

The Effects of Mindfulness Practice on Anxiety in Elementary School

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Abstract

Research has established that mindfulness based practice and intervention yields outcomes that positively affect student's levels of anxiety and coping skills. Schools play a major role in the mental health of its students. Introducing mindfulness practice in the high stakes and stressful school environment can have an impact on student well being. This study was designed to look at student levels of anxiety and coping skills pre and post the introduction of *Still Quiet Place* mindfulness curriculum. Ten elementary school students across four grades (second = 3, third = 2, fourth = 2, fifth = 3) participated in the mindfulness group over the course of six weeks. Students were identified as exhibiting high levels of anxiety within their classroom. Results found no significant difference between pre and post measures of both teacher ratings and student self-report measures. There was a significant difference found in pre and post student levels of coping. These outcomes suggest that the *Still Quiet Place* curriculum may be able to raise student awareness of symptoms of anxiety as well as increasing knowledge of coping strategies. Implications, limitations, and future research are discussed.

Generalized Anxiety Disorder (GAD) is characterized by anxiety, tension, and chronic and persistent worry (American Psychiatric Association, 2000). Anxiety affects 4% to 7% of the United States population (Hayes-Skelton, Usmani, Lee, Roemer, & Orsillo, 2012). With anxiety affecting a significant amount of the population, many studies are being conducted in order to find optimal treatment methods. Raising inner awareness and developing emotion regulation strategies are one method in dealing with anxieties. Anxiety interferes in the daily functioning of not only adults but children as well. Two strategies that researchers have found to improve

aspects of functioning associated with self-regulation and reduced anxiety are applied relaxation and mindfulness-based practices.

Applied relaxation (AR) is a technique by Hayes-Skelton et al. (2012). Applied relaxation “is aimed at teaching clients to notice the earliest signs of anxiety and react with a different response, namely relaxation, before the cycle of anxiety has a chance to strengthen” (Hayes-Skelton, Usmani, Lee, Roemer, & Orsillo, 2012, p. 451). AR relies on the individual’s ability to recognize the onset of anxiety and use relaxation techniques to weaken one’s stress provoking response and replace it with a response that is soothing.

Mindfulness is a practice of being in the “here and now.” Those who practice mindfulness pay attention to the present moment, letting go of both the past and the future. According to John Kabat-Zinn (2003), mindfulness entails awareness of oneself and a conscious effort to pay attention to what is going on right now, free of all judgment. Mindfulness requires concentration of the breath or another object to become centered, with that concentration one can find inner peace.

Mindfulness practice is similar to applied relaxation. Both mindfulness practice and AR require relaxation and non-judgmental focus on the present moment. Individuals suffering from GAD, have a “rigid, fused, judgmental relationship with their internal experience” (Hayes-Skelton, Usmani, Lee, Roemer, & Orsillo, 2012, p. 452). Breaking this judgmental relationship is important for mindfulness practice as well as AR practitioners because it forces one to deal with their internally uncomfortable feelings. Hayes-Skelton et al.’s (2012, p.459), showed that clients who practiced AR “were more accepting and less experientially avoidant of their anxiety and other internal experiences.” This level of acceptance is also seen in mindfulness practice. Britton, Shahar, Szepsenwol, & Jacobs (2012, p. 367) supported the results done by Hayes-

Skelton by concluding that those with a “compassionate attitude toward their own negative thoughts and feeling mediated the effects of anxiety and depressive symptoms.”

Mindfulness based practices have shown to be effective in reducing symptomatology for depression, anxiety, as well as other mood disorders. Willoughby, Shahr, Szepeswol, and Jacobs (2012, p.376) found in their controlled trial, Mindfulness-Based Therapy “decreased emotional reactivity and anxiety levels significantly when compared to pre-treatment levels.” The results of this study endorse the positive effects of mindfulness practice; those who practice mindfulness regularly, can reduce negative emotional reactivity to anxiety.

Health professionals in schools, such as school psychologists, can recognize the need for mindfulness practice in schools. Humphrey and Wigelsworth (2012), examined the role schools play in children’s mental health. The study looked at 628 primary school students and found that “the quality of a school’s personal development and well-being practice was found to be significantly associated with children’s mental health difficulties” (Humphrey & Wigelsworth, 2012, p. 339). Schools do make a difference in student’s well being. Many students with mental health difficulties would not have the opportunity to seek help if it was not available to them in schools. The role schools play, stresses the importance of interventions being put into place within schools to prevent students from “low academic performance, substance abuse, and violence” (Greenberg & Harris, 2011, p. 1).

