

**Proposal Submitted to
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**Teaching Adolescents with Emotional or Behavioral Disorders to
Meditate as Self-Management**

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Teaching Adolescents with Emotional or Behavioral Disorders to Meditate as Self-Management

Statement of the Central Problem, Scholarly Significance, and Relation to CCT's Mission

Adolescents with emotional or behavioral disorders (EBD, which is also called “serious emotional disturbance” according to special education legislation) continue to experience mental health and life adjustment issues even after they have graduated from high school. As with other students who have disabilities, such as learning disabilities, adolescents with EBD do not leave their disability behind when they graduate from high school. What they do leave behind are the special education services and tools provided during their public education school years. One of the tools that special education teachers use to help students with EBD manage their behavior is self-management. Self-management is a “necessary skill that lead students with disabilities toward being more self-determined youngsters who can appropriately and proactively take control of aspects of their life, in and out of school settings” (King-Sears, 2005, p. 95). Self-management can take on many forms, such as a checklist of tasks to complete (similar to a grocery store list), or prompts to self-rate about the appropriateness of behaviors or quality of work completed (King-Sears, 2008). Students with EBD who learn to use self-management techniques well while in high school can carry the technique into their work and personal world after they graduate from high school. Unfortunately, many of these students are unable to transition what they have learned in public schools to help them be successful in the adult world. Consequently, in this research we target adolescents with EBD who have recently graduated from high schools to participate in a study which may assist them in successfully transitioning to their work and personal worlds beyond high school.

We propose crossing the disciplines of special education, counseling, and meditation with a form of *contemplation* as a self-management intervention. By teaching students with EBD how to contemplate, and how to contemplate in a more purposeful manner, we anticipate more positive and thoughtful thought patterns, which impact their emotional stability and behaviors.

Contemplation has been in cultures throughout the centuries as a way of discovering knowledge and wisdom within oneself (Hart, 2004). Through a contemplative mind, a person’s “world view, sense of self, and relationships may be powerfully transformed” (Hart, p. 29) into a more productive life. Moore and Malinowski (2009) note that meditation, as a therapeutic intervention, has been used more frequently in the health care profession to supplement or complement more traditional psychological interventions.

In this proposal, we focus on one type of contemplation called *mindfulness*. Mindfulness is a process of transcending thought to experience inner peace and deep relaxation (Thuermer, 2002). Mindfulness is also often used to describe the process of “being in the moment,” or being fully aware of your thoughts and actions in everything you do, think, or feel. In some respects, to be mindful is to have achieved the ultimate form of self-management. For example, adolescents with EBD who are more fully aware of their thoughts may benefit from learning how to be more mindful of their self-critical thought patterns so that they are better able to create positive and self-beneficial day-to-day decisions. People who are not mindful of how they are feeling, why they are feeling that way, and how to make space in their lives for positive thoughts and behaviors may be experiencing a less positive quality of life than is possible. Particularly because adolescence with EBD have already developed and experienced thought patterns that are less positive and beneficial, targeting that group for more intensive mindfulness experiences (which would be considered alternative interventions, as compare to more traditional

school-based interventions) is to venture into an area that intuitively makes sense, but empirically has not been systematically established.

This project stays true to the mission of the Center for Consciousness and Transformation (CCT) because the researchers hope to show through this study that students with emotional and behavioral disabilities are able to transform their lives by learning how to motivate themselves and self-manage their emotions and behaviors through mindfulness-based practices. Using mindfulness-based practices to educate students or modify behaviors are not widely accepted by the mainstream educational community. Through this seed grant from CCT, the transdisciplinary team may be able to break boundaries and expectations by exploring this alternative approach to working with students with EBD. This seed grant would provide the support of a reputable organization in pursuing this grant, the funds necessary to initiate such a detailed project (funds that are not otherwise available in the Graduate School of Education), and the open-mindedness to think outside of conventional thinking.

