Cultivating Tacit Knowledge through Reflective Practice: Self-Monitoring Strategies as Lived

and Shared by Clinical Social Work Practitioners

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## CHAPTER I

### Framing the Problem: Practice Wisdom "Lost in Translation"

The development of social work has had a long path from its pioneers' service exclusively based on a passion for and commitment to social causes to preparation for the modern technological and market-oriented culture which demands a focus on accountability and efficiency (Martinez-Brawley & Zorita, 2007). As Gray and Webb (2008) point out, there is an overall agreement that the work of social work historically stems from an experience-based and *tacit knowledge* dimension that is inductive, creative, and intuitive, as well as operationally incorporates workers' talents to invite and hear their clients' authentic narratives.

With the initiation of the ever-evolving process of social work professionalization, *codified* knowledge of social work practice was derived from compilations of different protocols and blueprints developed by practitioners who were successful in their interventions in order to facilitate duplication of their accumulated knowledge on a larger scale (Woods & Hollis, 1990). Although necessary for social work professional development, this process of standardization resulted in overemphasizing the empirical dimensions of social work practice firmly grounded within the positivist paradigm, while neglecting to acknowledge the importance and further cultivate the source of intuitive, creative, and holistic human faculties that equally played the part in producing these solutions (Martinez-Brawley & Zorita, 2007). According to Martinez-Brawley and Zorita (2007), these two ultimately very different ways of knowing that historically co-existed with a great potential to complement and stimulate the creation of practice that is diverse and individually tailored to the needs of its recipients, have been transformed into quarreling and mutually exclusive paradigms.

According to Zeira and Rosen (2000), the term *practice wisdom* was coined to describe the social work practice knowledge base that evolved through a process of continuous study and endless modifications and expansions of emerging practice concepts as new evidence appeared.  Thus, practice wisdom or social work practice knowledge materializes on a continuum where at one extreme end we find the implicit source of knowledge that is tacit in its principles, unconscious, and experience-based and at the other end is the completely explicit source, appearing in a format of codified or articulated knowledge (see Figure A1).  However, this description overemphasizes the above mentioned historically negative tension emerging from this dualistic framework as it describes implicit and explicit sources of knowing as seemingly incompatible while neglecting to acknowledge their capacity to co-exist and cooperate with each other in creation of a practice knowledge with a quality greater than the sum of their individual effects (Mahroeian & Forozia, 2012).  While keeping in mind social work practice's holistic and contextual nature, it is in observing practice wisdom as a practice process, instead of a practice outcome, that one finds the interdependence of tacit and codified knowledge.  Therefore, according to Mahroeian and Forozia (2012), rather than assuming dichotomous perspective with these two dimensions of knowing as juxtaposed extremes, it is in the exact point of their merging and through the power of their synergetic relationship that practice wisdom is born (see Figure A2).

The review of theoretical and educational approaches for development, "translation", and sharing of tacit knowledge reveals the relevance of reflective practice and its self-monitoring methodology (Mishna & Bogo, 2007; Wilson, 2013; Ruch, 2000; Chow et al., 2011; Yip, 2006; Lam et al., 2007; Gray & Smith, 2009; Matthew & Sternberg, 2009; Epstein, 1999).  For instance, Mishna and Bogo (2007) note benefits of reflective self-monitoring strategies such as

*reflection-in-action* — creatively and in-vivo applying learning from both current and past experiences while figuring out what might be effective course of action, and *reflection-on-action*, — retrospection after the experience to derive learning and new understanding of self from a situation. Thus, reflective practice helps practitioners to bring to consciousness their tacit personal knowledge and deeply held belief systems and values, use holistic perspective and awareness to prioritize new information, and adopt non-judgmental curiosity in situations, allowing them to hear their clients' authentic narratives (Epstein, 1999).

There is a limited research along this line of inquiry, particularly associated with self-monitoring strategies (Birnbaum & Birnbaum, 2008; Gockel et al., 2013; Birnbaum, 2005; Schure et al., 2008; Shapiro et al., 1998; Aiken, 2006; Greason & Cashwell, 2009; Dreifuss, 1990). For instance, there is a need for further exploration of reflective practice and self-monitoring activities such as mindfulness meditation that enable practitioners to face rather than avoid challenges within their social work practice, to acknowledge rather than suppress discomfort caused by their biases, as well as to reflect in practice rather than react in a habitual way. Furthermore, evidence-based practice (EBP) is currently the dominant approach to clinical practice throughout social work settings across the country (Adams, Matto, & LeCroy, 2009). However, EBP's overemphasis on the empirically-based codified knowledge can easily skew practitioners' perspectives as it overly steers their focus toward standardized interventions and away from integrating the social work's unique frame of reference that intuitively "starts where the client is" and allows one to individualize clients and their needs (Payne, 2005).

As Martinez-Brawley and Zorita (2007) conclude, the problem is not that codified knowledge is not useful or valuable; the problem is when this way of knowing becomes the

only utilized paradigm as its one-dimensional approach hinders cultivation of social work

models' creative, holistic, and contextualized approach to assessing and addressing clients'

needs.  Thus, there is a need for further research of social work practice wisdom with focus on

developing a deeper understanding of tacit knowledge and exploring the role that reflective

practice has on the process of cultivating implicit, tacit faculties of social work students and

practitioners.

## Research Questions

Given the importance of the aforementioned, this study focused on the meaning-making

of self-monitoring strategies such as mindfulness meditation and self-reflection as lived and

shared by social work practitioners, with particular interest in understanding the possible role

that the same may have in the process of cultivating their clinical tacit knowledge.  This

study's intention was to introduce and guide the participants in together exploring the "how's"

and "what's" of the reflective practice experience.  By drawing their focus to what happens and

how it happens, aim was to clarify the contribution of self-monitoring training to their clinical

practice, as well as their personal well-being in general.

The following two central research questions guided this study; 1) How do the self-

monitoring strategies of mindfulness meditation practice and self-reflection contribute to

cultivating social work clinicians' tacit knowledge?, and 2) How are the self-monitoring

strategies of mindfulness meditation practice and self-reflection embodied by social work

practitioners in their clinical practice?

## CHAPTER II

## Literature Review

Social work practice knowledge base is shaped by the epistemology of the profession's underlying assumption about the process of knowing and engagement in the knowledge-building process (Denzin, 2002). Understood broadly, epistemology examines issues having to do with the creation and dissemination of knowledge (Steup, 2014). Defined narrowly, epistemology is the study of knowledge and is concerned with either the development of common bodies of knowledge or the establishment of personal knowledge (James, 1992). Following Steup's (2014) lead, this literature review will explore epistemological foundations of social work practice knowledge base as it evolved over time and manifested across professions' developmental milestones by answering questions such as the following: what are the necessary and sufficient conditions of knowledge?, what are its sources?, what is its structure, and what are its limits?

**Social Work Practice Knowledge Base**

Clearly differentiating between implicitly derived *tacit* or experience-based knowledge and knowledge obtained from explicit source, commonly referred to as *codified* or articulated way of knowing, is important for understanding development of social work's knowledge base and the profession itself (see Figure A1). As mentioned prior, the starting point of this comparison is to observe that any knowledge base, including the social work practice knowledge, exists or operates in a range and recognize that these two ways of knowing are each on the opposite and extremes end of this continuum (Haldin-Herrgard, 2000).

From this standpoint, *codified* knowledge is described as technical data or academic information that is based on established work processes and recorded in formal and

standardized language such as manuals and protocols, as well as it is readily communicated and transmitted most frequently via formal education or structured study (Smith, 2001). In contrast, *tacit* knowledge is action-oriented and deeply rooted in context, is experience-based and unconscious in nature, as well as is seldom formalized and difficult to communicate (Smith, 2001; Lawson & Lorenzi, 1999; Gore & Gore, 1999; Haldin-Herrgard, 2000). According to Lawson and Lorenzi (1999), explicitly sourced way of knowing or codified knowledge is readily available for everyone to find and use; however, it is tacit knowledge that separates the masters from the common.

## Social Work Practice Knowledge and its Tacit Origins

The concept of tacit knowledge was first coined by philosopher Polanyi (1966) who characterized it as an embodied and personal way of knowing, as well as a practical approach to epistemology. Furthermore, according to Gore and Gore (1999), there are two dimensions to tacit knowledge: (1) a *technical* dimension — which is expressed through one's expertise or "know how" expressions such as personal talents and skills, and (2) a *cognitive* dimension — which encompasses mental models such as values, beliefs, intuition, perceptions, and insights. Additionally, Haldin-Herrgard (2000) suggested that tacit knowledge is obtained by the internalization of individual processes such as experience, reflection, or individual talents. Similarly, Saint-Onge (1996) described it as an individual's intuition, beliefs, assumptions, and values, formed as a byproduct of one's living experience. As a result, it cannot be managed and transmitted in the same mode as codified knowledge owing to its highly subjective and informal nature, as well as the fact that it is stored locally or embodied within human beings rather than prescribed in technical guidelines and textbooks (Smith, 2001).

As Polanyi (1966) differentiated, in any activity, we are focally aware of whatever the object of our activity is, and we have a tacit awareness of that which serves as an instrument. However, he also emphasized that these forms of awareness can be mutually exclusive if one is overemphasized or given too much attention. For example, if a violinist is only concentrating on her string picking techniques or the mechanics of reading the music in front of her, she will lose the melody. Parallel to this demonstration, Kondrat (1992) reflected upon a practice situation in which the social worker who focuses all of his attention on the empirically-based technique of empathetic responding to the client, instead of being tuned in to the client's presentation or the topics of the interaction, will describe experiencing his performance as staged and, potentially, so will the client. The practitioner's limited presence and detachment from this subjectively and implicitly based dimension of the shared therapeutic moment can result in overlooking important contextual and environmental factors, as well as weaken their therapeutic alliance – a recognized key ingredient in any healing process (Kondrat, 1992).

Thus, whereas codified knowledge is formed from the "outside-in" and is, as such, learning that is conscious, externally-based, and dependent on formulated interpretations, tacit knowledge is embodied within person-in-context-and-action and has been recognized as both a basis for process and an outcome of experience-based learning (Martinez-Brawley & Zorita, 2007; Haldin-Herrgard, 2000; Smith, 2000; Kothari et al., 2012; Burbules, 2008; Matthew & Sternberg, 2009; Nonaka & Konno, 1998; and Ambrosini & Bowman, 2001). Although different, it is important to reiterate that both of these ways of knowing are equally necessary, valid, and reliable, as well as both are subject to error (Kondrat, 1992).

Polanyi's (1966) description of tacit knowledge as a practical way of knowing more than one can tell or knowing how to do something without thinking that one is able to, reveals

the historical and paramount influence that this way of knowing had upon the development of

social work knowledge.  Social work pioneers such as Jane Adams, Dorothea Dix, and Mary

Richmond, as well as some of the social reformers from the first half of the 20th century

practiced from the place of strong devotion to social causes while seeking to find the

understanding and ways to improve the conditions of the poor (Martinez-Brawley & Zorita,

2007).  For many years of practice and through continuous searching and engaging with their

clients in the process of discovery, whether the client was an individual, group, or community,

these initial explorers of social work relied exclusively on their experience and informed gut

feelings (Martinez-Brawley & Zorita, 2007).  Moreover, their practice focus was on those

issues on which evidence was accumulated through their life experiences as many of them not

only worked but also lived among the poor, which has greatly enhanced the authenticity of

their observations and conclusions.  Thus, according to Martinez-Brawley and Zorita (2007), a

tacit knowledge base became a vehicle for their artful practice that emphasized contextual

wisdom.  Hence, social work's traditional practice wisdom dictum "starting where the client is"

has over the profession's lifetime acquired the status of its seminal practice code (Goldstein,

1983).

Furthermore, translated in the language of social work and its current generalized

practice, as Scott (1990) summarizes, tacit knowledge is often expressed in an anecdotal format

and described as a practitioner "having a feeling" about the particular case, its causes, needed

directions of engagement, and likely outcomes.  According to Imre (1985), this intuitive guide

is a product of tacit knowledge and is a multifaceted compilation of the practitioner's previous

life experiences that are not always easily recognizable, particularly since tacit knowledge is

increasingly dismissed as a valid or valuable source of knowing in favor of explicit forms of

knowledge.  In fact, however, Imre (1985) concludes that "it is tacit knowledge which makes possible the necessary understanding of another human being" (p. 147).  As such, it is argued that one requires self-awareness — thus, knowledge and discipline of the self, thrusts of imagination and intuition in order to help another person.

## Codified Social Work Practice Knowledge

Social work's codified knowledge base began to progressively emerge as the number of novices seeking education and training increased, and, with them, so did the economic constraints of articulating and transferring masters' knowledge through a direct and environmentally dependent internship (Martinez-Brawley & Zorita, 2007).  Additionally, in order to further professional qualifications, social workers aimed to enhance their status by drawing their profession's boundaries and claiming exclusive membership within the authentic and matured discipline of their own (Martinez-Brawley & Zorita, 2007).  Kuhn (1962) illustrates a process of becoming an independent scientific discipline as an evolution of separate culture, including but not limited to inventing one's own language and instruments of measure.  Thus, as with other established scientific and professional disciplines (e.g. medicine or psychology), codification and standardization of the accumulated knowledge were utilized to form social work's professional identity by creating a distinguishable base of articulated knowledge for the practice that could only be carried out by those who successfully completed "an educational process as their formal induction" (Martinez-Brawley & Zorita, 2007, p. 536).

**The Aftermath of Placing the *Empirical* in the Social Work Practice**

While analyzing the ongoing, controversial debate about professionalization of social work, Kirk and Reid (2002) noted the profession's challenges to find effective ways of incorporating systematic inquiry into practice development and implementation.  The quest for

standardization into empirically-based social work practice, as with other science-based disciplines, required the accumulation of individualized scientific knowledge and the cultivation of a unique culture (Kuhn, 1962; Martinez-Brawley & Zorita, 2007).

During the structural reformation of practice methodology from the dominance of psychodynamic to behavioral approach leadership in the 1950's and early 1960's, the empirical practice movement emerged as a compilation of a practice model and a research agenda during the social work's pursuit of becoming a scientifically-based profession (Reid, 1994). Through this process, social work authorities, led by the social work doctoral programs' research-oriented academics, continued to set the ground for how practice should be done while emphasizing elements such as measurable goals and research-and-evidence-based interventions (Reid, 1994).

Although the years of the late twentieth century "led to advances in the kind of research conducted as well as to a large increase in the quantity of studies produced," there are many concerns that emerged and remain as a result of the manner in which the profession engaged within this process (Kirk & Reid, 2002, p. 50). For instance, according to Heinman (1981), social work adopted an incompatible, overly restrictive positivist paradigm of research. Similarly, Peile and McCouat (1997) examine criticism of the positivist paradigm due to its limiting basis on a false hope of objectivity which is inadequate for the social sciences such as social work. Heineman (1981) further elaborates that positivist research divorces the *subject* from *its* context, actually places efforts toward controlling contextual influences, as well as tends to ignore social and human factors in shaping observed phenomena unless specifically prescribed by the methodology. Moreover, Payne (2005) reflects on positivists' neglect and rejection of the idea of tacit knowledge (e.g. all knowledge is knowable and researchable), as

well as Scott (1990) recognizes minimal reference in the practice research literature to

methodologies appropriate for inquiry of practice wisdom.

**"Medicalization" of Social Work Practice**

Understanding the impact of state licensing on the development of social work's

identity is crucial as it has further retarded profession's commitment to cultivating practice

wisdom's tacit knowledge base (Martinez-Brawley & Zorita, 2007).  According to Donaldson

et al. (2014), due to political and economic contexts such as social work's dependence on

service reimbursement procedures and the profession's need to remain marketable and

competitive with other mental health disciplines, the predominant focus of advanced licensing

has turned toward clinical social work practice.  This shift is reflected in the growing

hegemony of clinical concentrations in MSW curricula across the country, as well as in the

graduate students' perception that clinically oriented social work educational program is the

pathway to the "best credential" for the professional career (Donaldson et al., 2014).  For

instance, the dominance of clinical social workers in the U.S. is evident in the total reported

number of social workers who have clinical licenses (201,368) in comparison to only 3,434

advanced generalist and 11,460 macro social workers (Donaldson et al., 2014).

As Casstevens (2010) observes, as soon as the social workers find themselves in the

clinical field setting, their work is infiltrated by the medical model that directs every aspect of

their contact with the client from the beginning until the end of the helping process.  Despite an

ongoing professional disagreement on the role of Diagnostic and Statistical Manual of Mental

Disorders (DSM) in the country's MSW classrooms and concerns voiced about validity,

reliability, and usefulness of many DSM diagnostic categories, there is an increasing

dominance of codification via the medical model (Casstevens, 2010).  For example, currently

enforced service requirements such as meeting specific criteria for a formal psychiatric

diagnosis, measurable and outcome-focused treatment planning, protocoled documentation

style, and reimbursement procedures continue to reinforce this model's strictly prescribed

conceptualization of both the problem and treatment interventions (Casstevens, 2010). This

resulted in hindering development and utilization of social work models' creative, holistic, and

contextualized approach to assessing and addressing clients' needs and confined its practice

scope within the highly standardized and uncritical model of practice (Morley, 2003).

For instance, evidence-based practice (EBP) is currently the dominant approach to

clinical practice throughout social work settings across the country and is frequently

pronounced as a potential "unifying model for social work education and practice" (Adams,

Matto, & LeCroy, 2009, p.165). The evidence-based practice model emphasizes the ethical

imperative that social workers exclusively base their practice on the explicitly derived

knowledge that has been empirically and rigorously tested (Payne, 2005).

Because of its positivist foundation and medical model approach to practice, EBP can

easily skew practitioners' perspectives by overly steering their focus toward standardized

interventions and away from integrating the social work's unique frame of reference that

intuitively "starts where the client is" and allows one to individualize clients and their needs

(Adams, Matto, & LeCroy, 2009). Payne (2005) also reflects on EBP's exclusive positivist

approach and its tendency to be indifferent of diversity, restrictive of practice innovation,

damaging of flexibility in therapeutic relationships and neglectful of artistic issues by focusing

on workers as solely rational thinkers, all of which are properties derived mainly through an

inductive process and from an implicit resource of practitioner's knowledge base. As

Martinez-Brawley and Zorita (2007) conclude, the problem is not that codified or scientific

knowledge is not useful or valuable, the problem is when this way of knowing becomes the

only utilized paradigm as "it curtails creativity and inventiveness in the way professionals

approach their world and results in tacit knowledge being underused" (p. 537).