Pilot studies in place in schools have shown positive results. In Greenberg and Harris (2011) students participated in Mindfulness interventions such as, meditative practices (breath awareness and movement based activities), yoga, walking and sitting meditation, or a relaxation technique. Student’s who participated in these programs reported an “increase in self-reported calm, relaxation, self-acceptance, self-regulation, and positive emotions” (Greenberg & Harris,

2011, p. 3). Results from different mindfulness practices may vary on the individual participating. Each experience is “individual in nature and individual differences in competencies such as self-regulation and social skills help to explain why children in similar environments may experience different levels of well-being” (Humphrey & Wigelsworth, 2012, p. 337). Although individual outcomes for students may vary, there is enough evidence to support that simply having preventative programs, such as a form of mindfulness practice, in schools can have benefits school wide.

Students in urban school settings are at-risk academically and would benefit from a program that arms with them the knowledge and skills necessary to be successful. Mendelson et. al (2010), conducted a study with youth in urban communities using mindfulness-based practices and yoga intervention. Results were seen in “reducing problematic physiological and cognitive patterns of response to stress among youth” (Mendelson et. al, 2010, p. 991). The mindfulness-yoga intervention gave students positive strategies to utilize when dealing with stress and they were able to learn to regulate their emotions. Results from the study conducted by Mendelson et. al (2010, p. 991), “suggests that mindfulness-based practices were effective in enhancing self-regulatory capacities and in reducing activation and persistent or worrying thoughts for youths.”

Meikeljohn et. al (2012), reviewed various mindfulness programs utilized in K-12 education. The review targeted programs that “combat the world of high stakes testing, budget constraints, and added pressure” that many educators and students are currently faced with (Meikeljohn, et al., 2012). The programs all utilized different mindfulness-based methods in their approach and were beneficial in reducing social-emotional stress and anxiety. The program Mindful Schools “engages children through lessons including mindfulness of sound, breath, body, emotions, test taking, generosity, appreciation, kindness and caring, and others”

(Meikeljohn, et al., 2012). Mindful Schools' goal is to integrate mindfulness into school education through direct instruction. The Mindful Schools pilot study by Biegel & Brown (2012), depicted statistically significant improvement throughout the course of their intervention. Through the study measures, students displayed increases in attention, social skills, and executive control.

As anxiety levels increase throughout the United States, it is important for school psychologists to integrate proven techniques in helping children who suffer from anxiety. In the present study, mindfulness-based practices was used along with applied relaxation techniques with two groups of students, in an elementary school in southern Massachusetts. The program curriculum that was followed is *Still Quiet Place*. The program *Still Quiet Place*, is a mindfulness program for students as young as three years old that has previously been implemented in schools. The *Still Quiet Place* program found that children who participated in the program “were more able to control their attention and were less emotionally reactive” (Saltzman & Goldin, 2008, p. 159) The students were selected by their classroom teacher for showing signs of high levels of anxiety. It was hypothesized that with the introduction of mindfulness-based practices utilized in *Still Quiet Place* curriculum, (1) student anxiety levels would decrease, (2) as teacher ratings of outward displays of student anxiety would decrease; (3) students would also develop new strategies or coping methods to positively reduce anxiety in their daily lives.

Method

Participants and Setting

Participants in this study were selected from second, third, fourth, and fifth grade classrooms in an elementary school in southern Massachusetts. The study consisted of two

groups of five students who have been identified by their classroom teacher, through the *Behavior Assessment System for Children* rating scale, as portraying high levels of anxiety in the classroom. The groups were split so that the second and third graders were group one, and the fourth and fifth graders were group two. Group one consisted of five students: three second grade girls, one third grade girl and one third grade boy. Group two also consisted of five students: two fourth grade girls, two fifth grade girls, and one fifth grade boy.