Relationship to Existing Literature

There is a solid research base about meditation or mindfulness with adults. Over the past 40 years, there have been over 600 studies that have found that meditation or mindfulness, improves overall health, intelligence, creativity, and academic performance (King, 2004). The research supports that meditation practice helps individuals overcome stress and depression (Agee, Danoff-Burg, & Grant, 2009; King, 2004; Schaub, 2001; Weintraub, 2004), increase cognitive function (So & Orme-Johnson, 2001), overcome addictions (Esten, 2002; McIver, O'Halloran, & McGartland, 2004; Romano, 2001), and promote learning and education (Micucci, 2006; Mohan, 2001; Thuermer, 2002; Brady, 2004; Solloway & Fisher, 2007).

Solloway and Fisher recently developed a quantitative tool to measure the effects of mindfulness meditation on students or individuals (2007). The tool was developed from a collection of journal entries of several studies of students who practiced *Transcendental Meditation* for an 8-week period. We plan to use this tool in our proposed research (*Solloway is a consultant on this project*).

Our research questions are:

1. To what extent does mindfulness increase the self-motivation of adolescents with EBD?
2. In what ways do adolescents with EBD develop a better understanding of mindfulness through a structured program?
3. What is the impact of learning mindfulness on the day-to-day life experiences for adolescents with EBD?

Research Method

This study will employ a mixed-method randomized group experimental design. The mixed methods refer to the variety we are using as measurements (the four dependent variables are described next). To be a randomized group experimental design, we will recruit from a larger group of adolescents who have recently graduated from high school, and randomly select 25 adolescents to receive the mindfulness intervention, and 25 adolescents as a control group. Both groups will complete three pre- and post-test measures so that two comparisons can be made. The first comparison is the growth in pre- to post-test measures for each group. The second comparison is a group-to-group comparison of post-test measures only.

Criteria for Selecting Participants

All the participants will be secondary students with EBD that have graduated or aged out of the public school system in the past four years. The ages of the participants will be between 18- and 26-years-old, male and female, various ethnic backgrounds, and in good physical health. All of the participants will have had Individualized Education Programs (IEPs), specifying emotional and social goals, up through their graduation from high school.

The Control Group

The adolescents who are randomly selected to be in the control group will not receive the mindfulness intervention sessions. These adolescents will complete all of the pre- and post-intervention measures, and they will also respond to weekly writing prompts. Their results will be compared to the results from adolescents in the treatment group.

The Treatment Group

Adolescents who are randomly selected to receive the treatment of the mindfulness interventions sessions will receive instruction across an 8-session period of time, and have ‘homework’ assignments (i.e., applying the mindfulness principles they have learned, and responding to written prompts). Prior to the instruction, pre-test measures will be acquired. At the conclusion of the 8-session series, post-test measures will be acquired.

Mindfulness Measures

The dependent variables consist of both numeric scores and analyses of responses to writing prompts (i.e., the mixed methods) which measure the impact of the mindfulness intervention. Measures are the participant’s pre- and post-test scores on:

- 1) a self-motivation measurement, called the Bandura Self-Efficacy Scale (BSES),
- 2) a mindfulness measurement, which is the Solloway Mindfulness Survey (SMS), and
- 3) a second mindfulness measurement, which is the Langer’s Mindfulness Scale (LMS).

A fourth measure will be acquired for all participants, but it is not conducive to a pre- and post-test score, so the content will be analyzed by determining themes, or commonalities and differences, for participants:

- 4) self-report feedback and thoughts, as recorded in written form via online dialogue journals.

Once the control and treatment groups have been selected, each group will meet at separate times to meet the MBSR instructor and therapeutic counselor, during which time they will complete the two pre-tests. Both the Principal Investigator and Project Director/Co-Investigator (*King-Sears and Solar*) will coordinate these initial sessions, during which introductions will occur, Informed Consents will be signed, an overview of activities will be described (for the treatment group, the activities will be different than for the control group), and pre-tests will be administered.

Then the treatment group and control group will be taught how to use the online dialogue journals. The online dialogue journals will consist of a question being posted on a secure electronic discussion site for participants to add his or her comments. Each week, there will be a different writing prompt for the participants to respond to.