### Creating and Diffusing Tacit Knowledge

Throughout most of the 20th century, social work professionals worked with a great

focus and devotion to developing and disseminating the profession's explicit and scientifically-

based knowledge base (Martinez-Brawley & Zorita, 2007). However, the same cannot be

concluded for its tacit counterpart due to its inevitable problematic nature – its elusive "tacit-

ness." Thus, the main challenges in developing and sharing tacit knowledge are found in its

perceptually unconscious nature and non-verbal form, as well as in its development constraints

related to extensive lengths of time needed and undervalued intangible qualities such as its

intuitive aspect (Martinez-Brawley & Zorita, 2007; Haldin-Herrgard, 2000; Smith, 2000;

Kothari et al., 2012; Burbules, 2008; Matthew & Sternberg, 2009; Nonaka & Konno, 1998; and

Ambrosini & Bowman, 2001). While it is relatively simple to manage explicit knowledge that

is readily articulated and transferrable in the form of data, protocols, specifications, and steps,

the situation becomes much more complex when attempting to do the same with tacit

knowledge as it is not easily communicated and it is often beyond the reach of measurement

and methods for quality assurance (Matthew & Sternberg, 2009). This has resulted in a scant

amount of scholarly material focused on tacit knowledge within the social work literature.

It is argued that to uncover the power of tacit knowledge, its transfer must be managed

differently from explicit knowledge (Martinez-Brawley & Zorita, 2007; Haldin-Herrgard,

2000; Smith, 2000; Kothari et al., 2012; Burbules, 2008; Matthew & Sternberg, 2009; Nonaka

& Konno, 1998; and Ambrosini & Bowman, 2001). There are two different schools of thought

regarding diffusion of tacit dimension — ". . . one that believes that tacit knowledge must be made explicit for sharing and another that regards tacit knowledge as always being tacit" (Haldin-Harrgard, 2000, p. 359). For example, Nonaka and Konno (1998), while promoting the idea and need of turning the tacit into explicit, describe a knowledge cycle model that conceptualize a relation between the two dimensions and is broken into four modes of knowledge: *externalization* — converting tacit knowing into explicit, *combination* — creating new explicit from existing explicit knowledge; *internalization* — forming tacit from explicit knowledge; and *socialization* — creation of tacit through shared experience. According to Nonaka and Konno (1998), individuals engage in these various modes of knowledge as they interact with each other, implying a highly dynamic and dialectical nature of this process.

Furthermore, Smith (2001) points out that tacit knowledge is often conveyed by the use of metaphors, analogies, demonstrations, and storytelling, all of which allow the recipient to evaluate the content received and within expressed behaviors. This process further continues by applying the manufactured interpretations of useful tacit knowledge through one's own actions (Smith, 2001). While documented descriptions and notes contain explicit knowledge, stories told by expert practitioners about why things happened and how this information could be applied, reflect tacit knowledge that is, thus, contextual in nature and easier to remember then explicit content (Smith, 2001).

Linde (2001) further suggests that successful sharing of tacit knowledge is a dynamic and relational process that encompasses building rapport and trust, as well as involves listeners who hear, comment upon, relate to, and ask questions about a story. Within her generative knowledge interviewing (GKI) methodology for tacit knowledge retrieval, Peet (2011) also emphasizes the importance of "generative" listening whereby the person seeks to dwell in the

individual's story, listening for and discerning the unspoken tacit capacities. However, Linde (2001) points out that this social dimension of tacit knowing is largely ignored in the existing literature.

Finally, special attention in this discussion should be given to the work of Schön (1983) and his pioneering conceptualizations about the role of action and reflection in shaping the content of tacit knowledge.  According to Schön (1983), when actions lead to unexpected action outcomes, the cognitive process of reflection upon motifs that instigated the action is prompted, consequently leading to expansion of tacit knowledge.  Thus, the essence of reflective learning resides in its individualistic and holistic understanding of the knowledge creation process as it acknowledges the authentic, dynamic, complex, and uncertain nature of situations (Schön, 1983).  As Schön (1983) highlights, learning through reflective practices creatively engages practitioners in constructing their own practice wisdom from their experiences and building an internalized, contextual practice-knowledge to support their further planning and actions.

Following Schön's footsteps, in their search for a training methodology that facilitates the acquisition of experience-based or tacit knowledge, Matthew and Sternberg (2009) further investigate the role of reflection in this process.  They summarize experience-based knowledge as an action-context-and-time-dependent dimension that is developed through ". . . an iterative learning process of perception, action, and feedback" (Matthew and Sternberg, 2009, p. 530). Furthermore, they draw a connection with tacit knowledge and emphasized its facilitating impact upon the same by defining reflection on experience: ". . . as a process of guided critical thinking that directs attention selectively to various aspects of experience, making knowledge

typically acquired without conscious awareness explicit and available for examination and modification" (Matthew and Sternberg, 2009, p. 530).

**Developing Tacit Knowledge through Reflective Social Work Practice**

With the growing complexity of social problems, reflective practice is emerging as increasingly influential in social work education and practice, particularly in the United Kingdom and Canada (Wilson, 2013; Ruch, 2000; Chow et al., 2011; Yip, 2006; Lam et al., 2007; Gray & Smith, 2009).  Reflective practice is an orientation which ensures that social work practitioners are better prepared to engage in complex decision making and deal with uncertainties encountered in contemporary working environments (Chow et al., 2011). According to Wilson (2013), there is an obvious compatibility between the reflective practice model and the social work practice context within which each situation is unique so routine protocoled interventions often do not suffice as an approach to decision-making and clinical judgment processes that work in one situation may not work in another.  Furthermore, Chow et al. (2011) recognize capacity for engaging in reflective practice as a critical attribute of proficient practitioners.

Schön's (1987) seminal description of a reflective practitioner as a self-aware person with the capacity to critically self-reflect and self-evaluate, has attracted the attention of social work educators and professionals.  Schön (1987) identifies two main strategies for educating the reflective practitioner; 1) the discipline of *reflection-on-action* — a retrospective reflective thought process regarding what has been done and the employed behaviors in order to learn, confirm an effective practice, analyze errors, and develop alternative actions and responses, all of which may ultimately increase the quality and capacity for 2) the practice of *reflection-in-action* — a thought process which has a more immediate focus and which occurs on the spot.

In his later work, Schön (1993) adds the *reflection on reflection-in-action* dimension as a deeper layer to this reflective process that incorporates the critical assessment of the practitioner's ideology and belief system guiding her or his cognitive and emotional processes in action.  Thus, reflective social work practice is self-involvement by the means of recurrent self-awareness and self-reflection, and it can include different introspective processes such as self-evaluation, self-analysis, self-recall, self-observation, and self-dialogue (Yip, 2006).

**Relevance of Reflective Practice**

Chow et al. (2011) describe reflective practice as a bridge between classroom and workplace, as well as between theory and practice.  The aim of this practice model is to help social workers enhance their personal and professional development and performance in practice. Yip (2006) points out — the deeper the reflection, the stronger the practitioners' awareness of their experience, emotions, and cognitive functioning both in and out of the work setting.  Driscoll and Teh (2001) adeptly summarize the reflective practice process as follows: ". . . becoming a reflective practitioner is an intentional activity with the focus on improving and changing practice" (p. 98).

Furthermore, in their review of the potential of reflective practice to develop practitioners and enhance their performances, Driscoll and Teh (2001) recognize specific benefits of becoming reflective in practice.  They noted that it enhances rather than competes with traditional or standardized forms of knowing, generates tacit or practice-based knowledge, values what and why practitioners do what they do, as well as supports them in developing understanding of difficult and complex practice situations.  Yip (2006) also notes the capacity of self-reflection to generate new perspectives and reframe thinking, increase insights, synthesize new ideas, as well as offer alternative approaches for practice,

Moreover, Gray and Smith (2009) emphasize the value of the reflective framework in the setting of clinical supervision and its beneficial impact on the development of a diverse, intentional, and resourceful social work practitioner through a process of supervisory dialog and collaboration.  By creating a supportive environment and skillfully contextualizing the reflective discourse, the practitioner-in-training is given an opportunity to ". . . safely examine, explore, and deconstruct unhelpful narratives", externalize limiting beliefs and values, as well as collaboratively integrate theoretical with personal understanding to creatively find a sense of self and develop an authentic voice as a practitioner (Gray & Smith, 2009, p. 174).  Driscoll and Teh (2001) further support the use of a reflective approach in clinical supervision process by describing the importance of certain attitudes and skills that are equally important for those facilitating the process as it is for those engaging in it such as having a willingness to learn from practice experience and inspire knowledge expansion from within, as well as an openness and honesty to share practice elements with others without becoming defensive.

**Reflective methodology: Self-monitoring strategies.**

Matthew and Sternberg (2009) observe two main formats of reflection methodology to experiential or tacit learning; 1) reflection methods that accentuate the importance of *social* factors and, as aforementioned, assume position that ". . . learning requires social interaction, including feedback and collaboration on shared activities in an authentic context" (p. 531), and 2) *individual* self-monitoring approaches that ". . . make tacit knowledge explicit and available by stimulating introspective examination through questioning process that directs attention to various aspects of experience" (p. 532).  The latter of these include examples such as the written narratives on experience or reflective journaling, written inventories including

responding to semi-structured questions, and use of mentors to structure questions as well as provide limited feedback and promote further reflection (Matthew & Sternberg, 2009).

Furthermore, Epstein et al (2008) also highlight benefits of incorporating strategy of self-monitoring or, as they call it, critical self-reflection into the training of new practitioners, while describing this process as a continuous and consistent discipline of ". . . seeking, integrating, and responding to both external and internal data about one's own performance" (p. 7). According to Epstein et al. (2008), critical self-reflection enables practitioners to listen attentively, recognize their own errors, refine their technical intervention skills, make evidence-based judgments, and clarify their own values so that they can practice from the perspective of compassion, competence, presence, and insight.

More specifically, Epstein (1999) explores a method of critical self-reflection through the practice of mindfulness and, what he calls, *mindful practice*, involving individual reflection on all aspects of professional practice. According to Epstein (1999), mindfulness is an intentional, non-judgmental, and reflective presence applicable to any aspect of practice and is a conceptually logical continuation of the reflective practice; moreover, he notes that the process of critical self-reflection is, actually, conditioned by the presence of mindfulness.

Epstein et al. (2008) place particular attention on the synonymous context of self-monitoring, as the process of reflection-in-action, and mindfulness practice evidenced by their essential stance of moment-to-moment self-awareness that they described as ". . . a process of observing the observer observing the observed" (Epstein et al., 2008, p. 9). Furthermore, they link mindfulness and the process of self-monitoring by identifying its benefits for reflection-on-action that they call *post hoc reflection* — to ". . . reduce reactivity and premature categorization and enhance openness to new data, formulations, and planned action" (p. 9).

Likewise, Mishna and Bogo (2007) also recognize mindfulness as an important component of reflective practice as they highlighted the parallel between two practices and their parallel stance to enhance practitioners' capacity to fully engage and interact in the present in a professional role, develop working awareness of the pervasive and automatic nature of reactivity, as well as respond through choice instead of habitual, *mindless* fashion.

**Theoretical Framework: Mindfulness Theory**

The concept of mindfulness has its most firm roots in monastic practices of Buddhism, although it is contextually found in many other philosophical and psychological contemplative traditions such as existentialism, transcendentalism, and humanism (Brown, Ryan, & Cresswell, 2007). It comes from the Pali word "sati" and the Sanskrit word "smirti" meaning "to remember" but fundamentally connotes a quality of consciousness which Vietnamese Buddhist monk Thich Nhat Hanh (1975) defines as "keeping one's consciousness alive to the present reality" (p.11). The origins of mindfulness reside at the core of the Buddha's teachings, traditionally described by a Sanskrit word "dharma", which means "the truth" or "the way things are" (Goldstein, 2002). According to Goldstein (2002), Buddha taught the truths of suffering and its causes in ignorance, as well as of mindfulness as being the path to complete awakening, fulfilling of one's highest aspirations for happiness and peace. Thus, the original purpose of mindfulness was to evoke the being of inner wakefulness and decrease existential suffering by changing the way of relating to thoughts and feelings.

Jon Kabat-Zinn (2003), one of the pioneer researchers and scientists to embark on the journey through the field of mindfulness, points to the universal nature of dharma teachings. He proposes perspective of the historical figure Buddha as a born scientist and physician who, by the means of instrumentation found within native resources of his own body, mind, and

experience, produced "a coherent phenomenological description of the nature of mind, emotion, and suffering and its potential release, based on highly refined practices" (Kabat-Zin, 2003, p.145). The same author provides the seminal definition of mindfulness in the United States as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (1994, p.4). A Zen metaphor compares this state of mind to a polished mirror, wherein the mind simply reflects what passes before it, impartial to conceptual thought about what is taking place. Thus, mindful awareness is based on one's non-judgmental attitude of acceptance of personal experience as just "what is" in the present moment.

Historically, mindfulness was also called "the heart" of meditation implicating the connection and essential interrelatedness between the previously described awareness process and the practice of meditation (Kabat-Zinn, 1994). According to Walsh (1980), mindfulness can be thought as a "consciousness discipline" from the perspective of behavioral science and as such can only be apprehended in its entirety through a personal mental training. Thich Nhat Hanh (1975) points to a common trap of substituting means for an end and, in his mindfulness of breath meditation practice, directs a reader toward observing breath as "a vehicle to unite body and mind and to open the gates of wisdom" (p.38). He calls a breath itself mindfulness meditation but he also describes it as a tool with which one may help obtain great benefits as a byproduct of the realization of mindfulness. Thus, whether coming from East or West, one can observe the universal nature of mindfulness as manifested through innate human capacity for various degrees of attention and note the contribution of Buddhist traditions by prescribing simple, effective, and essential ways to cultivate this capacity and apply it in all aspects of life.

**Conceptualization**

Although Buddhist scholarly literature draws a detailed picture of the nature of mindfulness, the Western psychological writings reveal considerable variance in its description on both theoretical and operational levels (Brown, Ryan, & Creswell, 2007). While acknowledging difficulty arising from the concept's experiential nature, Kabat-Zinn (2003) builds upon his aforementioned original description to reiterate an attitude of acceptance and proposes the following operational working definition of mindfulness: "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (p.145).

Building on this foundation, Shapiro, Carlson, Astin, and Freedman (2006) expand this definition both conceptually and operationally to include constructs of intention (on purpose), attention (paying attention), and attitude (non-judgmentally) which outline three underlying aspects of the process of mindfulness.  Intention refers to "why" is one engaging into practice or behavior, attention directs to continuous observing of internal and external experiences which is also the core of mindful practice, and attitude is related to qualities attached to the process such as openness, kindness, compassion, and acceptance (Shapiro et al, 2006).  They propose the model of the mechanisms of mindfulness termed "reperceiving" which refers to a shift in perspective characterized by an ability to detach from the contents of consciousness such as thoughts by intentionally attending to the present moment with openness and nonjudgmental attitude.

**Theoretical Application**

Regardless of being a newcomer to contemporary psychology, mindfulness is easily observed within a long and established line of theories discussing attention and awareness.

Silvia and Duval (2001) refer to Objective Self-Awareness (OSA) as one of the earliest "self-theories" and they describe its concern with the self-reflexive quality of consciousness. According to Silvia and Duval (2001), OSA theory was originally formulated by Duval and Wicklund in 1972 who stated that when attention is directed inward and conscious focus is on self, then the observer consequently becomes the object of own consciousness – hence the term "objective" self-awareness.

Consciousness encompasses both awareness and attention; awareness being the background continuously monitoring inward and outer experiences, while attention is the process of focusing awareness on one object (Brown & Ryan, 2003). Furthermore, Brown and Ryan (2003) highlight the quality of mindful consciousness as manifested through clear and nondiscriminatory awareness, flexible and stable attention, as well as empirical and present-oriented state of being.

According to Brown et al. (2007), the point of contact between mindfulness and self-reflexive theories can be observed through the construct of attention and its three dimensions: strength, direction, and quality. They emphasize obvious similarities related to both strength and direction as they point to proportional correlation between these qualities and one's self-regulation. For instance, on the continuum from daydreaming, or absence of attention, to active alertness, it is commonly recognized that sufficient level of attention is needed for effective cognitive functioning. Similarly, while both outward and inward perspectives are operational, the capacity for "looking within" and self-reflecting in respect to multiple aspects of one's functioning, such as physical, mental, and emotional experiences, is commonly acknowledged as a key to one's wellbeing.

Self-awareness, or capacity to take oneself as the object of thought, directs human faculties, in addition to thinking, doing, and experiencing, to also think *about* what one is thinking, doing, and experiencing.  However, Brown et al. (2007) underline that mindfulness differs from self-reflexive awareness concerning the nature of the attention.  While self-awareness theories emphasize the goal-oriented, controlling function of attention directed toward safeguarding or enhancement of one's identity, mindful awareness assumes a monitoring or observer's role in self-regulating.  Thus, rather than holding an interest in the content of consciousness – such as thoughts, emotions, or memories – mindfulness cultivates the very context in which those contents are expressed – that is, consciousness itself.  Mindful mind observes thoughts as thoughts and, according to Brown et al. (2007), this de-coupling of consciousness and cognitive content indicate that self-regulation is more clearly driven by awareness than self-relevant reflection.