Materials

Behavior Assessment System for Children: Second Edition

In order to screen students into the group, the anxiety subscale questions on the *Behavior Assessment System for Children: Second Edition* (BASC-2) teacher forms were administered. The BASC-2 provides a complete picture of a child's behavior in the classroom (PsychCorp, 2012). The Anxiety Subscale remained the focus on the BASC-2 for purposes of this study. Reliability estimates for the BASC-2 teacher monitor ratings for than anxiety subscale range from .709 to .719 in internal consistency.

Student Self-Report Scale

A student self-report scale was created to measure how students experience anxiety and use coping methods when they encounter stressful moments in their daily lives. The Student Self-Report measure was compiled by pulling questions from Anxiety Subscale on the BASC-2 Self-Report Measure. The scale was modified to include statements involving coping strategies. Statements were compiled from utilizing methods that would be common for students to use, such as talking to a friend or taking deep breaths, as well as their recognition of stressful emotions, such as lack of sleep or engaging in avoidance behavior. Reliability estimates for the student self-report ratings for than anxiety subscale range from .823 to .830 in internal

consistency. Reliability estimates for the student self-report ratings for than coping subscale range from .445 to .485 in internal consistency.

Parent Rating Scale

In order to measure student's anxiety levels in their home setting, items from the anxiety subscale of the BASC-2 parent form was sent home. This measure provides a picture of the child's behavior at home. Reliability estimates for the BASC-2 parent monitor ratings for than anxiety subscale range from .83 to .86 in internal consistency.

Procedures

Three graduate students in school psychology, under supervision, analyzed the data gathered from the BASC-2 anxiety subscale and the student questionnaire as well as ran the mindfulness group based on the curriculum of *Still Quiet Place*. The graduate students have been trained in scoring and analyzing the data received from BASC-2 teacher, parent and student self-report forms.

Classroom teachers were asked to identify a maximum of three students showing signs of anxiety in their classroom. The BASC-2 anxiety subscale went to the classroom teachers to fill out for their identified students. From this data collection, students with the highest levels of anxiety were invited to participate in the mindfulness group. Decisions were made based on teacher report from the BASC-2 anxiety subscale, which sorted students into an "At-Risk" level for scores between fifteen to nineteen or a "Clinically Significant" level for scores twenty or higher. Clinically Significant students were first invited to participate. Parent permission dictated how many "At-Risk" students were invited to participate. There were two groups of five students each; one with second and third graders and the other with fourth and fifth graders.

The groups were split in this manner based on the varying levels of maturity between these age groups. The groups met once a week for thirty minutes over the course of six weeks.

During the first group meeting, the students were asked to fill out the Student Self-Report Scale, regarding anxious feelings and the ability to identify coping strategies when they are feeling anxious. During administration of the Student Self-Report Scale, students were also asked to write down a few coping strategies they are aware of and use when they are feeling anxious. The students were also introduced to mindfulness practice and the *Still Quiet Place* program. Activities from the *Still Quiet Place* curriculum were utilized each week. Such activities include mindful walking, yoga, monitoring emotions, as well as specialty activities from *Still Quiet Place* *(see attached appendices). The speciality activities from *Still Quiet Place* include activities that focus on certain aspects of the “here and now.” The Jewel/Treasure exercise invites children to be aware of their breath by focusing on the rise and fall of a stone on their belly. The Flashlight exercise, invites students to focus on different thoughts and emotions before focusing in on one thought or emotion. *Still Quiet Place* introduced concepts such as the “funny mind,” where students were taught to recognize the escalation of negative thought patterns. The curriculum was altered slightly, removing Mindful Eating, based on school policy. At the elementary school, food is not allowed to be given to students due to allergies or food based sensitivities.

The last group meeting consisted of mindful exercises and working with the students to see how they plan on continuing mindfulness practice in their daily lives. Students were asked to fill out the Student Self-Report Scale once again as well as identify strategies they have learned through group. Teachers were asked to fill out the BASC-2 Anxiety Subscale for their students as well with the conclusion of the intervention.

Analysis

A Mann-Whitney U test was conducted in order to determine if there was a significant difference between groups. The distribution on the pre-test for the teacher, student, and parent was the same across categories of group (Table 1). Due to there being no significant differences between group one and group two, they were able to be combined for analysis. A non-parametric measure was used due to small sample size (n=10). A Related Samples Wilcoxon Signed Rank Test, was run to analyze the data before and after the introduction of the program *Still Quiet Place*. Data was analyzed to compare the scores on pre and post measures.