After the initial meeting is concluded for both groups, the control group will not meet again for 9 weeks. On the tenth week, the control group will return for one last meeting to complete the post-intervention BSES, SMS, LMS measurements.

Mindfulness Intervention Sessions for the Treatment Group

The intervention, or independent variable, is a prescribed series of 8 mindfulness sessions, each lasting approximately 75 minutes. The mindfulness sessions will be taught by a certified Mindfulness-Based Self Relaxation instructor (*MBSR instructor*). During the 75-minute sessions, there will be an MBSR instructor, therapeutic counselor, and either the Principal Investigator or Project Director/Co-Investigator present with the adolescents. The MBSR instructor will follow a structured program that consists of the adolescents learning about mindfulness and how it can be applied to their lives. Each week, they will learn a different aspect of mindfulness, which they will be asked to practice before the next session. In between the 8 sessions, adolescents in the treatment group are required to practice the specific mindfulness topic(s) in their day-to-day lives. Adolescents in the treatment group are also required to respond in writing to prompts which are designed to gauge the use and understanding of mindfulness techniques and to elicit indicators regarding the adolescents' reactions to feelings of when they are more thoughtful. Because their reactions may evoke emotions acquired as a result of their previous life experiences, there will also be a *therapeutic counselor* available across the duration of this research as well as for a two-month period after the research to provide individualized therapeutic counseling sessions on an as needed basis ("as needed" to be determined by the Principal Investigator, the Project Director/Co-Investigator, the MBSR instructor, and the therapeutic counselor).

Project Personnel

To carry out this study, a transdisciplinary team of professionals comprised of special educators, counselors, and meditation experts will be assembled. A transdisciplinary approach consists of not just sharing expertise, but team members actually acquiring knowledge and skills traditionally situated within one discipline (Carpenter, King-Sears, & Keys, 1998).

Throughout this proposal, we have identified the Project Personnel by name or by role. The two Key Project Personnel are Dr. King-Sears, Principal Investigator, and Mr. Ernest Solar, Project Director and Co-Investigator. Both of their brief VITAE are submitted as part of this proposal. In addition, three other professionals will be consultants on this project, which brings the total transdisciplinary team to five professionals.

- Dr. Margaret King-Sears, Professor in the College of Education and Human Development at George Mason University, Research on Self-Management Interventions - Principal Investigator (refer to Brief VITAE)
- Mr. Ernest Solar, Doctoral Student in the College of Education and Human Development at George Mason University, Educator of Students with Emotional or Behavioral Disorders in Loudoun County Public Schools – Project Director and Co-Investigator (refer to Brief VITAE)
- Dr. Sharon Solloway, Professor at Bloomsburg University, Researcher on Mindfulness Interventions – Consultant
- Licensed Therapeutic Counselor – Consultant (to be determined)
- Certified Mindfulness-Based Self Relaxation Instructor (MBSR) – Consultant (to be determined)

Research Objectives and Timeline

Objective 1: Acquire research approval from Mason's Human Subjects Research Board. *June through August 2009*

- Receive grant approval and begin writing the Mason Human Subjects Review Board (HSRB) proposal.
- Meet with transdisciplinary team to work out the details of the HSRB proposal.
- Start production of course materials and documentation for the intervention.

- Submit research proposal to HSRB.
- Receive approval to begin research study.

Objective 2: Implement the study. September through December 2009

- Recruit participants for the study.
- Randomly assign participants to the treatment or control group.
- Acquire Informed Consent from all participants.
- Administer pre-test measures to all participants.
- Provide the 8-session mindfulness interventions with the treatment group.
- Acquire post-test measures from all participants.
- Conduct de-briefing for all participants.

Objective 3: Analyze results from study. January 2010 and February 2010

- Review, organize, and analyze data collected from the research study.
- Determine findings.

Objective 4: Plan for dissemination of results from study. March through June 2010

- Develop at least one research manuscript, to be submitted to a peer-reviewed journal for publication, and one practitioner manuscript, also to be submitted to a peer-reviewed journal for publication (acknowledgment in each publication that CCT funded the research).
- Develop at least one professional conference proposal that features the research findings, and submit for a conference to occur in 2010 and/or 2011 (acknowledge CCT's funding of the research).