**Meditation Construct**

It can be argued that a theoretical framework of mindfulness without a formal practice of meditation is just as much an illusion as is willingness without action, and these processes are unlikely to develop or be sustained over time without an element of intentional disciplined training (Walsh, 1980).  Thus, one cannot observe nor, many would argue, achieve mindfulness without meditation practice.  According to Keefe (1996), meditation is a set of behaviors designed for self-regulation and self-exploration during which a relaxed state of body is paired with a concentrated or purely attentive mind that is exclusive of fantasy and logic.  The literature on meditation describes a myriad of different meditative practices; however, for the purpose of this study, the focus is on three models or attributes of mindfulness meditation practice: *concentrative*, *open awareness or Vipassana*, and *loving-kindness and*

*compassion* meditation (Keefe, 1996; Marlatt & Kristeller, 1999; Hopkins, 2001; Salzberg, 1995).

        *Concentrative* type of mindfulness meditation focuses the meditator's attention on a specific object of attention; most commonly practiced is the awareness of one's breath through following the physical sensations associated with breathing, although it can also include visual objects such as candle flame or the sound of repeated word or mantra. (Marlatt & Kristeller, 1999).  Actually, these are often emphasized as necessary, first lessons in teaching mindfulness meditation techniques prior to adding other components of insight-expanding meditation practices, such as observing feelings, emotions, or thoughts as and when they arise during the exercise, as opposed to upon the meditation's ending (Keefe, 1996).  Thus, *open awareness or Vipassana* meditation builds upon practice of concentrative meditation and includes developing "an awareness of any mental content, including thoughts, imagery, physical sensations, or feelings as they occur on moment-to-moment basis" (Marlatt & Kristeller, 1999, p. 70).

        The *loving kindness and compassion* meditation practice is also derived from the Buddhist mindfulness meditation tradition called "metta," referring to a mental state of unselfish and unconditional kindness to all beings, and "karuuna," defined as an emotion that stimulates heartfelt offerings of peace and wishing for ease and freedom of suffering to all beings (Hopkins, 2001, Salzberg, 1995).  According to Buddhist philosophy, attributes of loving-kindness and compassion are the foundation for the non-judgmental aspect of mindful awareness, and the proposed mechanism of this meditation practice includes increasing positive and decreasing negative affect, as well as increasing compassion for self and others (Hoffman et al., 2011, Hutcherson et al., 2008).  Thus, rather than directing the meditator to

assume awareness of the present moment by focusing on a sensorial experience like

concentrative meditation requires, loving kindness and compassion meditation practice sets the

intention and focuses awareness on wishing ease from suffering, and loving and kind concern

for the well-being of all living beings (Hutcherson et al., 2008).

## Postmodern Quality of Mindfulness

According to Roger Walsh (1980), the consciousness disciplines refer to a line of

practices and philosophies of primarily Asian origin and are specific mental trainings designed

to improve perception and consciousness.  By practice of meditation and contemplation on

letting go of judgment and dis-identifying the illusion that over-thinking establishes control,

one is given an opportunity to overcome the human tendency to mindlessly "sleep walk"

through life governed by "auto-pilot" and to achieve inner wakefulness (Langer &

Moldoveanu, 2000).

Throughout his assessment of the consciousness disciplines, as grounded within Eastern

philosophies, and their comparison with the behavioral, Western sciences, Walsh (1980)

emphasizes the incompatibility of these two paradigms.  He observes a paradigm clash

emerging from limiting beliefs and insufficient language capacities of Western science as

reflected through its primacy of intellect and objectivity, and the false premise that a method of

an intellectual and non-experiential appraisal of other traditions is an adequate approach

(Walsh, 1980).  He directs attention to the importance and essential value of meditation by

examining the concept of *state-dependent learning*; that is, he implicates that it is very difficult

to recognize denial from the only state of being one has ever known (Walsh, 1980).

Furthermore, Walsh (1980) emphasizes that only through a strenuous but necessary mental

training will one become able to apprehend previously unrecognized limitations and the

multitude of knowledge dimensions grounded within these practices. Thus, no intellectual reasoning could measure up to and grasp the expansion and depths of the developed awareness as, in order to truly internalize the understanding of the mindfulness' consequential and experiential nature, this process requires an active and consistent practice of meditation.

The literature review revealed researchers' various rigorous efforts to operationalize construct and conceptualize definitions of mindfulness, resulting in the development of several reliable and valid measures, primarily self-reporting, trait-based questionnaires (Brown & Ryan, 2003; Baer et al., 2006; Davis et al, 2009; Hick, 2009). However, concurrent to Walsh's (1980) critique, most of these measures are developed from the predominantly positivist approach which demands objectification and, thus, seems opposing and incompatible to mindfulness' abstract and experiential quality.

As aforementioned, through their discussion about the rise of relativism in social work theory and epistemology, Peile and McCouat (1997) also examine the interpretivists' criticism of positivist paradigm being simply inadequate for the social sciences as they emphasize that humans can only be properly understood through the empathetic communication and within the context of which they are a part. Along these lines, Grinnel and Unrau (2011) further noted that the qualitative research approach, while stemming from the interpretivist worldview, positions that "truth" is relative and multidimensional as it is directly defined by an individuals' or a groups' perception of their own realities. Moreover, while zooming further through a postmodern lens, Cresswell (2013) pinpoints that narratively conducted research, as both a process and an outcome, will invite and provide support for a cognitive change by acknowledging different discourses, discovering multiple meanings of language, and deconstructing texts to uncover for "metanarratives" and "subtexts" of dominant meanings.

## Rationale for Study

As Hick (2009) prescribes, mindfulness is a state of mind that is embodied by people and as such requires research methodology rooted in open-ended and reflective mode that brings mind and body together.  As the focus of this study enfolds within the experience and the meaning constructing of the same, the philosophical assumptions of the interpretivist paradigm and the qualitative orientation to research questions became most suitable for this task due to their strong emphasis on the open-ended, contextual form of inquiry with the aim to gain deep understanding of an individual's or a group's lived experience.  This study explored clinicians' experience and interpretations of self-monitoring strategies, more specifically mindfulness meditation and self-reflective practices, with particular interest on understanding the process and factors that build social work clinicians' tacit knowledge.

The focus of this study was driven by the research findings implicating the significant reciprocity between  self-monitoring strategies, particularly mindfulness practice, and tacit faculties beneficial to mental health practitioners such as self-awareness, empathy, and present-moment orientation, all of which facilitate a more attentive approach to working with others, widen the space for creative solutions, and foster therapeutic alliance (Shapiro et al., 1998; Aiken, 2006; Greason & Cashwell, 2009; Dreifuss, 1990).  However, the scholarship of qualitative methodology exploring experiential and longitudinal component of actual mindfulness meditation and speaking of this age-old practice's impact on therapeutic relationship and clinical skills of social work practitioners is only beginning to emerge (Dreifuss, 1990; Hicks, 2009; Birnbaum & Birnbaum, 2008; Gockel et al., 2013; Birnbaum, 2005).

Despite the considerable benefits that have been noted for the use of mindfulness training in education of helping professionals, only a few researchers have investigated its potential effects on social work practitioners (Birnbaum & Birnbaum, 2008; Gockel et al., 2013; Birnbaum, 2005). For instance, the results of Gockel's et al. (2013) study with beginning social work students indicate that even small doses of mindfulness training may play a role in cultivating their clinical learning process as evidenced in their self-reflection on increasing their ability to be present, open, and emotionally available and responsive to their clients in session. Additionally, Birnbaum's (2005) qualitative study, exploring impact of mindfulness meditation on transformation of professional self-concept in social work students, present data implicating its potential for helping them become increasingly attuned to internal processes that they undergo during their professional development such as deepened self-awareness and altered self-perception. Thus, this is clearly an important, yet understudied area of inquiry.

Moreover, while Schure et al. (2008) and Gockel et al. (2013) employ reflective practice such as journal writing within their studies of mixed methodology design to explore impact of mindfulness on mental health practitioners' clinical and self-care skills, both studies report these strategies as simply a part of their methodology design and within implemented interventions. However, contrary to this study, by observing the employed self-reflective practices as only their data collection tools, they fail to acknowledge the mediating role that parallel contemplative processes such as reflection-on-action and reflection on reflection-in-action may have had on participants' experience and interpretation of the mindfulness practice and, consequently, the findings of their research. Therefore, this inquiry addressed the need to explore mindfulness as an important component of reflective practice while examining and

highlighting the role that each of employed self-monitoring strategies may have on development of social work practitioners' tacit capacities such as the ability to fully engage and interact with enhanced presence in their professional roles, as well as respond through choice instead of in a reactive, automatic and, thus, *mindless* fashion.

**CHAPTER III**

**Methodology**

This qualitative study utilized a narrative inquiry design. Within their seminal work, Clandinin and Connelly (2000) contextually illustrated the narrative study design as the approach that by the means of *storytelling* and *restorying* explores the way its research participants experience their life stories — where *story* symbolizes a portal through which they experience, interpret, and construct a personal meaning of their world and reality. As Clandinin and Connelly (2000) further explained, the contribution of a narrative inquiry is primarily "on the creation of a new sense of meaning and significance with respect to the research topic" (pg. 42).

The study narrative became both the method and the phenomenon studied in this inquiry as it unfolded the research "*in*" the experience rather than only recording reflection "*on*" the experience. This multidimensionality is particularly relevant to the study's topic as mindfulness and self-reflection are states of mind embodied by people and, thus, require an inquiry approach grounded within an open-ended and reflective mode, with a capacity of bringing mind and body together. The narrative research design provided the multifocal lens that is needed to observe these living processes in all their different layers and dimensions such as by reflecting "on" (e.g. meaning-making of self-reflective strategies), reflecting "in" (e.g. meaning-making of self-monitoring strategies), as well as reflecting "on" reflection "in" the experience itself (e.g. meaning-making of reflective group interchange).

**Participants and Setting**

Guided by Riessman's (2008) and Clandinin's and Connelly's (2000) emphasis on the importance of observing people as embodiments of lived stories and examining "for whom was

this story constructed, and for what purpose?" in the narrative investigation approach, the process of strategizing the sampling technique for this study included careful reflection on *whom* to sample and *whose* story needs to be told (p. 11). Consequently, and consistent with qualitative research, this study employed purposive sampling – a practice where participants are intentionally selected to represent some explicit predefined characteristics or conditions (Luborsky & Rubinstein, 1995).

The proposed study recruited participants through PsychSolutions, Inc., an organization that employs a community-based methodology to the delivery of mental health and substance abuse services for adults, children, adolescents and their families in a large metropolitan city. This researcher maintains the position of clinical manager in this agency with a primary job task to provide clinical supervision to a team of clinical social workers who hold at least at the master's level of expertise and most of whom are registered Social Work interns for the state licensure.

Because this is a qualitative study, the ideal sample size emerged during the course of the study when saturation has been achieved and included the sample size of seven participants to secure the most optimal group effect and engage multiple voices during the proposed group interviews (Robinson, 2014; Tracy, 2013). Inclusion criteria for study participation were as follows: (1) employed clinicians at PsychSolutions, Inc., (2) master's level social workers, and (3) provision of a minimum of 15 hours of clinical work weekly. The first step included approaching the PsychSolutions, Inc.'s administrative chief executive officer (CEO) to request his approval, allowing this researcher to recruit his agency's clinicians for this study.

**Recruitment procedure.**

Recruitment was facilitated by agency staff and it occurred via email. The program's Clinical Director introduced the research study to the agency's Clinical Managers with the instruction to forward the invitation letter for participation to their teams' social work practitioners (see Appendix B). The invitation letter emphasized the dual role of this researcher, as a clinical manager and a researcher, while clearly distinguishing between the role as a clinical manager providing the routine individual and/or group supervision versus the role as a researcher during the study group sessions. Thus, it was made clear to potential participants that the study group meetings and within implemented mindfulness meditation practice component were not aimed to provide clinical training or supervision, rather were part of a research study and were serving for this purpose only.

Also, this invitation included a review of the ethical principles and guidelines such as that the research participation was confidential, voluntary and withdrawal was allowed at all times, as well as that this study followed valid scientific protocol with central researcher-participant relationship based on honesty, trust, and respect (Grinnell & Unrau, 2011). Furthermore, to minimize negative effects of the aforementioned dual relationship during the recruitment process, the voluntary nature of participation was reiterated by placing the informed consents in the agency's mail/copy room, the most neutral office space in the agency, where they were obtained, signed, and submitted into a locked box by those interested in participating. Finally, this researcher provided participants with the contact information and the opportunity to discuss the presented information and ask questions.

**Research Protocol**

Steered by Clandinin's and Connelly's (2000) emphasis that in narrative inquiry context is ever present and includes such notions as temporal context, spatial context, and context of other people, this study protocol consisted of three different components that were contextually multidimensional (see Appendix C).  The first component includee three-week of daily mindfulness meditation practice with a different type of guided audio meditation per each week: the first week –*concentrative* type meditation, the second week – *Vipassana* meditation, and the third week — *loving kindness and compassion* meditation.  Additionally, the participants were asked to practice a three-breath meditation prior to any clinical activity during these three weeks, as well as they completed a daily self-reflective journaling, accounting for the protocol's second component.  Also, there were three, one and a half-hour groups: introductory, middle-phase, and exit meeting.  These group meetings were the third, final component and were designed in a manner to create a storyline-context frame and, thus, draw boundaries as they were conducted at the beginning, in the middle, and at the end of the study protocol.

During each of the group meetings, this researcher took approximately 30 minutes to present short, basic, and simplified information about mindfulness meditation, reflective practice, or self-monitoring strategies, while carefully excluding any information speaking to the benefits of these practices in order to minimize bias and open the space for the participants' own experiences (see Appendix D).  To allow the participants practical application of the presented information, this was followed by a guided group meditation that included instructing the participants how to examine their awareness of the sitting meditation posture, as

well as how to establish and maintain focus on sounds in the room, their breath, or bodily sensations.

Also, during the remaining 60 minutes of each group meeting, the participants were invited and guided into interview-style exchange by this researcher posing open-ended questions and facilitating conversation. Following each group meeting, the participants engaged daily in five minutes or longer of guided audio meditation, provided to them in an electronic file form they were able to play at home and complete meditation practice on their own, as well as they completed their journal entries at the end of the day. Finally, the study protocol extended across three weeks and, including group meetings, individual meditation sessions at home, and reflective journaling at the end of the day, totaled approximately 10 hours.

**Data Collection**

While recognizing that the process of data collection in narrative studies has numerous phases along the inquiry's storyline, encompassing strategies such as gaining permission from the agency's CEO, executing sampling procedures, and anticipating ethical issues, this study also placed emphasis on making use of multiple types and sources of data, as well as diverse methods for gathering them (Creswell, 2013; Tracy, 2013). For this study, data was collected in the forms of three focus groups interviews, as well as daily self-reflective journaling by the participants. Congruent with the nature of narrative inquiry, these activities were simultaneously serving as both the phenomena of reflective practice and self-monitoring strategies being investigated in this study, as well as the methods of exploration and data collection within the study design (Tracy, 2013).

**Focus group interviews.**

Focus groups are advantageous for producing the synergetic insights that are known to result from group interaction, particularly when the interviewees are similar such as in the proposed study as they can relate, validate and support each other throughout the interview process, making it a teachable and transformative experience (Creswell, 2013; Tracy, 2013). There were three focus groups interviews that took place in the PsychSolutions' main office conference room and each lasted approximately 60 minutes. Focus groups were conducted by this researcher and all of the interviews were video- and audio-recorded. The aim of this data collection method for this study was to aid the participants' recall, as well as stimulate elaborated descriptions of memories and creation of ideas as related to their shared experience. Furthermore, the interviews were in a narrative, flexible, and open-ended format with the aim to kindle interchange, as well as to foster meaning-making between the participants while mutually creating a story (Tracy, 2013).

While keeping in mind Tracy's (2013) recommendations that interview questions should not be asked in the same way as research questions but "must be simple, jargon-free, and attend directly to the interests and knowledge of interviewees" (p. 144), three interview guides were developed for this study, each addressing a different component from the study protocol and associated self-monitoring strategies (Appendix E).

The interview guides were ordered in a manner to support the enfolding of the study narrative along the observed contexts of the storyline while following the Clandinin's and Connelly's (2000) three-dimensional space approach (temporal, situational, and interactive). On the day one of the study protocol, the first interview exploree the participants' (1) prior experience and (2) their perceptions of mindfulness meditation and self-reflective practices and

was facilitated at the very beginning of the focus group meeting prior to presenting any

information about these topics to open the space for the authenticity of participants'

contributions.

The second interview, taking place on the day eleven, further explored the participants'

(1) meaning-making of reflective practice related to their experience of implementing self-

monitoring strategies and a potential contribution that the same may have had on their (2) sense

of self, (3) their clients, as well as their (4) clinical practice in general.

During the third exchange, on the final, 21st day of the study protocol, in addition to

further probing questions from the second interview and summarizing their experience, the

interviewees were asked to (1) reflect on the dynamic of group interchange itself and (2) the

potential impact that this format of processing and coming together may have had on their

meaning-making of self-monitoring strategies.

Furthermore, while maintaining openness to new and unexpected findings, this

researcher transcribed and analyzed data collected from both self-reflective diaries and

interviews on an ongoing basis as the study progressed and, as shown in the Appendix F,

utilized developed reflections and interpretations as a springboard to further modify interview

questions and expand on topics of interest to explore (Tracy, 2013). These flexible and

unstructured interview protocols forged conversational relationships and greater

communication equality, as well as encouraged the participants to tell their stories in their own

way rather than simply answer questions (Riessman, 2008).

**Self-reflective diaries.**

According to Creswell (2013), journaling in narrative story writing is an approach that

has emerged in recent years.  Journal entries can be utilized as both exploratory method and a

data collection tool and are especially useful when observed setting is difficult or impossible to access such as the case with this study as the participants are asked to engage in study activities while at home and/or during their day while providing community-based services (Tracy, 2013).

As the part of their daily self-reflection the participants were asked to journal by responding to a questionnaire on Survey Console including three open-ended questions: 1.) how was your meditation experience today? Please, describe any insights you may have gained from observing your mind., 2.) Describe any differences in your day that may have resulted from your meditation practice?, and 3.) Describe any differences in your clinical work today that may have resulted from your meditation practice (see Appendix G).