Table 1

Independent Samples Mann-Whitney U Test		
Null Hypothesis	Significance	Decision
The distribution of Total Pre-Teacher scale is the same across categories of Group	.656	Retain the null hypothesis.
The distribution of Total Pre-Student Anxiety Scale is the same across categories of Group	.116	Retain the null hypothesis.
The distribution of Total Pre-Student Coping scale is the same across categories of Group	.074	Retain the null hypothesis.
The distribution of Total Pre-Parent scale is the same across categories of Group	.346	Retain the null hypothesis.

Results

The classroom teachers completed the BASC-2 Anxiety Subscale during week one and week six of the intervention. Students also completed the Student Self-Report measure during week one and at the completion of the intervention during week six. Of the 10 participants who participated in the mindfulness group, only one dropped out before the completion of group. The remaining students took part in all six of the half hour sessions.

A Related Samples Wilcoxon Test was conducted to compare the pre and post mean scores of student anxiety, both teacher and self report as well as student coping skills. There was no significant difference between teacher ratings of pre and post student outward expressions of anxiety (Table 2). There was no significant difference between pre and post measures of student anxiety (Table 2). Student ratings of pre and post measures of coping strategies was found to be significant (Table 2) “the null hypothesis should be rejected at the .05 level of significance” with the given data.

Table 2

Related-Samples Wilcoxon Signed Rank Test		
Null Hypothesis	Significance	Decision
The difference between pre and post teacher ratings of student anxiety equals 0.	.26	Retain the null hypothesis
The difference between pre and post student ratings of anxiety equals 0.	.40	Retain the null hypothesis.
The difference between pre and post student ratings of coping skills equals 0.	.024	Reject the null hypothesis

**Significance level is .05*

As a part of the Student-Self Report measure students were asked to identify coping strategies that they utilized during stressful moments. Students reported knowing and utilizing up to four different methods of coping strategies per group. Some of the most common coping strategies pre intervention include, taking deep breaths, counting to 10, and writing in a journal (Figure 1). Post intervention, students reported strategies that were learned during intervention such as walking, breathing exercises, or doing yoga. No student reported knowing no strategies post intervention.