Objective 5: Identify and pursue sources for external funding on self-management. June 2010 on

Refer to Objectives 4 and 5 for details of the dissemination planned by Dr. King-Sears and Mr. Solar.

Future External Research Support

A proposal for external funding for Dr. King-Sears' research on self-management will be submitted to the Institute of Educational Sciences as soon as June 2010, the next cycle of applications anticipated after this proposed research is completed. Dr. King-Sears (*Principal Investigator*), who has previously been successful acquiring federal research funding to support her work on self-management, can commit to CCT that in future grants she writes on self-management research, she will partner in some way with CCT on the research proposal. Moreover, through the completion of this research study, Mr. Solar (*Project Director and Co-Investigator*) will have participated in a pilot study which expands Dr. King-Sears' self-management research to include meditation as a self-management intervention. It is Mr. Solar's intent to learn from this pilot study in a way that strengthens the design and development of his dissertation research on mindfulness. Several professional organizations (e.g., Council for Behavioral Disorders) seek applications from doctoral students who are seeking to acquire funding for this dissertation research. Mr. Solar will be submitting at least one application for external funding in 2011 for his dissertation research to be conducted in 2012.

The knowledge gained from this study has the potential to contribute to the growing field of contemplative education, and may be the catalyst for transforming today's educational curriculum and pedagogy (Hart, 2004). In the end, not only are we trying to change the lives of the students we teach, but set a stronger and empirically-based foundation for transforming how others provide education to students of all ages who may benefit from meditation as an intervention.

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Emotional and behavior disorders in children covers a broad spectrum, including children with aggressive or disruptive behavior, oppositional defiant disorder, problems with self-injury and other conditions. In order to effectively teach children with behavioral disorders, teachers need to be well-prepared with modified lesson plans, instructional tactics and techniques. Find examples, help and advice from fellow special education teachers on meeting the needs of your class. a teacher-centered approach characterized by teacher direction and control, mastery of academic skills, high expectations for students, and maximum time spent on learning tasks. top-dog phenomenon. the circumstance of moving from the top position (in elementary school, the oldest, biggest, and most powerful students) to the lowest position (in middle or junior high school, the youngest, smallest, and least powerful students.Â a teaching strategy that is restrictive and punitive. the focus is mainly on keeping order in the classroom rather than on instruction and learning. permissive strategy of classroom management. a teaching strategy that offers students considerable autonomy but provides them with little support for developing learning skills or managing their behavior. A study at University of Chicago Medical Center (1997) reveals a link between smoking during pregnancy and the likelihood of having a son with conduct disorder. The researchers analyzed records of 177, 7-12 year-old boys who were referred for outpatient treatment for behavioural problems.Â Childhood conduct disorder is a major risk factor for adult disorders especially anti-social behaviour.Â Adolescents with more external signs and symptoms would amplify the percentage to one third or one half of all children and adolescent clinic referrals Kazdin et al., 1992 (as cited by McCabe et al., 2005). Advertisement. 6. What are the symptoms of conduct disorder? Emotional and behavioral disorders (EBD; also known as behavioral and emotional disorders (ICD-10)) refer to a disability classification used in educational settings that allows educational institutions to provide special education and related services to students who have displayed poor social and/or academic progress. The classification is often given to students after conducting a Functional Behavior Analysis. These students need individualized behavior supports such as a Behavior Intervention Plan Adolescence is a psychological stage of development where physical changes appear and face a variety of situations that are a source of problems and concerns. The aim of this work is to describe and compare the stress coping strategies that adolescents reveal to use when they are in trouble according to sex and age. A sample of 1228 adolescents pertaining to 7 schools of Montevideo with ages between 12 and 19 years was used and analyzed with a descriptive-comparative cross-sectional design. All the participants answered the Specific Form of the Adolescent Coping Scale (ACS). The results indica