Furthermore, to minimize negative effects of the aforementioned dual relationship, this method of study data collection procedure allowed for participation under the pseudonym, as the journal entries were collected via questionnaire, formatted as an electronic survey and provided by the Survey Console.com. Although the researcher knew who the study participants are, there was no identifying association made with their responses to daily journal questions. All the participants were asked to open a new email account (i.e. gmail) disguising their identity and send a message from their new IP address indicating their participation in the study and the pseudonym they were planning to use during the three weeks of the study protocol. Following this step, the participants received a daily group email with a link to the study survey, asking them to identify their pseudonym prior to completing their self-reflective journaling.

Moreover, congruent to narrative investigators' emphasis on constructing description of the participants' subjective experience and pursuing individualized rather than general

understanding of phenomena, participants were told that there are no specific instructions on how to answer their questions, including how lengthy their answers should be (Coulter & Smith, 2009).  Also, to additionally minimize the respondent burden and the participation's "chore-like" effect, the participants were informed that missing a day of responding to questionnaire would not exclude them from the study but that these (in)consistencies with daily journaling and/or meditating would simply be a part or a "chapter" in the study narrative.

**Data Analysis**

According to Saldaña (2013), the decision-making process about the appropriate coding method includes "carefully considering which coding method(s) may generate the types of answers you need, based on the forms of questions you pose" (p. 61).  For this study, Saldaña's (2013) descriptive coding and themeing the data were utilized to analyze the data with specific focus on content or "what" is communicated.  Also, Clandinin's and Connelly's (2000) three-dimensional space approach was integrated to examine temporal, situational, and interactional contexts and further elaborate analysis by offering a view into "how" the study narrative evolved.  Specifically, the storyline and the process of retelling were contextualized across the narrative inquiry space as follows:

1. temporal context or continuity was explored in a *before, during,* and *after* fashion and reflected the participants' meaning-making process of self-monitoring strategies as it chronologically evolved during the three-week study protocol,

2. type or situational dimension drew a distinction between experiences and interpretations of different self-monitoring strategies as related to their place and type (i.e. sitting meditation, group meditation, self-reflective journaling, reflective group processing, etc.), and

3. interactional context differentiated between participants' impressions of the impact

that self-monitoring strategies might have had upon *personal conditions* such as

their internal dynamic and sense of self (i.e. cognitive and emotional processes)

versus *social conditions* reflected in their interactions with the outside world and

others in it (i.e. personal relationships, clinical work with clients, reflective group

process).

**Data analysis procedure.**

Riessman (2008) emphasizes that the process of transcribing allows the researcher to

become acquainted with the data, while Tracy (2013) notes that organizing data for analysis is

an interpretative activity in itself. The organization phase for this study's data analysis

employed three main schemata — *chronological*, as well as *by type* and *by source* as criteria.

For instance, the collected journaling responses were transferred from the survey report into a

Microsoft Word document, while immediately taking the raw data through the round of

interpretation by organizing it and, thus, reconstructing it per participant, per question, as well

as sorting it in a chronological order (Tracy, 2013). Similarly, the three focus-groups

interviews transcripts were transcribed verbatim, as well as organized and analyzed

chronologically as they occurred during the study intervention to reiterate the narrative's

temporal context along the storyline.

The next round of data analysis included entering transcripts into NVivo, qualitative

data analysis software. During the data immersion phase, the initial descriptive coding was

performed, including creation of a codebook and writing memos within the methods section

draft that was maintained throughout the entire analysis process. Finally, this was followed by

retelling or restorying the data consisted of interpreting and identifying key elements of the

story line as they contextually occurred within the interactional, temporal, and situational dimensions of narrative inquiry space, while simultaneously creating themes that emerged during this process.

**Strategies for Increasing Rigor**

As Creswell's (2013) reviewed, the means of trustworthiness or qualitative validation are multiple and varied, and it is the researchers' responsibility to choose the types, terms, and processes with which they are comfortable and are most suitable for the task at hand.  In the spirit of devising criteria for scholarly quality and in effort to ensure rigor during the course of research, this researcher maintained accountability by employing various validation strategies throughout the entire study process. The strategies of rigor included prolonged engagement, triangulation, member checking and peer debriefing, as well as researcher reflexivity by the means of analytic reflections and clarifying researcher bias (Tracy, 2013; Fetterman, 2010; Janesick, 2011; Loh, 2013; Creswell, 2013; Padget, 2008; Clandinin & Connelly, 2000).

**Prolonged engagement and triangulation.**

According to Padget (2008), "prolonged engagement has come to be a defining characteristic of qualitative studies regardless of where they take place" (p. 186).  This validation strategy promotes building trust with participants, helps alleviate reactivity and respondent bias, as well as provides the researcher with an additional opportunity to check for misinformation stemming from misinterpretations (Creswell, 2013; Padget, 2008).  As recommended by Padget (2008) and Fetterman (2010), the methodology of this study operationalized this technique for rigor by implementing a storyline design and integrating multiple focus group interviews (i.e. beginning, middle, and end) and, thus, extending the time of participant observation and data collection.

The process of triangulation by data source is used for confirmation and it involves collaborating evidence from multiple types of data to shed light and gain comprehensive picture of a theme or perspective (Denzin, 1978; Tracy, 2013; Creswell, 2013). The data for this study was triangulated by the means of the focus group interviews and self-reflective dairies as when evidence is located within multiple sources of data and materials are convergent, there is a greater confidence that the findings are trustworthy (Padget, 2008).

**Member checking and peer debriefing.**

Most authors speaking of strategies for rigor in qualitative research emphasize the importance of member checking – a process whereby the researcher's transcripts and/or interpretations are taken back to participants to offer them an opportunity to assess for accuracy, provide more personalized context and/or alternative interpretations (Tracy, 2013; Loh, 2013; Creswell, 2013; Padget, 2008; Clandinin & Connelly, 2000). As Loh (2013) pointed out: "Since they are the ones in the actual experience studied, they would have detailed information about context in which the experiences occurred, their personal reasons for the occurrence and their responses to it" (p.6). It is important to emphasize that it is member *checking* and not member validation; thus, in addition of being a measure of validity, this strategy created an opportunity to receive additional insight about the data and, thus, further extended and elaborated the data analysis process (Loh, 2013). This researcher followed Creswell's (2013) instructions and, without including the preliminary transcripts or raw data, presented the participants with the restoried narrative while asking them to provide their view of the same and highlight if something needed to be changed or was missing important information.

Peer debriefing is a trustworthiness technique that can be a means of sharpening the (researcher as an) *instrument* and creating a lifeline for the qualitative researcher (Loh, 2013; Padget, 2008).  This strategy provided an external check throughout different points in the research process, meaning that this researcher reached out to sources of support for peer debriefing or validation by inquiring assistance from individuals who were familiar with both this study's topic and qualitative data analysis process. For instance, this researcher presented the identified peers supports with the transcribed raw data along with developed codebook and preliminary thematic analyses of both sources of data in order to acquire their view of the same, as well as to receive input about this researcher's reflected analytical processes.

**Researcher self-reflexivity.**

The concept of the researcher as instrument highlights the unique function of the researcher's particular paradigm, such as her or his knowledge, perspective, and biases, in research situations that are often interrelated and significantly rely upon the researcher's logic, artistry, imagination, clarity, and knowledge of the field under study (Barret, 2007; Corbin & Strauss, 2008).  This researcher implemented practices of comprehensive self-reflexivity, specifically journaling analytic reflections and clarifying researcher bias, that promoted self-awareness and exposure in order to address the researcher's self (Tracy, 2013).

The practice of journaling analytic reflections informed all stages of the inquiry project, "beginning with heightened awareness in the early stages of the research design and progressing to later stages of fieldwork, analysis, and writing" (p. 234), and included "commentary about researcher's insecurities, fears, or uncertainties; the way others are relating to the presence of research; initial theories or gut reactions about scene; and interpretations related to research interests" (Tracy, 2013, p. 121).  These reflections were recorded within the

methods section draft and came in a variety of forms, such as brief reflective notations and bits

of writing (i.e. during data organization or transcription tasks) or more elaborate reflections or

commentaries (i.e. upon focus groups interviews).  Finally, the practices of self-reflexivity

began from the very outset of the study and included sharing this researcher's motivation to

conduct the study, as well as her or his position, background, and any assumptions that impact

the inquiry (Creswell, 2013; Tracy, 2013).  Hence, the closing section in the Chapter V

includes clarifying researcher's bias strategy, where the informal language and use of *I* serves

as an acknowledgment and a reminder of this researcher's presence and influence (Tracy,

2013).

### Ethical Considerations

All of the participants were treated in accordance to the ethical guidelines with ethical

issues being addressed at each phase in the study, starting by complying with the regulations of

the Institutional Review Board (IRB) and acquiring permission for conducting the research

from the Barry University IRB.  As aforementioned, the sampling strategy included contacting

the agency's administrative CEO and presenting the description of the project such as its

significance, methods, and procedures. At that time, the informed consent form was also

reviewed with the CEO with emphasis on this study's ethical acceptability with the core

objective of protecting the rights and welfare of its participants.

Upon the receipt of the CEO's written letter of support, the research study was introduced

to the agency's clinicians who were simultaneously invited to participate.  During this

exchange, the informed consent was reviewed with an emphasis on ethical principles such as

the confidential and voluntary nature of research participation with a withdrawal allowed at all

times and the study's valid scientific protocol with a central researcher-participant relationship based on honesty, trust, and respect (Grinnell & Unrau, 2011).

The informed consent clearly stated that any published results of the research would refer to group only and no names were to be used in the study, as well as the participants' privacy was protected by anonymously coding each returned daily journal questionnaire and keeping the responses confidential (see Appendix H).  Participants were informed that summary data would be disseminated to the academic and professional communities for possible presentations and publications, but that in no way would it be possible to trace responses to individuals.  However, it was also emphasized that due to the nature of focus groups confidentiality by group members could not be guaranteed, while inviting all the potential participants/focus group members to respect the privacy of other group members.

Finally, the participants were informed that their participation in the study or withdrawal from the same would not affect any aspect related to their employment status.  Additionally, compensation was offered for their participation in the amount of 50 dollars.  Finally, there was acknowledgement of the potential for indirectly benefiting from the experience of intervention such as expanding their understanding of mindfulness meditation on both theoretical and practical level, particularly as reflecting (or not) in their clinical practice.

**CHAPTER IV**

**Findings**

As discussed in prior chapters, reflective practice and its self-monitoring methodology plays a relevant role in development, "translation," and sharing of tacit knowledge (Mishna & Bogo, 2007; Wilson, 2013; Ruch, 2000; Chow et al., 2011; Yip, 2006; Lam et al., 2007; Gray & Smith, 2009; Matthew & Sternberg, 2009; Epstein, 1999). The participants in this study engaged in a three-week protocol consisted of daily meditating and self-reflective journaling with the purpose of exploring and sharing their common experience, while gaining a deeper understanding of the reflective practice methodology and its potential impact on cultivating participants' clinical tacit faculties. As the participants related, validated, and supported each other throughout the three group interviews, their exchanges produced synergetic insights and made this process a teachable and transformative experience. By employing the narrative approach, research in the experience was conducted rather than simply recording participants' reflections on the experience. The data for the study narrative was collected by daily self-reflective journaling and transcripts from three group interviews that took place at the beginning, middle, and end of the three-week study protocol. NVivo, qualitative data analysis software (CAQDAS) was utilized for descriptive coding and themeing the data with specific focus on "what" is communicated, as well as Clandinin's and Connelly's (2000) three-dimensional space approach was used to further elaborate analysis by examining "how" the study narrative evolved.

The study group's restoried narrative, following a storyline-context frame, unfolded in three parts: "Before," "Transitioning," and "After," each of which revealed different emerging themes, four in total, that were discovered during data analysis process. The first part,

"Before," evolved through the analysis of the data that was mostly collected during the first group interview that focused on exploring the participants' prior experiences and perceptions of mindfulness, meditation, and self-reflective practices, as well as the introductory information shared by the study participants. This reflected the group identity as it started to evolve during this process.

The middle part, "Transitioning," encompassed the interpretations of self-reflective journal entries, as well as the data collected during the second interview with focus on exploring different dimensions of the participants' meaning-making of reflective practice such as their sense of self, their clients, as well as their clinical practice. Finally, the third part of the group narrative, "After," reflected the analysis of data collected during the final, exit group interview that, in addition to further probing of meaning-making process, focused on summarizing the participants' experience, as well as evoking reflections on the dynamic of group interchange itself and the potential impact that group processing may have had on their meaning-making of self-monitoring strategies.

**Demographics**

As directed by Patton (2002), demographic questions were chosen with a purpose to reflect the participants' relevant professional background and provide further insight about the study sample while beginning to tell the story about the group identity (see Table 1). All seven participants met the criteria for the study, meaning that they are: 1) certified as a master-level social work clinicians, 2) employed at PsychSolutions, and 3) providing 15 or more clinical hours weekly. The mean age of the participants was 37 years of age, with the mean of seven years of clinical social work service at the master level of expertise. Also, amongst the seven participants, there were two licensed social workers and four registered interns for the

licensure, while the remaining participant was in the process of applying to become registered

intern at the time of the study.  Pseudonyms were collected from the self-reflective journals

and randomly applied by this researcher to protect the confidentiality of the participants.

Demographic information appears in Table 1.

Table 1 – Demographics of participants

| Participants | Age | MSW earned | Time in clinical MSW service | Tenure with PsychSolutions | Highest credential |
|---|---|---|---|---|---|
| Bear | 54 | 1998 | 17 years | 5 years | MSW |
| Belle | 49 | 2007 | 8 years | 7 years | MSW |
| Tione | 28 | 2015 | 10 months | 10 months | MSW |
| Mary Louise | 31 | 2013 | 3 years | 3 years | MSW |
| Star | 32 | 2007 | 7 years | 1 year | LCSW |
| Samantha | 36 | 2015 | 1 year | 6 months | MSW |
| Quincy | 31 | 2012 | 4 years | 1 year | LCSW |

**Data Analysis**

As previously discussed in Chapter III, in addition to exploring the data content or

"what" is communicated by the means of descriptive coding and themeing the data as

prescribed by Saldaña (2013), Clandinin's and Connelly's (2000) three-dimensional space

approach was utilized to examine temporal (in *before, during,* and *after* fashion), situational (in

relation to *place* and *type* of practice), and interactional (*personal* vs. *social* conditions)

contexts and further elaborate analysis by revealing how the study narrative enfolded.

Upon completing the initial descriptive coding with NVivo CAQDAS, a chart was

developed to highlight the experience of reflective practice and its methodology, specifically

self-monitoring strategies of mindfulness (and) meditation, or reflection-in-action, and self-

reflective journaling and group processing, or reflection-on-action, as it unfolded through the

above-mentioned dimensions.  The study group's restoried narrative was then derived from this

chart, while simultaneously creating themes and sub-themes that emerged from this process

and integrating memos from the methods section draft that was maintained throughout the

entire analysis process.  Figure 1 exhibits the three-dimensional space approach as plotted for

the study group, while the section following this chart presents the study group's restoried

narrative along with the respective emerging themes.

Figure 1: Reflective Practice in Transition

| | Interaction | | Continuity | | | Situation/Type |
|---|---|---|---|---|---|---|
| Personal | Social | Before | During | After | | |
| | "I do it sometimes with my clients… I don't do it for myself ever." | "I meditate every time in the shower…"<br><br>"meditation, I can only do it at home… I can't do it in my car, I can't do it in the library or the client's house, I feel I can lock myself in my private room and meditate." | "I also noticed that I am able to meditate outside of my house."<br><br>"Before entering the client's home, I began to meditate in my car. Meditating before seeing the client has made a difference…"<br><br>"when I go to the clients that is another place where I do it" | "I remember coming in and saying I can only do it at my home, in the comfort of my home but I noticed that I can do it anywhere. So, I changed my space and my comfort level."<br><br>"one time my daughter was in tutoring … I did the meditation there so I am able to do it in different places." | | Meditation place |
| "more calm, relaxed, not as much knots"<br><br>"More aware of my thoughts and… my judgments about the thoughts"<br><br>"I couldn't get hold of my thoughts."<br><br>"I had difficulty concentrating… my mind kept wondering"<br><br>"It is a combination of both… it is not only state of my mind, my thoughts racing, but also my physical body."<br><br>"Also, emotional: sometimes I will feel frustrated and overwhelmed and I will meditate and then I just feel relaxed." | "Although I did meditation with my clients through the sessions, it was more like a routine. I don't see any difference in my clinical work because I personally didn't do it myself before I go to work."<br><br>"I was more energized and more conscious about the benefit I had while doing the meditation practice with my clients."<br><br>"I did the meditation with 2 of my clients and they liked it. They showed more interest into doing it because I did it with them." | "starting fresh. In your mind, you let go and you are starting fresh"<br><br>"To get into the practice of quieting your mind and focusing on what it is that you are supposed to be doing"<br><br>"Mindfulness and meditation are kind of sort of parallel to each other…"<br><br>"It is another way that I can control my anxiety" | "I found it easier over time to… immediately fall into focus"<br><br>"I always think: 'oh, I don't have time, don't have time for that' but now that I actually gave myself time to do it, I see that there is time to do it"<br><br>"Feels like, it will be a life, a part of my lifestyle changes that I want to implement." | "When you are… learning something new… it starts slower and then you get better with it."<br><br>"It became my routine, something to do every day."<br><br>"Aaahhh, just, it really has made a humongous impact… because it is lifestyle."<br><br>"I just really enjoy, like the way I feel calm and peaceful and happier …" | | Mindfulness meditation |
| "Being self-conscious that you are with your eyes closed and surrounded by people."<br><br>"When I am here [group] I know that you are there and I feel safe and can listen to you and I can concentrate…" | "I appreciated connecting with everyone. "<br><br>"When you do it at home you are kind of sticking to your routine but when you are doing it in the group I think that it is a little bit more powerful." | "the first week's group meditation, my mind was just as with my individual meditation all over the place…" | "When I do it alone I always do it in the same spot, in my room, because I don't want to be disturbed by my wife or my kids but when I am here I know that you are there and I feel safe and can listen to you and I can concentrate and get the connection…" | "This time [3rd group] I was able to connect more with everybody's energy."<br><br>"You can sense that someone is getting impatient or that someone is getting gratitude or becoming focused … definitely a connection between us…" | | Group meditation |

