well-being at a three-month follow up. This finding underscores the need for an ongoing mindfulness curriculum rather than a one day conference/assembly for students in order to truly reap the benefits. As more schools include mindfulness programs in their curriculum, we will hopefully gain more access and insight into researching the benefits of mindfulness programs for young people.

Dr. Hart: Do you have any final advice to clinicians regarding how to identify the need for mindfulness training in children, teens and young adults?

Dr. Bruning: The more clinicians familiarize themselves with what mindfulness is—and is not (there are many misconceptions)—the more they are apt to feel comfortable recommending these practices for their teen and young adult clients. We have noticed that when referring therapists have their clients return with positive experiences, they send more people to our classes. One therapist bought the accompanying book for the Koru course and signed on to the app, so she can learn the language and skills and use that knowledge with her clients in therapy. One referring psychiatrist told us her patient was able to get off benzodiazepines after taking our course. Mindfulness and meditative practices do not take the place of therapy, but can be a lovely and truly transformative addition.

Dr. Pantaleno: In my mind and in my own practice, I tell teens and young adults that there are two important scientifically validated approaches to emotional self-regulation—Cognitive Behavior Therapy and Mindfulness. The mastery of these domains builds strong humans with wise and healthy minds. It is the nature of Western citizens to want a quick fix to their ills—turn on the tap for instant hot water so to speak. Mindfulness cannot offer that. One starts with learning some history of the practice, how it engages the nervous system, and a series of guided practices. Now the real work begins. Can I mentor my patients and students in a way that will encourage them to practice formal practices for 10–15 minutes a day? Sounds easy, but it is not so easy. “I just don’t have the time” is the biggest objection—probably from the same folks who will routinely spend hours on social media. Can I entice you to do informal practices during the day, which can become more natural and organic moments of mindfulness where you drop the demands of the day and really feel a soothing shower, really taste your morning coffee, look up at the sky and notice the beauty that is there? It takes the same will power and commitment to learn mindfulness that it takes to learn any new skill worth learning. How does one get to Carnegie Hall? Practice! How does one calm an overstressed, overburdened mind that just does not slow down? Meditate, every day. But a word of caution here, mindfulness should not become another chore to check off on a long daily laundry list. My recommendations to teens and adults who want to learn a mindful lifestyle: find a good teacher; stay with it

despite all the obstacles; be gentle with yourself—this is the one task at which you cannot fail; and be patient—the peace that you seek will slowly emerge. Finally, my personal wish is that all schools across the country and around the world will adopt K-12 Social and Emotional Learning and mindfulness programs as a required part of the curriculum.

Dr. Edell Fisher: As clinicians, we hear from patients that they have been struggling with mental health issues for years, and the focus has been on eradicating symptoms. When clinicians hear this, it is a prompt to explore mindfulness practices, which focus not only on symptom reduction, but on living well even with difficult emotions, thoughts, pain, etc. Patience, compassion, acceptance and letting go are some of the attitudes that are cultivated with the practice of mindfulness. It is a way to approach living life, not just another therapy technique. It is why we believe so strongly that all young people should be educated in these practices as they truly can be transformative. While our hope is that mindfulness becomes part of the educational curriculum for all, clinicians can consider mindfulness practice as a helpful adjunct to psychotherapy.▪

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