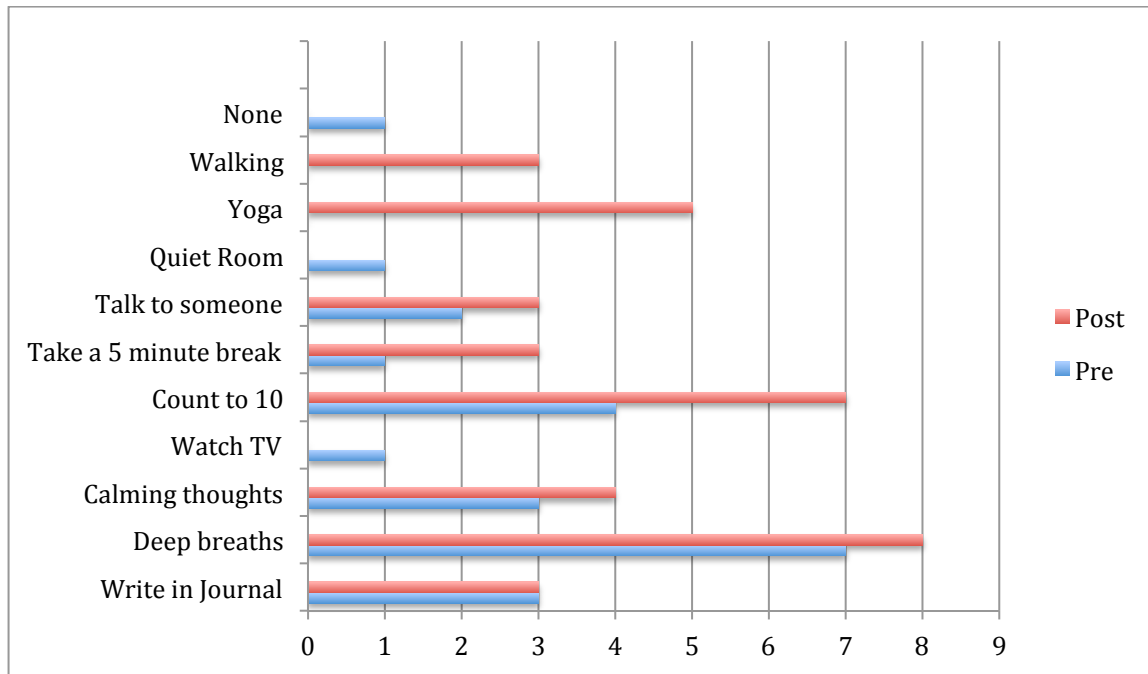


Figure 1

Discussion

The results of this study suggest that participation in a *Still Quiet Place* curriculum over a six week period has little to no effect on outward expressions of student anxiety but may increase student's coping skills. A possible explanation for not seeing a decrease in student outward expressions of anxiety can be due, in part, to the short time frame of the intervention. Teacher's reported wishing the intervention started at the beginning of the year in order to see more outward expressions of progress in the classroom. A possible explanation for seeing an increase in student self-report of anxiety can be due to student participation in the group. Group participation improved student knowledge and increased awareness of symptoms of anxiety, making students more aware of the emotions they were experiencing and better able to identify their feelings.

The results from this study are consistent with previous findings suggesting that mindfulness based approaches may be beneficial for increasing student coping skills. Mendelson

(2010), found that students who participated in mindfulness intervention, learned positive strategies to utilize when dealing with stress, supporting the results for the hypothesis of increasing student coping skills.

Limitations

The study has several limitations that merit discussion. The results were generated using a limited number of students from one elementary school. Due to school scheduling, vacations, snow days, and state testing, the group missed multiple consecutive sessions spanning up to three weeks without meeting with the students. Accommodating a schedule between different grades also proved difficult and did not allow for group two, the fourth and fifth graders, to have a stable meeting time each week. Having a group that is only six weeks long does not allow enough time to see a reduction in outward expressions of student anxiety.

Future Research

Future research should consider running a group that lasts longer than six weeks. More time in group is needed in order to see significant results. Teaching mindfulness in schools should be taught through direct instruction in order to provide the maximum benefit for all students. A control group should be added to see the maturation effects as well as other contributing factors. Conducting a follow-up study would be beneficial in order to see the retention of coping skills by the students. Knowing skills that were successfully retained would be beneficial in improving the group curriculum. Having teacher and parent involvement in group would also be beneficial in supporting the skills being taught to students during the half hour sessions both at home and in school. Having the parents and teachers support the skills and be more aware of the topics being discussed in group, can lead to further student practice and reach out to more students.

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Appendices

- A. Teacher Pre and Post Rating Scale
- B. Student Self-Report Pre and Post Rating Scale
- C. Parent Rating Scale
- D. *Still Quiet Place* Curriculum
- E. *Still Quiet Place* Additional Exercises

A. Teacher Pre and Post Rating Scale

Student: _____ Teacher: _____

Please answer the following questions about the student.

Scale			
1 = Never	2 = Sometimes	3 = Often	4 = Almost Always

1. Worries about things that cannot be changed	1	2	3	4
2. Says "I get nervous during tests" or "tests make me nervous"	1	2	3	4
3. Is nervous	1	2	3	4
4. Says, "I'm afraid I will make a mistake"	1	2	3	4
5. Worries about what other children think.	1	2	3	4
6. Is fearful.	1	2	3	4
7. Worries.	1	2	3	4

B. Student Self-Report Pre and Post Rating Scale

Name: _____

Grade: _____

1	2	3	4
Never	Sometimes	Often	Almost Always

- | | | | | |
|---|---|---|---|---|
| 1. I often worry about something bad happening to me. | 1 | 2 | 3 | 4 |
| 2. I worry about little things. | 1 | 2 | 3 | 4 |
| 3. I am afraid I might do something bad. | 1 | 2 | 3 | 4 |
| 4. I am afraid of a lot of things. | 1 | 2 | 3 | 4 |
| 5. I am bothered by not getting enough sleep. | 1 | 2 | 3 | 4 |
| 6. I find an outlet to express my emotions .
(writing in a journal, playing music, drawing, painting etc). | 1 | 2 | 3 | 4 |
| 7. I am able to communicate my needs. | 1 | 2 | 3 | 4 |
| 8. I get nervous when things do not go the right way for me. | 1 | 2 | 3 | 4 |
| 9. I get so nervous I can't breathe. | 1 | 2 | 3 | 4 |
| 10. I worry about what is going to happen. | 1 | 2 | 3 | 4 |
| 11. I worry but I don't know why. | 1 | 2 | 3 | 4 |
| 12. I count to 10, take deep breaths, and practice other
relaxation techniques. | 1 | 2 | 3 | 4 |
| 13. Little things bother me. | 1 | 2 | 3 | 4 |
| 14. I know how to calm myself down. | 1 | 2 | 3 | 4 |