Figure 1, Cont.: Reflective Practice in Transition

| Interaction | | Continuity | | | Situation/Type |
|---|---|---|---|---|---|
| Personal | Social | Before | During | After | |
| "I am always in my head..."<br><br>"I don't write because I think so fast."<br><br>"Sometimes I feel things and I am not sure where it is coming from so writing it out helps me to process better." | "I encourage it to others, but I never write… [all laughing in agreement]" | "Expressing myself… understanding…free flow writing."<br><br>"Whatever activity that I am doing I… extend it so that I have more time to think and that's what I do as far as reflecting."<br><br>"Thinking as well no writing whatsoever…"<br><br>"I do it by talking out loud, too. I talk out loud a lot, too..." | "That was really difficult for me to draw out and put into the words to provide some qualitative feedback."<br><br>"I almost wish that it was open-ended and I can say whatever I want to say [with all joining in laughter] because I sometimes feel trapped by questions."<br><br>"The questions were like making me ask: "am I writing always the same thing?"<br><br>"But it is really hard for me to write what I kind of feel, it is easier to write about other people." | "It was hard for me to remember to do it."<br><br>"That part did not change; maybe because I don't really care for journaling… I am pretty private person…"<br><br>"It forced me to see things more immediately…"<br><br>"I was more aware of what I wanted, what I wanted more of, what I wanted less of, what I wanted that wasn't there … and I saw the next day as an opportunity to try again…yeah! [while others agreeing]"<br><br>"This process kept me mindful of practicing to be mindful, like a self-enforcing routine…" | Self-reflective journaling |
| "It is nice to feel that 'ahhh [sigh of relief] I am not the only one'"<br><br>"it is so important to feel supported and not alone…" | | "I [Belle] actually got that from Tionne, who the first time we met said she can do it in a shower… [all start laughing and agreeing]" | "recalling parts of our conversation and, so I said: 'Let me try Belle's way and meditate in the car'… and so I did it and was like, yeah, Belle is right … [all laughing]"<br><br>"I know that I am not alone in this is and that there are other ways of feeling about it or dealing with it... so, it's kind of learning and feeling connected at the same time." | "I feel a little bit closer to everyone in the group… learning about you and your difficulties, and the thing is that I learned that your mind is working a lot like mine."<br><br>"So, we noticed that there were some similarities, so we didn't really feel alone in the process."<br><br>"Yeah, definitely a connection between us…" | Reflective group processing |

Figure 1, Cont.: Reflective Practice in Transition

| Interaction | | Continuity | | | Situation/Type |
|---|---|---|---|---|---|
| Personal | Social | Before | During | After | |
| " to observe my body."<br><br>"…aware of my breathing and how my body feels relaxed."<br><br>"I am not my thoughts. I can change my thoughts."<br><br>"more present with my feelings and thoughts."<br><br>"my anxiety reduced…more relaxed and focused."<br><br>"I had an increase in gratitude."<br><br>"spiritually more connected…" | "I have become more positive and compassionate towards myself, client's, friends and family."<br><br>"I enjoy time with my family and I am more present with them."<br><br>"I noticed being more patient, kind and loving with my family."<br><br>"happier and friendlier with others. I also noticed that other people are kinder to me."<br><br>"my kids have been giving me hugs a little more." | "…being present, aware of your surroundings, aware of your feelings, uhhmmm, and being mindful of everything around you, too."<br><br>"To be present."<br><br>"To live your life for right now, not in the past or in the future all the time, living in the now."<br><br>"I am just there and nothing else."<br><br>"having control of myself." | "Today I was able to be more aware of everything. I was aware of my surroundings, my feelings, my breathing, my posture. I did something I never really do; I took the time to look at the trees and the sky."<br><br>"I was … aware of what I was experiencing at the present moment."<br><br>"I let things happen, instead of trying to anticipate things."<br><br>"my day was filled with spaces that weren't there before. Openings that have been created by getting present."<br><br>"I felt more rooted." | "It is the difference between knowing something theoretically and living it and what has meant is peace, freedom…"<br><br>"at first being present and being aware and then I realized that it is being very much aware and so yes, living it, that's what happened for me, living and experiencing it, and what I was experiencing is that awareness…"<br><br>"I gained a sense of not having my mind full..."<br><br>"Mindset that allows me to live my life in a different way and it seems so easy yet it is so hard…"<br><br>"It is lifestyle, it is not just this thing that you do; it is everything." | Mindfulness |
| "I was more connected with the client and alert. I was able to be present and not worried about my day."<br><br>"focused, really pay attention to what they are saying."<br><br>"more awareness, awareness of my surroundings, awareness of my clients, awareness of my feelings…"<br><br>"definitely more compassionate in terms of getting into people's worlds and that has contributed to having more patience."<br><br>"I have become more aware of my personal values and goals."<br><br>"I am more aware of myself and what is going on inside of myself so I know better what I bring to my clients." | "aware of my client's body gestures and exploring it with my client."<br><br>"I am receptive to let them just talk and then try to get a narrative instead of just going through criteria."<br><br>"I reached out more to my clients."<br><br>"I felt more patient, less likely to interrupt and better able to relate to my client despite their particular experience."<br><br>"I showed empathy to my clients. I noticed that I give my client's much more praise." | "Being with clients in a different way, they really really feel being heard, and you are there with them, you are not thinking of running to do list, anything that you have going on but you are just there with them." | "not only was I focused on my client's concerns but I was aware of the client's body language, gestures and facial expressions. I was aware of my own body language and facial expressions."<br><br>"I am going into my session from a calmer, more peaceful frame of mind."<br><br>"I felt a little more connected and more patient with my clients."<br><br>"When I met with my client, I was able to get into her world more quickly. I immediately had more compassion for her..."<br><br>"able to enjoy smaller nuances throughout my interactions with clients." | "I am more open to my clients, more empathizing with them, more listening…"<br><br>"I am sooo much more patient…"<br><br>"not getting caught up in how the things should be according to my perspective."<br><br>"I used to go more with an agenda; it is more of a flow now. …instead of doing everything by the book, I get in tune with their feelings and change it around according to that…"<br><br>"I used to guide my clients and try to get them back to what I wanted to discuss with them… and now I just let them, ok, if this is what you want to talk about, I am letting it happen and let them guide me…" | Clinical practice |

**Restoried Narratives and Emerging Themes**

The following section highlights the study group's restoried narrative along with the four emerging themes that were discovered during data analysis. Guided by the temporal context, the group's narrative is divided into three parts: Before, Transitioning, and After. The researcher chose to use the first-person plural voice during the process of restorying the data to further emphasize search for the participants' common lived experience and their shared story. However, the participants' individual contributions and authentic voices were acknowledged by integrating the direct quotes in the emerging themes, while randomly applying the pseudonym from the self-reflective journals to protect the confidentiality of the participants.

**Before.**

Seven of us, PsychSolutions' social work clinicians, started our 21-day journey through reflective practice with our first group meeting on June 28th, 2016. As a collective of community-based practitioners, although some of us had known each other through sporadic contacts at our agency's various events and team functions, we had never interacted directly within such an intimate group setting and, therefore,only began to know each other. Our group beginnings were eased by discovering many familiarities in our professional backgrounds such as being in the early stages of our social work careers and having a strong clinical focus. Ice-breaking moments also brought a sense of relief with the realizations that we were not alone, particularly the exchanges we had about commonalities in our current work reality, such as extensive paperwork and rigorous deadlines, being daily road warriors in brutal Miami traffic, as well as having to deal with frequent cancellations and no-shows to our scheduled appointments (for which, ironically, we arrived on time, despite the traffic.) It was almost

magical and tangibly therapeutic to surrender into the empathetic laughter that we shared

following each of these stories, building rapport and bringing us closer to each other.

Parallel to our social work professional orientation, we found ourselves appreciative

and further bonding over the fact that we are a greatly heterogenous group, or a "diversified

crowd" as our researcher described us, in terms of our ethnic backgrounds.  Only two group

members were born in the U.S., both were the children of first-generation American parents

originally from Haiti and Trinidad and Tobago, respectively. The rest of us were born and

raised in Colombia, Bahamas, Haiti, Cuba, and Argentina, respectively, and moved to the U.S.

as early as four and as late as in our 30-s.  We acknowledged how this diversity mirrored

Miami's demographic profile and voiced our excitement to explore the impact of all the

different colors in our group rainbow on our experience as we proceeded through our journey.

As we began our discourse on the topic of mindful and reflective practice that brought

us together, we quickly laid a foundation on which to step into this experience.  We established

our footing by unanimously coining our operational definition of mindfulness as "being

present, aware of your surroundings, aware of your feelings, and mindful of everything around

you, while always starting fresh and living your life for right now – not in the past or in the

future but living in the now."  Parallel to the cognitive-behavioral therapeutic approach that

bound us through our workplace in PsychSolutions, Inc., we also offered the following

symbolic interpretation: "Instead of multitasking all the time, if you drink water, you drink

water –nothing else; and If you drive, you drive – nothing else."  This demonstrated a very

specific practical application of this process, bringing our definition to life.

The process of conceptualizing mindful practice within our professional lives and, thus,

applying this concept to our clinical work also enfolded for us with ease as we, seemingly

simply, added the word "client" into descriptions similar to the one above. We agreed that, professionally, mindful practice means "sitting there and staying with your clients, while really trying to be fully present for them and letting them know that you are there with them." Stimulated by this exchange, we found ourselves even deeper in contemplation. We expressed our awareness of how important it is for our clients to feel that we are fully there and listening, making them feel comfortable and safe to open and share with us because they know that we are aware of and accepting all their emotions and are giving them one hundred percent of our attention.

However, a rich diversity of our personalized experiences with meditation and self-reflective practices, including a lack thereof, came to light as we began to explore our lived, practical application of these concepts. While none of us had received official meditation training, three of us had practiced formal sitting meditation at home in the past, and made an effort to integrate this practice into our daily self-care routines. These prior experiences showed us how easy is to fall into the rationalization of seeking "just that right time or place to meditate" and coming up with justifications such as having the tendency to fall asleep during our practice or struggling against our mind as it flips through: "Oh my God, we have to do X, Y, Z in the morning hours." Such justifications, we found, inevitably led to skipping our meditation practice for a day or two or three, then doing it less and less, and, finally, getting to the point where we were maybe meditating only occasionally, though being unhappy with that and always trying to come back to our practice. As we critically examined these patterns, once again, we found refuge in the universality of our experiences as we humorously summarized our shared sentiment and agreed to call it "the challenge of staying on the meditation bandwagon."

Although the rest of the group members had no previous experience with a formal meditation practice, which we believed could be carried out only on our special cushion at home, we observed other practices that we found to be meditative, yet in an informal way. We shared contagious belly laughter as we spoke, for instance, of daily meditation in the shower, followed by spontaneously rejoicing in group meditation and short visualization of this healing time to relax, letting the water fall against our bodies, being present, and fully aware of how good this very moment feels. We also described engaging in relaxation and deep breathing exercises with our clients to work on their emotional regulation or anger management, and with our own little ones as well when we simply needed to get them calm, quiet, and ready for bed, both of which were vicarious forms of meditation for us. Moreover, we acknowledged the meditation's potential for cultivating our spiritual connection and well-being as we reflected on the impact of our practices such as counting prayer beads, repeating prayers, or reciting a verse from the Bible over and over again.

As we tried to differentiate between the concepts of mindfulness and meditation, we found ourselves processing a lot of uncertainty and confusion. After we collectively acknowledged and emphasized the two concepts' interrelatedness, we discovered ourselves existing on the continuum anywhere from describing mindfulness and meditation as parallel to each other and "one going with another" to more merged descriptions such as comparing them to "both being hands, just one being left and the other right hand" or portraying "mindfulness as an umbrella and meditation being one form under it" to finally reaching the other end of the continuum by simply recognizing "no difference at all and naming them the same." We came to agree to remain open-ended in this topic at this time in our conversation, while embracing

both our similarities and differences of opinions and, thus, making this group processing individually expansive.

Exploring the topic of self-reflection brought our discourse back into a more familiar and harmonious rhythm as we found ourselves, once again, reporting very similar experiences and perceptions of this process. We easily established that self-reflection, as a cognitive process, is something most of us do on an ongoing basis during our day and that it entails "processing our thoughts and feelings," acquiring better "understanding of ourselves, as well as evaluating and identifying ways to improve in the way we are and the way we show up in the world for others." However, while recognizing self-reflective journal-writing as one of the associated methodologies most familiar to us, we also found a common challenge and discomfort with transforming our thoughts into written words and, thus, materializing this cognitive process. Finally, as we found ourselves sharing a laugh and taking refuge in humor once again, our sincere appraisal led us to admit to our almost hypocritical practice of teaching about the importance and benefits of "removing all the filters that come up and just writing and seeing what occurs" and encouraging our clients to engage into this very powerful process, yet holding such practice at a distance ourselves.

We ended this first of our three face-to-face group encounters with setting our intentions for the journey ahead, which simultaneously allowed us to indirectly address our perceptions and anticipations of the impact that these practices could have on our well-being. First and foremost, we shared our desire to get into a regular practice of meditation and, while enjoying the sense of cohesion evoked by using the authentic expression we coined together, jump (back) on the "meditation bandwagon." Next, as we once again found ourselves connected by a mutually shared sigh, we further fine-tuned our expectations by reflecting on

and voicing a need for gaining relief from anxiety around our to-do lists and control over that overwhelming sense of not being able to catch up and do everything that needs to be done in our day, such as stress about paperwork.  Finally, we excitedly made the commitment to give ourselves a gift of daily relaxation time as we expressed our hope that this practice would help us to grasp control over everything that is going on in our life, to slow down the time, and most importantly, to have peace so that when we go to sleep at the end of the day we can say – "ok, we did it."

     **Transitioning**.

Shortly into our first week together, we the seven became we the six PsychSolutions social work clinicians on a journey through reflective practice, as one member fell ill and had to leave the group after reportedly meditating for only couple of days and before completing any self-reflective journaling at all.  This resulted in six of us continuing with our daily meditating and journaling, the latter of which has given us an opportunity to simultaneously record and reflect on our experience with these practices.  On the eleventh day of our 21-day journey and, thus, half-way through it, we met as a group again to continue exploring reflective practice and its different components such as reflection-in and on-action, and to collectively process our immediate experiences with mindfulness, meditation, and self-reflection.

Both our journals and face-to-face conversation revealed a gradual evolution of the way we perceived reflective practice and its strategies of formal sitting meditation and self-reflective journaling, with which we now started to develop a more immediate and personalized relationship.  For instance, we began exploring the connection between the meditation space and our comfort level by venturing beyond the sanctuary of our homes as we started meditating in different locations such as getting quiet in the car prior to entering a

client's home for a session and noting our increased vigilance about safety of the neighborhood.  We also sat in meditation while in the waiting room with our family members, during the session with our clients, making it a "win-win" situation, or while taking a restful moment in the park.  We also found inner meditative solitude behind the ear-phones and closed eyelids as we rode in the car with a spouse, who was driving of course, or in the corner of our and/or our in-law's residences, whirling with the presence of family members and the playful noises of our children.

We noticed differences in our responses due to other situational factors, such as the type of meditation practice.  For instance, although we enjoyed the grounding impact of the readily available three-breath meditation that we did at various and multiple points throughout our day, we found guided meditation to be more effective because it provided clear steps and directions to follow, and it supplied time to breathe and fully dive in the practice.  With mutually supportive smiles accompanied by a deep exhalation together, we agreed that we need a little bit of that instruction and direction to be successful while getting the momentum going in our practice and trying to get on that bandwagon of meditating.  We also found that tuning into concentrative and insight types of meditation, to which we listened during the first two weeks, unfolded for us progressively with more ease and flow, while the third week's loving-kindness meditation required some visualization and, thus, different and, some of us thought, more complex, cognitive effort on our part.  At the same time, it evoked more emotional and attitudinal changes within us, making us increasingly enthusiastic about and grateful for both our professional and personal lives and everyone in them.

Our individual experiences with and responses to the self-reflective journaling part of our practice were very similar to each other's.  First, although separate entities, we found that

the relationship between meditation and self-reflective journaling was mutually reinforcing, making reflective practice somewhat of a self-enforcing routine through its format and within an integrated process that kept us mindful of practicing to be mindful.  Next, in addition to the already acknowledged theoretical value of self-reflection, we now progressively shared our own experiential and internalized benefits of this practice.  For instance, we appreciated its capacity for offering the time and holding space for us to learn about ourselves and the way we live our lives, giving us a window with a view of our improvements and progress that we made daily.  We further noted its positive impact on our clinical work as we observed being more in tune with our internal processes and what we bring to our clients, having an increased sense of where we end and our clients begin, as well as expanding in the awareness of our surrounding and the setting of our clinical interactions, which is particularly important when providing community-based services in clients' communities, homes and school placements like we do.

However, we found ourselves processing and validating each other through shared exasperation about the writing activity itself and we identified a cause for this sentiment as having to complete our journals at night, at the end of our long days when we were very tired and easily prone and tempted to forget about it.  We also recognized the barrier posed by the journals' structured survey format, trapping us with defined questions and, thus, limiting our expressiveness, as well as not permitting a review of our previous entries to see if there were any differences or observe the evolution that happened over the time.  We humbly and gently chuckled at our difficulty with having to put our experience into words and write about ourselves, while noting how much easier it is for us to write about other people.

Our continuous reflective process, both on an individual basis daily and during our group exchanges, filtrated various personal conditions of our experience or the manner in

which the practice crystalized within our sense of self.  These internal dimensions, although fluctuating with respect to their frequency and intensity on any given day and being greatly interconnected and mutually stimulating, manifested for us on three main levels: physical sensations in our body, cognitive or thinking patters, and emotional experiences.

The physical component was very helpful to make an initial connection with the practice itself, especially for those of us new to meditation, as we were supported by our bodies in connecting to the present moment and paying attention to what we were supposed to be doing, such as making sure that our stomach was going the right way and that we were breathing correctly.  We also immensely enjoyed the relaxing and reenergizing benefits of meditation practice, which we found parallel to feeling refreshed like after waking up from a good power nap or loosened up after having a body massage, sensing those stress and unrest knots dissipate with every new inhalation and exhalation during our meditation practice.

The cognitive dimension was the most prominent and presented the greatest rewards and challenges.  This made sense to us considering that meditation is a mental training and that we were getting better and more fit with time and practice.  We daily observed different cognitive elements at play within and their separation from our mind such as content (e.g. thoughts, ideas, memories, commentary), context of this content (e.g. nature or quality of our thoughts), and various processes (e.g. detaching from thoughts).  For instance, we were spectators in the ongoing race between our different thoughts and we noticed our minds' frequent favoritism of thoughts with worrisome or "to-do" traits.  We validated and mutually supported each other as we shared about our common struggle with detaching from our racing thoughts and being judgmental about their content.   However, we also rejoiced while

describing victorious moments of awareness and focused attention when we could let go of chasing after our thoughts and be in the flow of the present moment as it is.

The third, emotional dimension of our internalized conditions unfolded for us through contrasts, or what could be described as a negative photographic image of feelings that were, however, proportionally related to the quality and impact of our practice. The more connected we were with the present moment and in the flow of our practice, the more emotionally balanced we became. However, while describing ourselves growing calmer, more peaceful and happier, we primarily observed this emotional processing by recording gains of our practice, manifesting as relief from feeling anxious, stressed, frustrated and overwhelmed.

We also observed the impact that reflective practice had within the social contexts of our lives and the difference it made in our interactions with the external world and, thus, within both our personal and professional relationships. For instance, we found ourselves increasingly grateful for and present with the people in our lives, looking them in the eyes more when speaking to them and, overall, being more oriented and situationally in tune. We started showing up for others with more patience, acceptance, and receptivity to get into their worlds and walk in their shoes, and we discovered a newfound ease in our relationship with time that manifested in increased levels of compassion, empathy, and, thus, the capacity not to take things personally when we received yet another last-minute cancellation or had to wait for a client who was late again. Within our clinical work, this also translated for us in opening and holding space for our clients' self-determination and allowing their narratives to unfold during sessions, starting where the clients are and following where they want to go rather than insisting on pursuing our own agenda.

Finally, as we continued to reflect on the intentions that we had set at the beginning of our journey, such as to work on anxiety and stress management, we saw that our expectations had been fulfilled, but it seemed that this gain came more as a byproduct of our practice rather than its main effect.  We discovered surprising and unexpected expansions in our awareness some of which unfolded for us gradually over the 21 days of our practice.  Others revealed themselves to us through sudden bursts of insight, or what we called our "a-ha moments," such as when we realized that we are not our thoughts or that we do "have time" and that all we need is our own permission to "take it."  Day in and day out during our journey, we were more and more in awe of how pleasant it was to take time simply to sit and breathe, pause whatever was going on in our heads, and be in tune with our inner and whole selves, while simultaneously observing that subtle background of anxiety and stress about future dissolve. We observed developing a progressively global and permanent attachment to our practice. While we initially intended only to learn more about the practices of meditation and self-reflection and try them out for a short while, we discovered that it feels now like something that is and will be part of our new routine and lifestyle changes that we want to implement, something that we will continue to do every day.

**After.**

We walked into our third and last gathering on July 18$^{th}$ with smiles on our faces and a sentiment of camaraderie and accomplishment in our hearts.  After all, the 21 days of meditation and written reflection that were now behind us had been quite an intense training and, just as athletes must feel after their pre-season conditioning period, our sense of mental strength, self-efficacy, and overall fitness was vibrating within us.  We dedicated our final group processing to reflection on what had unfolded for us during this experience and on the

way our perceptions of reflective practice and its methodology had evolved over the last three weeks.

After the initial honey-moon phase in our relationship with meditation practice, through which we were carried by our excitement to do something so novel and hip, the reality of the difficulty and intensity of our training, requiring a daily sustained and focused mental effort, caught up with us. Throughout these three weeks, we had come to face and overcome various challenges, both internal and external, such as our resistance to having another activity in our daily routines, our mind insisting on completing a to-do list at the exact moment that we sit down to meditate, or getting a cold and having difficulty breathing during our practice.

However, bearing out the findings of many other skill-learning programs, our practice also became progressively easier for us. We got better at it with repetition as we gradually required less time to find that sweet spot of tranquil focus and could stay there for longer periods. And, while sharing the first of many laughs during this final conversation, we admitted to having to incorporate self-prep talk while preparing to meditate, saying to ourselves: "Okay, I can do this, I can do this for five minutes." One would think that five minutes is such a short time but while meditating it seemed much longer, so we always appreciated that added few seconds or minute of focused silence as we went on further and further and it became easier and easier for us.

We also had to admit our appreciation for the anonymous context of self-reflective journaling, which gave us the freedom to skip this activity for a day or two, free of guilt, as each of us did at least once and some of us did a few times. Furthermore, knowing that our journaling authorship would remain unknown created a non-judgmental space for our sincere reflections. It quieted the continuous chatter of our inner critique, telling us that our entries

were not authentic or elaborate enough.  Although some of us felt our writing muscles

constricted by structured questions and, as we humorously described, literally boxed -in by

survey's answering boxes and others wondered whether their journaling was different and/or

long enough on a day-to-day basis, we all agreed that this component of reflective practice

served us in many ways.  Its impact as a part of our training regimen was unprecedented as it

daily reiterated and reinforced our experience of meditation while simultaneously helping us to

"*observe the observer observing the observed,"* as Eipstein conceptualized Schön's most

sophisticated form of reflection process, so called reflection on reflection-in-action, which we

learned about during our second training session.  We also recognized the capacity of reflective

writing to illuminate subtle internal processes, become a measuring stick for our progress, and

provide a helpful vehicle for further processing, expressing, and, thus, materializing otherwise

unspoken experiences.

        While acknowledging the individualized nature of our experiences such as our various

levels of attraction to each of the self-monitoring strategies and to different types of meditation,

we concurred to emphasize our collective observation of the transformative impact that this

practice has upon and through the connection between our mind, body, and spirit.  Some of the

benefits were of a more immediate and rechargeable character, including the relaxed body and

calm mind that observably followed each daily dose of meditation while other benefits

gradually developed over time and manifested through our ever-increasing self-awareness and

ability to regulate our inner world.  As we processed together, rather than simply listing or

prioritizing this multitude of positive changes that we had acquired within our sense of self, it

was particularly impressionable to realize that these benefits had a synergetic power to create a

ripple effect within us and positively contribute to every aspect of our well-being, resulting in an overall sense of expanded inner peace and joie de vivre.

The same was evident as we reflected on the social aspect of our being, or the differences in the way we interacted with the world around us, whether it was in our personal lives or in clinical work with clients. As we continued to show up in our daily engagements with evermore presence, acceptance, empathy, and, most of all, patience for others, we also started to note reciprocity in the treatment we were receiving from the outer world and our relationships becoming more dynamic and expressive.

For instance, rather than always working or thinking about working, we now placed more intention and attention to being fully engaged and honoring the time we spent with our family members. As we patiently listened to our spouses' stories without interrupting or took a day off to celebrate a holiday or little one's birthday, even if it happens to be during the weekday, we noticed receiving more thanks and smiles from them, sharing more hugs, and hearing less complains and criticism in return. In our professional realm, as we increased our capacity for being grounded, receptive, and empathetic with our clients, we also noted that our practice options of how we choose to engage within our clinical interventions multiplied. We found ourselves getting out of the way and thereby creating more space for collaborative therapeutic effort with our clients. Moreover, as we expanded in our self-awareness, we also found ourselves consciously connecting with the inner call that had brought us on this career path and with the purpose we fulfilled by being of service to our clients.

During this discourse, we also reflected on another aspect of our story's social context that we had not touched upon before: the experience of traveling on this path together and the impact that we had on one another as we engaged in this meaning-making process. We

recalled those special moments of mutual aid and vicarious learning that had happened during our group interactions, such as facing challenges with journaling about ourselves, experiencing an intensified sense of self-consciousness during our group meditations, and exchanging our experiences with meditation in different places.  We noted that we enjoyed meditating in the group and gained strength in our focus from the connection between us and from our collective energy.  We expressed our appreciation for the support, strength, and inspiration that we shared with each other as individuals and as the cohesive collective that we had become during our few but powerful group meetings.

        We brought our conversation and, ultimately, our journey to an end by making a full circle and reflecting again on the meaning that we now attached to mindfulness and reflective practice.  More specifically, we focused on recognizing differences in the way we perceived, knew, and experienced this practice now in comparison to where we were when we started this dialogue.  We came to realize that, while our theoretical conceptualization of these constructs remained the same, it was in the difference between knowing something theoretically and living it that we found our metamorphosis to reside.  Coming into this experience, we said that *we thought* being mindful means "being present, aware of *your* surroundings, aware of *your* feelings, and mindful of everything around *you*;" but now, as we had travelled the road from theory to embodiment, we reflected on all the ways today in which we *are* aware of and present for ourselves and others, yet non-judgmentally and with compassion, living our lives for right now – not in the past or in the future but living in the now.  The process of meaning-making had become a journey of living-making for us and mindfulness, – *our* lifestyle.

**Emerging Themes**

Emerging themes revealed through the study group's restoried narrative will attempt to answer the following overarching central research questions: 1) How do the self-monitoring strategies of mindfulness meditation practice and self-reflection contribute to cultivating social work clinicians' tacit knowledge?, and 2) How are the self-monitoring strategies of mindfulness meditation practice and self-reflection embodied by social work practitioners in their clinical practice?

**"I am not my thoughts." – Expanding self-awareness.**

The theme of expanding self-awareness and becoming increasingly in tune with their internal processes was consistent amongst the participants' journal entries and group discussions. Participants identified various gains associated with their practice of self-monitoring strategies as their narrative described the following: "Some of the benefits were of a more immediate and rechargeable character, including the relaxed body and calm mind that observably followed each daily dose of meditation while other benefits gradually developed over time and manifested through our ever-increasing self-awareness and ability to regulate our inner world." This expansion of self-awareness, which evolved with the continuous practice of self-monitoring strategies, was demonstrated by parallel internalized experiences of certain personal conditions. Furthermore, these internal dimensions crystalized within the participants' sense of self on three main levels: physical, mental, and emotional experiences. While the frequency, intensity, and dominance of each personal condition may have varied from participant to participant and even from day to day, all the participants emphasized their interrelated and mutually stimulating relationship, as well as their ever-expanding nature. As a

result, participants described conducting sessions with their clients with progressively more self-awareness, which then reportedly furthered their therapeutic stance and clinical efficiency.

The participants assigned meaning to the experienced impact of reflective practice as follows: "We further noted its positive impact on our clinical work as we observed being more in tune with our internal processes and what we bring to our clients, having an increased sense of where we end and our clients begin, as well as expanding in the awareness of our surrounding and the setting of our clinical interactions, which is particularly important when providing community-based services in clients' communities, homes and school placements like we do." Figure 2 exhibits participants' journal entries and statements during the group interviews that highlight their process of growing increasingly self-aware and in charge of regulating both their internal and external environments.

In conclusion, while participants' experiences were highly individual, their collective observation emphasized the transformative impact that this practice had upon and through the connection between one's mind, body, and spirit. As participants noted, "We discovered surprising and unexpected expansions in our awareness some of which unfolded for us gradually over the 21 days of our practice. Others revealed themselves to us through sudden bursts of insight, or what we called our 'a-ha moments,' such as when we realized that we are not our thoughts… Day in and day out during our journey, we were more and more in awe of how pleasant it was to take time simply to sit and breathe, pause whatever was going on in our heads, and be in tune with our inner and whole selves… Moreover, as we expanded in our self-awareness, we also found ourselves consciously connecting with the inner call that had brought us on this career path and with the purpose we fulfilled by being of service to our clients."

Figure 2: Expanding Self-Awareness

| JOURNAL ENTRIES | GROUP INTERVIEWS |
|---|---|
| "I am not my thoughts. I can change my thoughts"<br><br>"Today I was able to be more aware of everything. I was aware of my surroundings, my feelings, my breathing, my posture"<br><br>"I was happier and friendly with others. I also noticed that other people are kinder to me"<br><br>"I enjoyed the presence of others and was more mindful"<br><br>"During my clinical work day, I was able to enjoy smaller nuances throughout my interactions with clients"<br><br>"I was more in touch with myself. I was more connected with the client and alert. I was able to be present and not worried about my day/ other issues. I was aware of my breathing and how my body felt [relaxed]"<br><br>"During my session, not only was I focused on my client's concerns but I was aware of the client's body language, gestures and facial expressions. I was aware of my own body language and facial expressions"<br><br>"I have seen a difference in my awareness. I have become more aware of my personal values and goals" | "yes, I guess the thing I found out after these three weeks is how easy it is to get stuck in the same mode of doing things and how you perceive things and how it [meditation practice] is kind of a way to prime yourself, like a practice of sort how to go with intention and the outlook…and I guess that it changed things, I guess for me at first, and maybe, you know the attitude toward work, like it's a lot about numbers and you try to bill and try to bill, I guess at first being able to repress and kind of step in a different intention and kind of really be there and try to help in whatever capacity that I can help"<br><br> "yes, it raises more awareness [while all agreeing], awareness of my surroundings, awareness of my clients, awareness of my feelings… so I believe it has a big impact because I am able to be aware more, because I am more aware of myself and what is going on inside of myself so I know better what I bring to my clients." |

**The receptive patience of a beginner's mind.**

During the first group interview, participants engaged in conceptualizing their perception of mindful practice within the boundaries of their professional lives and they established the following operational definition: "sitting there and staying with your clients, while really trying to be fully present for them and letting them know that you are there with them." Through this contemplative dialogue, they further revealed their common stance and awareness of how important it is for clients to feel that their clinicians are fully present, listening, and creating a safe space for them.

As the 21-day journey through reflective practice and the meaning-making process unfolded, participants' awareness continued to expand. Their impression of mindful practice

evolved both conceptually and operationally as evidenced by descriptions of internalized experiences that started to include various new constructs such as: "We started showing up for others with more patience, acceptance, and receptivity to get into their worlds and walk in their shoes, and we discovered a newfound ease in our relationship with time that manifested in increased levels of compassion, empathy, and, thus, the capacity not to take things personally…" Additionally, they observed that as they embodied "evermore presence, acceptance, empathy, and, most of all, patience for others," the outer world also became more inviting and receptive towards them, making their relationships more engaging and fulfilling.

Moreover, the participants reported how their expansions in awareness, grounding of presence, and changes in attitude impacted their clinical judgment and increased the quality of service to their clients. They described approaching their sessions with increased patience for "opening and holding space for… clients' self-determination and allowing their narratives to unfold during sessions." Participants noted finding themselves more authentically embodying the traditional social work dictum and seminal practice code "starting where the client is" and, equally important, allowing their clients to be the experts and show the way, "following where they want to go rather than insisting on pursuing our own agenda." Participants reported acquiring a more grounded, patient, and receptive therapeutic presence with the quality of a beginner's mind, yielding multiplied intervention choices and collaborative partnership with clients as it is presented in the examples from their journal entries and group interviews in Figure 3.

The final chapter of the restorried narrative, titled After, included the study group's closing reflective processing on what had unfolded for them over the three weeks of this experience and it offered the following summary of the way reflective practice and its

methodology impacted participants' clinical presentation: "In our professional realm, as we

increased our capacity for being grounded, receptive, and empathetic with our clients, we also

noted that our practice options of how we choose to engage within our clinical interventions

multiplied.   We found ourselves getting out of the way and thereby creating more space for

collaborative therapeutic effort with our clients."

Figure 3: Patient Presence

| JOURNAL ENTRIES | GROUP INTERVIEWS |
|---|---|
| "I felt a more connected to others and more patient"<br><br>"I feel like meditation has increased my tolerance to others today. Lately I have been very irritable for every little thing but this week since I started meditating I have felt more patient towards others"<br><br>"Today, I felt more patient, less likely to interrupt and better able to relate to my client despite their particular experience. I believe I continue to be more in tune with my clients and I felt more open and compassionate when hearing about my clients' difficulties";<br><br>"I have learned patience. I am slowly becoming less frustrated and anxious when it comes to completing paperwork. I have become more positive and compassionate towards myself, clients…"<br><br>"I have definitely been more compassionate in terms of like really getting into people's worlds and that has contributed to having more patience" | "I identify in increasing patience... one thing that I do better now is, I usually try to catch the phrases that uncover things like depression, sadness, crying; I am trying to connect the dots and seeing what fits where… and now I am trying to be a bit more receptive and to let them just talk and then try to get a narrative instead of just going through criteria."<br><br>"I used to guide them, for example before I go into session I would know what I am going to discuss and sometimes when they try to talk about other things, I try to get them back to what I wanted to discuss with them… and now I just let them (clients), ok, if this is what you want to talk about, I am letting it happen and let them guide me…"<br><br>"…my practice became better in a sense that I am more open to my clients, more empathizing with them, more listening and don't go only with what I planned for that day and just go with where they are at, like tune in with them more …"<br><br>"yeah, the same for me… where I used to go more with an agenda, it is more of a flow now… I am more compassionate, I have more empathy for my clients instead of doing everything by the book [while others are vocally nodding in agreement], how I am planning to proceed is based more on how client is feeling so I get in tune with their feelings and change it around according to that rather than forcing to get back to agenda that I had." |

**From theory through practice to wisdom – Doing vs. being.**

During their last encounter, as the participants processed what unfolded for them while

practicing the self-monitoring strategies of meditation and reflective writing, they described the

21 days of "staying on the meditation band wagon," the terminology they humorously assigned

to their practice, as quite an intense and difficult training, requiring a daily sustained and

focused mental effort.  However, as they continued to liken their experience to any other skill

training, they also noted their practice becoming progressively easier over time.  They reported

getting better at it with consistency and repetition, leaving them with a sense of mental

strength, self-efficacy, and overall fitness at the end of their journey.