C. Parent Rating Scale

Please complete the following questions about your son/daughter.

1	2	3	4
Never	Sometimes	Often	Almost Always

1. Worries.	1	2	3	4
2. Worries about what teachers think.	1	2	3	4
3. Is too serious.	1	2	3	4
4. Worries about making mistakes.	1	2	3	4
5. Worries about what parents think.	1	2	3	4
6. Worries about school work.	1	2	3	4
7. Is fearful.	1	2	3	4
8. Tries too hard to please others.	1	2	3	4
9. Is nervous.	1	2	3	4
10. Worries about things that cannot be changed.	1	2	3	4
11. Says, "I'm afraid I will make a mistake."	1	2	3	4
12. Says "I'm not very good at this."	1	2	3	4
13. Says, "It's all my fault."	1	2	3	4
14. Worries about what other children think.	1	2	3	4

D. Still Quiet Place Curriculum

	Intentions	Class Agenda	Home Practice
Class 1 & 2	<ul style="list-style-type: none"> • Provide definition of <i>Still Quiet Place</i>/mindfulness • Establish ground rules • Offer an experience of mindfulness 	<ul style="list-style-type: none"> • Introduce <i>Still Quiet Place</i> • Mindfulness as “paying attention to the here and now” • Begin breath-based practices such as Jewel/Treasure (see Additional Exercises and Practices) 	<ul style="list-style-type: none"> • Jewel/Treasure Exercise • Monitor pleasant experiences using Pleasant Experiences Calendar • Engage in one mindful activity (brush teeth, shower, do a chore, care for a pet)
Class 3	<ul style="list-style-type: none"> • Continue to deepen the exploration of formal and informal practice • Cultivate the capacity to observe one’s thoughts and feelings • Attend to the body 	<ul style="list-style-type: none"> • Review class 2 and home practice • Introduce concept of “funny mind” (internal dialogue, see Home Practice section) • Body Scan Exercise (mindfulness of bodily experiences) 	<ul style="list-style-type: none"> • Body Scan Exercise (mindfulness of bodily experiences) • Monitor unpleasant experiences using Unpleasant Experiences Calendar • Notice “funny mind” • Notice times you feel stressed • Engage in mindful activity
Class 4	<ul style="list-style-type: none"> • Examine thoughts and feelings associated with unpleasant experiences • Explore perceptions • Introduce yoga as one way to practice mindfulness 	<ul style="list-style-type: none"> • Review class 3 and home practice • Exercises to explore perception – how do we view ourselves and each other? • Exercises to investigate thoughts associated with difficult tasks • Yoga 	<ul style="list-style-type: none"> • Body Scan Exercise/Yoga • Monitor unpleasant experiences using the Unpleasant Experiences Calendar • Use awareness of breath to slow things down in everyday life • Engage in mindful activity
Class 5	<ul style="list-style-type: none"> • Examine how resistance and how wanting circumstances, ourselves, or others to be different creates suffering • Explore how “funny minds” are often 	<ul style="list-style-type: none"> • Review class 4 and home practice • Explore thoughts and feelings associated with unpleasant experience • Begin to develop concept of “funny mind” 	<ul style="list-style-type: none"> • Continue Feelings Practice, using haiku, other poetry or art to depict feelings • Notice moments of reactivity and explore ways of responding • Engage in mindful activity

	<p>inaccurate, negative, or looking for trouble</p> <ul style="list-style-type: none"> • Develop emotional fluency or the ability to be aware of feelings without resisting or indulging them 	<ul style="list-style-type: none"> • Feelings Practice 	
Class 6	<ul style="list-style-type: none"> • Enhance capacity to observe thoughts and feelings • Develop the capacity to respond rather than react 	<ul style="list-style-type: none"> • Review class 5 and home practice • Explore Feelings Practice through haiku, art, etc • Thought Parade Exercise • Walking Practice (see brief description in Home Practice Section) • Moving our practice into the world 	<ul style="list-style-type: none"> • Thought Parade Exercise • Take a “Thoreau walk” • Feelings Practice • Continue responding to stressful situations and to “funny mind”
Class 7	<ul style="list-style-type: none"> • Continue to develop the capacity to respond rather than react • Begin Loving-Kindness Practice 	<ul style="list-style-type: none"> • Review class 6 and home practice • Introduce Loving-Kindness Practice • Making the practice your own • Letter to a friend 	<ul style="list-style-type: none"> • Loving-Kindness Exercise • Flashlight Exercise • Make a commitment as to how you will continue

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E. Additional Exercises and Practices

Now let's look at some additional exercises and practices that can be incorporated into various sessions. Together the practices below represent developmental adaptations and truncated practices from standard adult MBSR curricula.

Jewel/Treasure Exercise. Bring a basket of medium-sized stones and have each participant choose one. Ask everyone to lie down on their backs and place the stone on their belly button, either inside or outside their clothing. Invite the children to feel the stone move up with the in-breath and down with the out-breath. Invite them to notice the space between the in-breath and the out-breath, and a second space between the out-breath and the in-breath. Let them notice how it feels to rest their attention on the breath and the Still Quiet Place between the breaths.

Loving-Kindness Practice. Ask participants to remember a time when they felt loved by someone, such as a parent, grandparent, teacher, friend, or pet. It may be helpful to suggest that this can be a very simple moment such as a hug or a smile. Then invite the children to really feel this loving moment, to open their hearts, and to receive the love of this moment. Ask the children to send love to the person or animal who loves them. Very young children enjoy blowing kisses. Older children can simply imagine receiving and sending love. Have them feel the love flowing between themselves and the person or animal who loves them. This sequence can be repeated for others who love them. Children can experiment with sending love to someone they don't know well, such as the server in the school cafeteria or the person who delivers their mail. Children might then think about someone they are having difficulty loving, such as their "ex-best friend" or their sibling. This exercise can be closed by asking the children to send love to themselves, and to feel their love returning to them, and then to send love to the whole world and feel the whole world's love returning to them.

Flashlight Exercise. Invite the participants to sit or lie in a comfortable position and play with the "flashlight of their attention." Ask participants to focus the flashlight in turn on thoughts, emotions, sounds, sensations, and their breath. Then focus on whatever drifts through the light and then focus back on the breath again. Ask participants to expand their attention to include everything and then have them narrow their attention to just one object (and so on).

The exercises above represent some of the curriculum on which our research is based.

Home Practice

Thought Parade Exercise

In the Thought Parade Exercise, children sit in chairs or lie on the floor, anchor their attention on the breath, and then begin to watch their thoughts go by as if they are watching a parade. They may notice that some thoughts are loud and brightly dressed, other thoughts are shy and lurk in the background, and still others come back again and again. When children notice they are marching with the parade (i.e., lost in thought), they are encouraged to return to the sidewalk and simply watch the thoughts go by. This practice supports children in watching their thoughts without believing them or taking them personally.

Take a "Thoreau walk"

Giving your full attention to the experience of walking, feeling the movements of your body,

seeing the colors, hearing the sounds, smelling the smells around you, and noting your thoughts and feelings. (This exercise was named after the American author Henry David Thoreau, who wrote about his experiences with practicing mindful awareness in daily life.)

Funny Mind

Practice responding to “funny mind” and stressful situations. (“Funny mind” refers to the negative internal dialogue of our minds. “Funny mind” includes thoughts that may be inaccurate, that may argue with reality, and that may be painful). For example, you might notice the following “funny mind” thought sequence: “I can’t do this problem. I can’t do math. I am going to fail. I am stupid.” Noticing these “funny mind” thoughts helps you remember that thoughts are just thoughts. Then you can return your attention to actually doing the math.

Walking Practice

We begin Walking Practice (walking with mindful awareness, noticing your experience while placing one foot in front of the other) and move our practice to the outside world

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