More importantly, as the participants continued to experience a progressively

permanent attachment to their practice, they emphasized its transformative and synergetic

impact. They described a multitude of positive changes such as a relaxed body, calm mind, and

"overall sense of expanded inner peace and joie de vivre." These changes also rippled into their

professional lives as they reported strengthening their ability to regulate their inner world and

to be in tune with themselves and their clients.  Rather than thinking about how to be present

and engage in mindful clinical work, they now reported embodying a reflective presence and

becoming mindful practitioners.  The excerpts from the last interview in Figure 5 illustrate the

group process of internalizing the experiential nature of the self-monitoring methodology.

Figure 5: From Doing (Meditation) to Being (Mindful)

| MEDITATION TRAINING | MINDFULNESS STATE |
|---|---|
| "I found it easier over time to really just… immediately fall into focus."<br><br>"…like Star said, at first it was really difficult for me to get into it and be able to focus and say: 'OK I can do this for five minutes.' You think five minutes is so short, but when you are meditating it seems much longer but [all participants laugh] as you go on further and further it becomes easier and easier."<br><br>"You know like a statistical thing when you are trying something new or learning something new… it starts slower and then you kind of get better with it"<br><br>"the 1st week I found it really easy, because this was something new for me and I was like "ok, I want to experience this" and I was excited to start with it… and, the 2nd week I was just frustrated, overwhelmed, I was like "I don't want to do this" but I did it, and, then for the 3rd week I had so much going on and I said: "oh, no, I need to meditate" so it became a lifestyle for me…"<br><br>"It became my routine, something to do every day." | "I would say that my definition remains the same; as far as mindfulness… being present, focusing on what is happening around you and grounding yourself, and I think that the study is 21 days because they say that's how long it takes you to form a habit…"<br><br>"For me it was at first that being present and being aware, and then I realized that it is being very much aware [chuckling and smiling with others joining in] and so yes, living it, that's what happened for me, living and experiencing it"<br><br>"Yeah, for me too the definition remains the same: being in the present, but I noticed that I have gained a sense of not having my mind full… In the beginning, I [thought] OK, it means being present, but what does it really mean to be present? ... And now, I made it a lifestyle"<br><br>"Exactly, for me it is the difference between knowing something theoretically and living it. That's the big difference and what has meant it's peace, freedom, you know just lighterrrrness, and I know that's not even a word but whatever… [everyone chuckling] … Aaahhh, just, it really has made a humongous impact in a short period of time, and I just look forward to continuing it because it is lifestyle. It is not just this thing that you do, it is everything." |

**Group power – "If you want to go fast, go alone. If you want to go far, go together." (African proverb).**

From the beginning of their journey, the participants both acknowledged relying upon the power of travelling this path together, expressing, as they put it "our appreciation for the support, strength, and inspiration that we shared with each other as individuals and as the cohesive collective that we had become during our few but powerful group meetings."  They discovered the therapeutic and community-building value of the empathetic laughter brought upon by sharing stories with each other and realizing that they were not alone in their everyday work struggles, such as battling Miami traffic or "having to deal with frequent cancellations and no-shows to our scheduled appointments (for which, ironically, we arrived on time, despite the traffic)." As one of the participants stated: "It is nice to feel that… ahhh [sigh of relief] … I am not the only one, not that I am happy that you are feeling the same but at least I know that I am not alone in this is and that there are other ways of feeling about it or dealing with it… so it's kind of learning and feeling connected at the same time";
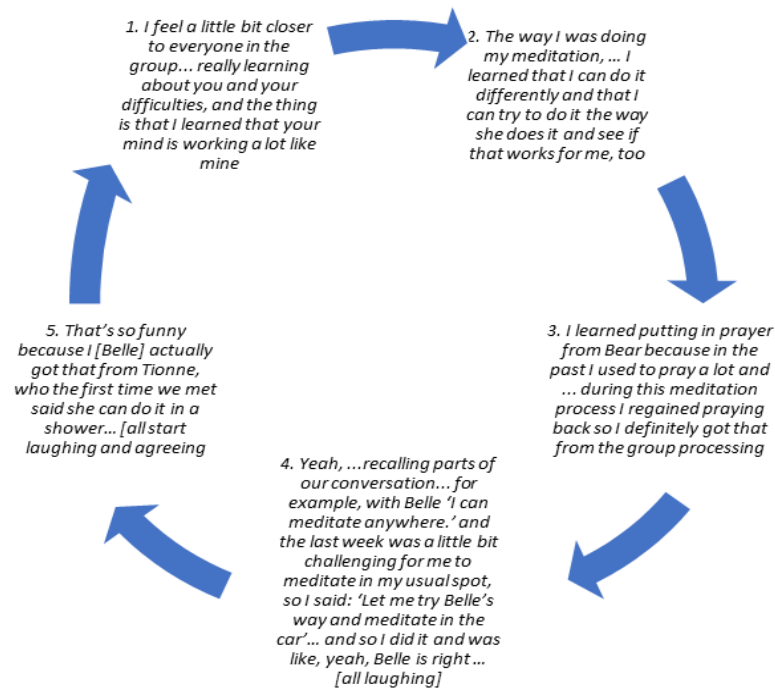
This process of identifying with one another has not only continued but has expanded to include a sense of support by each other, trust in one another, and appreciation for the camaraderie that they developed and offered each other, all of which helped create a safe space for each of them to become open, vulnerable, and transparent during the study's reflective group processing.  For instance, they carried each other with kindness and compassion through admissions of hypocritically advising their clients to journal or meditate yet experiencing challenges and rarely doing it (for) themselves as well as while voicing their inner critique that their journal entries were not authentic or elaborate enough.  They also supported each other as they unanimously expressed their appreciation for the anonymous context of self-reflective

journaling that secured, in their words, "the freedom to skip this activity for a day or two, free

of guilt, as each of us did at least once and some of us did a few times."

Moreover, as the participants reflected on the social context of their experience

engaging in reflective practice as a group, they also noted the impact that they had on one

another during this meaning-making process. They described enjoying meditating in the group

and strengthening their attention span through the connection with each other while

simultaneously finding a relief from the intensified sense of self-consciousness by tapping into

the power of their collective energy. Additionally, their individual learning, including

expanding their awareness and evolving their own practice routines, was reportedly greatly

stimulated by their group interactions. This vicarious learning was particularly evident as the

participants explored the spatial component of their practice and exchanged experiences with

meditating in different places. The examples from group interviews in Figure 6 demonstrate

the associative processes and mutually inspiring interactions, speaking to the impact of

member-to-member exchanges and their group processing.

Like the African proverb above, the study group's restoried narrative reveals that the

participants' individual impressions and internalization of reflective practice were significantly

marked and greatly enriched by the opportunity to engage in this process together. The group

value offered a helpful vehicle for further processing, expressing, and, thus, materializing

otherwise unspoken experiences, deepening the process of discovering and cultivating

newfound dimensions in participants' awareness and increasing the quality of their capacity to

be more present both in their individual lives and clinical work with clients.

Figure 6: Group Power

1. I feel a little bit closer to everyone in the group… really learning about you and your difficulties, and the thing is that I learned that your mind is working a lot like mine

2. The way I was doing my meditation, … I learned that I can do it differently and that I can try to do it the way she does it and see if that works for me, too

3. I learned putting in prayer from Bear because in the past I used to pray a lot and … during this meditation process I regained praying back so I definitely got that from the group processing

4. Yeah, …recalling parts of our conversation… for example, with Belle 'I can meditate anywhere.' and the last week was a little bit challenging for me to meditate in my usual spot, so I said: 'Let me try Belle's way and meditate in the car'… and so I did it and was like, yeah, Belle is right … [all laughing]

5. That's so funny because I [Belle] actually got that from Tionne, who the first time we met said she can do it in a shower… [all start laughing and agreeing

**Summary**

The purpose of this chapter was to present the findings from this study. Three-dimensional space approach was used to enfold the study group narrative, through which four emerging themes were discovered and informed the understanding of the possible role that the reflective practice and its methodology have in the process of cultivating clinical tacit knowledge. Chapter V will provide an overview of this study, including a discussion of its findings and limitations. Implications, recommendations for future research, and researcher's reflections will be incorporated.

**CHAPTER V**

**Discussion**

This study's results and their implications help to build a social work practice theory and knowledge base by integrating references related to the profession's both seminal traditions and valuable cause-driven hallmarks based on experiential and tacit knowledge dimension that is creative and intuitive, as well as cultivates the richness of multiple contexts and holistic existential paradigms.  This inquiry also adds to an important, yet understudied area of inquiry as, regardless of the considerable benefits associated with the use of mindfulness in education and training of helping professionals, the qualitative scholarship exploring experiential component of mindfulness meditation practice and speaking of its impact on clinical skills of social work practitioners is only beginning to emerge (Dreifuss, 1990; Hicks, 2009; Birnbaum & Birnbaum, 2008; Gockel et al., 2013; Birnbaum, 2005). Moreover, this is the first study to acknowledge and observe mindfulness meditation, or reflection-in-action, as one of the elements of reflective practice, while simultaneously exploring the mediating role that parallel contemplative processes of reflection-on-action and reflection on reflection-in-action during journaling and reflective group processing have had on the participants' experience and, consequently, findings of this research.  Although the existing research employed self-reflective practices, such as journaling, to explore impact of mindfulness on mental health practitioners' clinical skills, these studies reported these strategies merely as a part of their methodology design and data-collection tools (Schure et al., 2008; Gockel et al., 2013).  Therefore, this is the first inquiry to explore mindfulness meditation as an important component of reflective practice methodology while highlighting

the role that each of employed self-monitoring strategies have had on development of social

work practitioners' clinical tacit capacities.

This chapter will begin by providing a brief overview of this study, followed by a

discussion of its findings and limitations.  Also, implications for social work practice,

education, and policy, as well as recommendations for theory development and future research

will then be presented.  This chapter and, thus, the inquiry process overall will conclude with

the researcher's reflections.

**Overview**

The aim of this study was to explore social work practitioners' experience and

interpretations of reflective practice and its self-monitoring strategies, more specifically

mindfulness meditation and self-reflective practices, with a particular interest in understanding

the process and factors that cultivate practitioners' clinical tacit knowledge.  Chapter I

identified the research questions that would guide this study and highlighted the significance of

pursuing this topic with emphasis on its relevance to social work service delivery.  Chapter II

presented a review of both conceptual and empirical literature that explored epistemological

foundations of the social work practice knowledge base as it has evolved over time and

manifested across the profession's developmental milestones.  Through this literature review,

the researcher identified a substantial gap in the existing scholarship exploring the experiential

and longitudinal component of mindfulness meditation as an important component of reflective

practice while highlighting the role that each of the employed self-monitoring strategies may

have on the development of social work practitioners' tacit clinical faculties.  Chapter III

underlined the compatibility and practicality of employing a narrative inquiry approach for this

study, allowing the study narrative to become both the method and the phenomenon studied in

this inquiry, as it unfolded the research *in* the experience rather than only recording reflection *on* the experience.  This multidimensionality was deemed particularly appropriate to the study's topic, as mindfulness and self-reflection are states of mind embodied by people and, thus, require an open-ended and reflective inquiry approach.  Hence, the employed inquiry approach provided the multifocal lens needed to observe these living processes in all their different layers such as by reflecting "on" (e.g. the meaning-making of self-reflection) and reflecting "in" (e.g. the meaning-making of self-monitoring strategies), as well as reflecting on reflection "in" the experience itself (e.g. the meaning-making of reflective group processing).  Chapter IV presented the findings through the study group's restoried narrative along with the four emerging themes that were discovered during the data analysis process and attempted to answer the following overarching central research questions guided this study: 1) How do the self-monitoring strategies of mindfulness meditation practice and self-reflection contribute to cultivating social work clinicians' tacit knowledge?, and 2) How are the self-monitoring strategies of mindfulness meditation practice and self-reflection embodied by social work practitioners in their clinical practice?

**Discussion of Findings**

As outlined in Chapter IV, interviews and journal entries were transcribed and analyzed using narrative study analysis; more specifically, Saldaña's (2013) descriptive coding and themeing the data revealed *what* is communicated, while Clandinin's and Connelly's (2000) three-dimensional space approach further revealed how the study narrative unfolded.  The following four themes emerged from the data analysis and were used to answer the research questions: 1) "'I am not my Thoughts' – Expanding Self-Awareness," 2) "The Receptive Patience of a Beginner's Mind," 3) "From Theory Through Practice to Wisdom: Doing vs.

Being," and 4) "Group Power: 'If you want to go fast, go alone. If you want to go far, go together'" (African proverb, n.d.).

The themes "'I am not my Thoughts' – Expanding Self-Awareness," "The Receptive Patience of a Beginner's Mind," "From Theory Through Practice to Wisdom: Doing vs. Being," emerged through the traditional process of qualitative research *on* experience and responded to both research questions, simultaneously revealing the impact of reflective methodology upon the participants' clinical tacit faculties, and the way the same is embodied within their clinical work with clients.  However, consistent with the reflective, open-ended, and multidimensional narrative approach to research, the restoried narrative became both the method and the phenomenon investigated in this study.  The following themes also recorded the research *in* the experience itself: "From Theory Through Practice to Wisdom: Doing vs. Being," and "Group Power: 'If you want to go fast, go alone. If you want to go far, go together'" (African proverb, n.d.). Thus, these themes revealed the participants' meaning-making process of self-monitoring strategies as it unfolded over time and within the group format, especially related to the impact that social factors and process of mutual aid have had on their experience of reflective practice methodology.

**Research *on* Experience**

The theme "'I am not my thoughts' – Expanding Self-Awareness" embodied the participants' expanding self-awareness as they became increasingly in tune with their internal processes.  As Gehart and McCollum (2008) emphasized, mindfulness meditation "increases one's ability to more closely and accurately observe what one is feeling, thinking, and sensing without becoming absorbed in it."  The participants' reports included in this theme supported the idea that mindfulness meditation promotes self-awareness within the context of augmenting

the understanding of self before one can effectively help others (Hick, 2009).  This expansion

is manifested through increased insight into automatic and habitual patterns of over-

identification in ways that foster clinicians' ability to manage distractions and, thus, become

more available to the client (Grossman et al., 2004; Gockel et al., 2013).

      Likewise, as the in-vivo code "I am not my thoughts" in the title of this theme implies,

the participants in this study reported an increased sense of self and described conducting

sessions with their clients with progressively more self-awareness, which then reportedly

furthered their therapeutic stance and clinical efficiency.  Coinciding with their practice of self-

monitoring strategies, journal entries revealed various gains in their clinical work such as, in

their words: "more awareness, awareness of my surroundings, awareness of my clients,

awareness of my feelings;" "I was able to enjoy smaller nuances throughout my interactions

with clients;" and "I was more in touch with myself. I was more connected with the client and

alert."  Widening their lens even further, the participants noticed becoming increasingly

observant of their outer environments and described: "expanding in the awareness of our

surrounding and the setting of our clinical interactions… prior to entering a client's home for a

session and noting our increased vigilance about safety of the neighborhood."  In addition,

participants unanimously reported their cognitive state becoming progressively focused and

their ideas growing increasingly clear and organized during their clinical practice.

      Although they identified self-reflective journaling as a challenging and sometimes

frustrating task, the participants also emphasized this strategy's positive impact as it daily

reiterated and reinforced their experience of reflective practice. During the ending group

processing participant Belle reported:

"Yes, I think this process kept me mindful of practicing to be mindful, like a self-

enforcing routine…one was reminding me of the other, meditation, journaling… kind

of like reminding myself to be mindful."

Through journaling, participants were encouraged to process their reflection-on-action

consistently, as well as to take their self-monitoring even further and, through the process of

*"observing the observer observing the observed,"* engage in reflection on reflection-in-action

(Epstein, 2008; Schön, 1983). Their responses recognized the capacity of reflective writing to

shine the light on their subtle internal processes, to become a self-evaluation tool, and, most

importantly, to stimulate further "processing, expressing, and, thus, materializing otherwise

unspoken experiences." This is evident in participant Tionne's statement during the group

interview:

"It impacted me in the way that I was more aware of what I wanted, what I wanted

more of, what I wanted less of, what I wanted that wasn't there … and I saw the next

day as an opportunity to try again…yeah! [while others agreeing]."

These interpretations are parallel to Matthew's and Sterberg's (2009) claim that "individual

approaches to reflection [e.g. journaling] make tacit knowledge explicit and available by

stimulating introspective examination through a questioning process that directs attention to

various aspects of experience." (p. 532).

Participants also reported positive changes in their belief and value systems, indicating

an increased sense of purpose and direction in their lives, consistent with findings reported in

the Schure et al study (2008). Furthermore, as previously suggested by Birnbaum's (2005)

study exploring the effect of mindfulness meditation on the transformation of professional self-

concept in social work students, participants also spoke about the transformative impact that

this practice had upon their professional sense of self.  They reportedly found themselves

becoming "more aware of [their] personal values and goals," as well as consciously connecting

with their inner call and the purpose they fulfill by being of service to their clients.  This

impact is particularly evident in the concluding summary provided by participant Bear:

> "Yes, the thing I found out after these three weeks is how easy it is to get stuck in the
>
> same mode of doing things and how you perceive things and how it [meditation
>
> practice] is kind of a way to prime yourself, like a practice of sort how to go with
>
> intention and the outlook…and it changed things, I guess for me at first, and maybe,
>
> you know the attitude toward work, like it's a lot about numbers and you try to bill and
>
> try to bill, at first being able to repress and kind of step in a different intention and
>
> really be there and try to help in whatever capacity that I can help";

Additionally, the research on mindfulness's impact on clinical practitioners emphasized

its capacity for cultivating self-care, and its effectiveness with emotion regulation such as

decreasing anxiety and alleviating the costs of professional stress, including job dissatisfaction

(Schure et al., 2008; Davis & Hayes, 2011; Shapiro et al., 1998).  This self-care effect was also

evident for the participants in this study as they reported connecting the meditation practice

with a relaxed physical, emotional, and/or mental state of being.  Participants noted how these

benefits over time and with consistent practice created a ripple effect and positively contributed

to every aspect of their well-being, including their clinical work.  Thus, the continuity of the

daily experience of meditation, as described within the participants' journals and during their

group exchanges, produced a calming and relaxing effect during the sessions with their clients.

The findings recorded within the themes "The Receptive Patience of a Beginner's

Mind" and "From Theory Through Practice to Wisdom: Doing vs. Being" support the existing

literature and further illustrate the capacity of self-monitoring strategies to cultivate practitioners' tacit clinical faculties, such as their ability to develop a mindful therapeutic presence and greater cognitive flexibility, as well as empathize with their clients and effectively form a therapeutic relationship (Epstein, 2008; Schure et al., 2008; Davis & Hayes, 2011; Geller & Greenberg, 2002; Baer, 2003; Epstein, 2008; Gockel et al, 2013; McCollum et al, 2010; Dunn et. al, 2013; Rothaupt & Morgan, 2007; Moorhead et. al, 2016).  As the participants' self-awareness continued to expand with consistent practice of meditation and self-reflection, they also reported gradual changes in their perceptions of and attitudes toward the manner in which they engaged in their clinical work.  They reported internalizing new ways of relating to themselves as clinicians and what it means to practice mindfully.

Similar to the findings of several authors exploring the impact of self-monitoring strategies upon clinicians' ability to be present and establish an effective therapeutic milieu during sessions, the participants in this study likewise indicated improved self-perceptions of their therapeutic presence, as well as developing and enhancing other qualities such as acceptance and compassion for themselves and for their clients (Gockel et al, 2013; McCollum et al, 2010; Dunn et. al, 2013; Moorhead et. al, 2016).  For instance, the participants described themselves as "being [more] present," as well as they reported: "[we are] having an increased sense of where we end and our clients begin," while associating these changes with their practice of self-monitoring strategies.  These reports are further consistent with the three essential components of therapeutic presence – the ability to attend to the client's experience, the ability to attend to one's own experience, and the ability to intervene therapeutically from the synergetic joint of those attentions (Geller & Greenberg, 2002).

As Geller and Greenberg (2002) suggested, the foundation for the improvements in the participants' therapeutic presence was found in the higher quality of *being* rather than in the skills or activity they were *doing*. Through their daily practice of meditation and self-reflection, the participants continuously reiterated and strengthened their intention to be in the moment and increased their capacity to focus their awareness, which, in result, created a sense of "being present" that is, as Epstein (2008) pointed out, difficult to quantify but can readily be observed in the quality of listening, attitude of receptivity, emotional availability, and open style of engagement. The participants described themselves becoming progressively grounded, receptive, and, as noted in their restoried narrative, "with evermore presence, acceptance, empathy, and, most of all, patience" in their interactions, all of which allowed them to connect more effectively with their clients. While collectively placing emphasis on their experience of increased patience as the most beneficial and surprising finding, they reported these aspects of their experience in a myriad of ways:

"Meditating before seeing the client has made a difference because I did not feel like I was in a rush and my mind was not wandering. I felt like I was present in the moment with my client";

"I felt connected with my client. I was able to listen to my client";

"I believe I continue to be more in tune with my clients and I feel more open";

"I am more open to my clients, more empathizing with them, more listening"; and

"…definitely more compassionate in terms of getting into people's worlds and that has contributed to having more patience."

Furthermore, the participants reported how their expansions in awareness, grounding of presence, and changes in attitude impacted their clinical judgment and increased the quality of

service to their clients.  Research has demonstrated that mindfulness meditation enables

practitioners to become less reactive and acquire greater cognitive flexibility by developing the

skill of self-observation that neurologically disengages automatic responses, or mindless

functioning on auto-pilot, and enables integrating present-moment input in a new way (Moore

& Malinowski, 2009; Siegel, 2007).  Parallel to these findings, the participants in this study

likewise described approaching their clinical work with increased openness, as evidenced by

"not getting caught up in how the things should be according to [their] perspective," improving

their "capacity not to take things personally," as well as "holding space for clients' self-

determination and allowing their narratives to unfold during sessions."  Therefore, these

reports further speak to the existing empirical evidence that one of the means by which

mindfulness may facilitate empathy is the process of loosening practitioners' identification

with their personal subjective experience and, thus, improving their ability to perceive and

accept the experience of others without judgment, personalization, or defense (Shapiro and

Izett, 2008).

Finally, participants noted finding themselves more authentically embodying the

traditional social work dictum and seminal practice code "*starting where the client is"* and,

equally important, allowing their clients to be the experts and show the way as they reported:

"following where they [clients] want to go rather than insisting on pursuing [our] own agenda"

(Goldstein, 1983).  For example, one of the participants explained: "I used to guide my clients

and try to get them back to what I wanted to discuss with them… and now I just let them, ok, if

this is what you want to talk about, I am letting it happen and let them guide me," while

another participant stated, "I used to go more with an agenda; it is more of a flow now.

…instead of doing everything by the book, I get in tune with their feelings and change it

around according to that." Therefore, consistent with findings suggesting that mindfulness meditation helps practitioners to "make more conscious and deliberate choices about their responses to clients in session" (p. 349), the participants in this study similarly reported acquiring a grounded, patient, and receptive therapeutic presence with the authentic quality of an open, beginner's, rather than an exclusive, expert's, mind, yielding multiplied intervention choices and collaborative partnership with clients (Gockel et. al, 2013).

**Research "In" Experience**

This study remained focused on the previously discussed research "on" experience and, hence, the participants' perceptions of the impact that reflective practice methodology had on their clinical faculties, sense of self, and sense of their clients, as well as the ways that these perceptions informed their clinical judgment and intervention choices. At the same time, the open-ended nature of qualitative narrative inquiry created a space for the research "in" experience and allowed a view of the meaning-making process itself (Tracy, 2013). Just as the self-monitoring strategies simultaneously served as both the phenomena being investigated in this study and the methods of exploration within the study design, the analysis process of this study similarly provided a multidimensional view of data findings by further revealing clinicians' process of constructing the meaning of reflective practice methodology, including reflective group processing.

In addition to the already discussed findings reflected within the theme "From Theory Through Practice to Wisdom – Doing vs. Being," including an expanded sense of therapeutic presence and enhanced clinical faculties, such as empathy and clinical judgment, this theme likewise revealed the embodied and experiential nature of reflective practice and its methodology (Walsh, 1980; Hick, 2009; Kabat-Zin, 1994; Kabat-Zin, 2003; Walsh & Shapiro,

2006; Matthew & Sternberg, 2009).  In his review of the consciousness disciplines, such as

meditation, Walsh (1980) directed attention to the essential value of the concept of "state-

dependent learning," emphasizing that only through a strenuous but necessary mental training

can one become able to apprehend previously unrecognized limitations and the multitude of

knowledge dimensions grounded within these practices.  Thus, no intellectual reasoning or

conceptual understanding could match the expansion and depths of developed awareness as, in

order to internalize the understanding of mindfulness's consequential and experiential nature

truly, this process ought to be experienced through an intentional, active, and consistent

practice of meditation (Walsh, 1980; Hick, 2009).  The participants in this study reported

similar findings as they spoke about "the difference between knowing something theoretically

and living it," demonstrating further the embodied and experiential nature of reflective practice

and its methodology by stating: "yes, living it, that's what happened [for me], living and

experiencing it."

In other words, mindfulness theory without its practice of meditation is just as much

illusion as is willingness without action, and these processes are unlikely to develop or be

sustained over time without an element of intentional disciplined practice (Kabat-Zin, 1994;

Kabat-Zin, 2003).  Parallel to Kabat-Zin's (1994) writing, the participants in this study also

reported that while practicing mindfulness meditation may be simple, it is not necessarily easy,

and it requires a great deal of effort and self-discipline.  During their last encounter, the

participants described the 21 days of "staying on the meditation band wagon," the terminology

they humorously assigned to their practice, as a quite intense and difficult training, requiring

daily sustained and focused mental effort.  While this daily mental training regimen and

practices of self-reflection may appear as a program of action when expressed outwardly, the

additional challenge lay within the paradoxically intrinsic nature of the process behind these

activities, requiring a shift from "doing" to "being" mode as participants turned inward and

practiced non-doing (Kabat-Zin, 1994; Kabat-Zin, 2003, Hick, 2009).

As the participants continued to compare their experience with any other skill training,

"[You know] like a statistical thing when [you are] trying something new or learning

something new," they also reported getting better at it with consistency and repetition as they

described that "it starts slower and then [you] kind of get better with it," becoming "easier over

time to really just… immediately fall into focus."  However, the participants' final reflective

discourse on their experience held an important reminder that mindfulness meditation is not

something a person merely does but is a way of being – a holistic approach to intentional living

with a pursuit of a choice to *be* rather than to *do* (Rothaupt & Morgan, 2007).  They expressed

how this practice permeated their lives and expanded beyond the moments dedicated to active,

formal meditation as they described practicing at work, at home, while driving, and in leisure

time, stating: "Aaahhh, just, it really has made a humongous impact in a short period of time,

and I just look forward to continuing it because it is lifestyle. It is not just this thing that you

do, it is everything."

Congruent with the writings of several authors exploring reflective practice and its

methodology, the participants in this study also acknowledged the reinforcing impact of self-

reflective journaling on their meditation experience by offering a medium for reflection-on

reflection-in-action process in order to "observe the observer observing the observed," (Schön,

1983; Epstein, 2008; Mishna & Bogo, 2007; Wilson, 2013; Yip, 2005).  Conversely, they

reported less enthusiasm toward the activity of self-reflective journal writing itself, identifying

different factors for this reservation, such as, in their words: "the continuous chatter of our

inner critique, telling us that our entries were not authentic or elaborate enough," "our difficulty with having to put our experience into words and write about ourselves," as well as the "journals' structured survey format, trapping us with defined questions and, thus, limiting our expressiveness." However, as they continued to verbalize their appreciation for anonymous nature of their journal writing, offering "the freedom to skip this activity for a day or two, free of guilt," they also emphasized the benefits of this strategy and its capacity to "illuminate subtle internal processes, become a measuring stick for [their] progress and, most importantly, provide a helpful vehicle for further processing, expressing, and, thus, materializing otherwise unspoken experiences."

The theme "Group Power: 'If you want to go fast, go alone. If you want to go far, go together'" reveals findings about yet another important component of reflective practice that served simultaneously as an ingredient of experiential learning and an employed method of exploration in the design of this study (African proverb, n.d.). As mentioned, one of the two main formats of reflection methodology in experiential or tacit learning consists of reflection methods that accentuate the importance of *social* factors and assume the position that "learning requires social interaction, including feedback and collaboration on shared activities in an authentic context," such as the interaction that participants created during study group meetings by meditating together and reflectively processing their experience of daily reflective practice (Matthew & Sternberg, 2009, p. 531). Examples of these methods include strategies similar to the focus groups used in this study, as they too require engaging peers in reflective processing with expert guidance in order to uncover, explore, modify their deep-seated assumptions, and facilitate the creation of ideas related to their shared experience. Furthermore, the group interviews' flexible, open-ended, and narrative format encouraged participant-to-participant

interchange, as well as promoted the meaning-making process between the participants while they created their story (Tracy, 2013).

The participants in this study emphasized the impact that they had on one another during this meaning-making process and acknowledged relying upon the power of travelling this path together, as evidenced by this excerpt from the restoried narrative about their last encounter: "We expressed our appreciation for the support, strength, and inspiration that we shared with each other as individuals and as the cohesive collective that we had become during our few but powerful group meetings."  For instance, they described enjoying meditating in the group and strengthening their attention span through the connection with each other and the power of their collective energy as follows: "Yeah, there is definitely a connection, and you can sense that someone is getting impatient or that someone is getting gratitude or becoming focused … definitely a connection between us…"  Additionally, their individual learning, including expanding their awareness and evolving their own practice routines, was reportedly greatly stimulated by their group interactions.  This vicarious learning was particularly evident as participants explored the spatial component of their practice and exchanged experiences with meditating in different places:

> "Yeah, I would hear your guys' voices [all start laughing boisterously]  ... no, not like I would need psychiatric evaluation [loud laughing continues] … no, but recalling parts of our conversation and,… for example, with Belle 'I can meditate anywhere.' and the last week was a little bit challenging for me to meditate in my usual spot, so I said: 'Let me try Belle's way and meditate in the car'… and so I did it and was like, yeah, Belle is right … [all laughing]";

"That's so funny because I [Belle] actually got that from Tionne, who the first time we

met said she can do it in a shower… [all start laughing and agreeing]."

Moreover, this group exchange clearly demonstrates the power of reflective group

processing as it not only allowed participants to learn from each other but it also demonstrated

the mutually supportive impact that they had on one another as they moved through their

journey.  From the beginning of their journey, participants discovered the therapeutic and

community-building value of the "all-in-the-same-boat phenomenon," as they found a comfort

in realization that they were not alone in their everyday work struggles, such as facing

extensive paperwork requirements, battling Miami traffic, or, as their narrative revealed,

"having to deal with frequent cancellations and no-shows to our scheduled appointments (for

which, ironically, we arrived on time, despite the traffic)" (Shulman, 2006).  Similar to

Rosenwald's (2007) writing, this organically evolved mutual aid within the process of

identifying with one another not only continued but it expanded to include a sense of support

by each other, trust in one another, and appreciation for the camaraderie that they developed

and offered each other.  Consequently, all of this helped create a safe space for each of them to

become open, vulnerable, and transparent during the study's reflective group processing,

trusting enough even to engage in "discussing a taboo area" (Shulman, 2006).  For instance,

they carried each other with kindness and compassion through admissions of hypocritically

advising their clients to journal or meditate yet experiencing challenges and rarely doing it

(for) themselves.  They also supported each other as they unanimously expressed their

previously described appreciation for the anonymous context of self-reflective journaling that

secured, in their words, "the freedom to skip this activity for a day or two, free of guilt, as each

of us did at least once and some of us did a few times."

As the African proverb "If you want to go fast, go alone. If you want to go far, go together" suggests, the findings of this study indicate that participants' individual impressions and internalization of reflective practice were significantly marked and greatly enriched by the opportunity to engage in this process together.  The group format offered a helpful vehicle for further processing and expressing their experiences, deepening the process of discovering and cultivating newfound dimensions in their awareness and increasing the quality of their capacity to be more present both in their individual lives and in clinical work with clients.

**Study Strengths and Limitations**

As noted earlier, the purpose of using a narrative qualitative design in this study was to collectively explore and share the experience of reflective practice methodology and its impact on practitioners' clinical faculties.  Thus, rather than entering the research process with a hypothesis-driven perspective invested only in recording a reflection *on* the experience, the narrative approach and its simple focus on the "how's" and "what's" of the self-monitoring strategies allowed this project to create an inquiry *in* the experience itself.  This quality of narrative research to present as both the method and phenomenon studied became a unique strength of this study and it proved compatible with the topics of mindfulness and self-reflection.  Additionally, by means of its experimental nature and implemented intervention approach to research, this study design served as a vehicle to introducing participating clinicians to the concept and practice of reflective practice.

The participants clearly came away with advantageous experiences from this study. Their reports affirmed Keefe's (1976) conclusion that self-monitoring strategies such as mindfulness meditation practice can: 1) increase the capacity to establish and maintain focus on and awareness of the present moment, 2) increase one's ability to regulate cognitive

processes, 3) refine sensitivity to one's own emotional responses to another person, and 4) help one achieve relaxation and clarity of mind for further work. In addition, participants reported specific benefits of these practices on their clinical presentation and capacity to establish therapeutic alliance. They described potential implications for continuing to implement self-monitoring strategies and integrating the reflective practice concepts into their profession. While some of the participants have already started to incorporate certain components of the practice into their work with clients, most of them simply recognized that their professional lives would greatly benefit by continuing with their own personal meditation practice.

There are several limitations to this study that should be considered. The first limitation concerns the relative lack of diversity in the sample population. Although the study group included participants of diverse genders, ages, and ethnic backgrounds, all the participants were employees at PsychSolutions, Inc., limiting the scope of their clinical social work practice to the service model and operations area of this agency. Although this study sought to develop meaning from the participants' shared experience and common narrative, it would have been enriching to integrate and learn about the experiences of social workers working in different clinical social work settings as well as in various regions of the country.

The second limitation was the small sample size and, hence, limited number of participants selected in this study. To ensure the optimal group effect and engage multiple voices during the proposed group interview, the ideal sample size for this study was estimated to be between seven and fifteen participants (Robinson, 2014; Tracy, 2013). However, because this is a qualitative inquiry, there were no rules applied to participation selection, and the sample size emerged during the course of the study itself (Patton, 2002; Robinson, 2014). While seven participants entered the study and participated in the group interview on the first

day, only six of them completed the entire project, as one of the participants fell ill shortly

thereafter, failing to attend additional meetings, complete any of the daily journals, or engage

in the member checking process. Although the participants' inconsistent level of engagement

was included in the study's restoried narrative and the sample size was adequate, meeting a

common expectation for qualitative research, it would have been enhancing to have had input

from a larger group of participants. This would have particularly support this inquiry's aim to

hear the group's voice rather than merely individual stories of each participant.

The third limitation was related to time considerations. As mentioned, the study

protocol extended across three weeks and, including group meetings, daily individual

meditation sessions at home, and reflective journaling at the end of each day, totaled between

ten and twelve hours of reflective practice, depending on the amount of time that participants

chose to meditate daily and how many times out of 21 days they completed their journal

entries. Thus, the implemented brief protocol, regarding both a mere three weeks of practice

and the limited number of practice hours within, may be insufficient to accomplish appreciable

changes in practitioners and to produce a basis for valid comparison with studies of long-term

training in this practice because very different mechanisms may be activated (Newsome et al.,

2006; Schure et al., 2008). The literature on the effective length of the protocol, or so-called

intervention dose, within the quantitative inquiry paradigm indicates that components of

reflective practice such as mindfulness meditation can be learnt and have a positive effect even

after a relatively short period of time; however, examining the effects of these practices with

only brief instructions to novice practitioners defies the basic Buddhist assumption that these

abilities take considerable time and practice to develop (Fredrickson et al., 2008, Hutcherson et

al., 2008, Kearney et al., 2014, Grossman, 2010).

Finally, as with all qualitative research, this study is limited by reliance on self-reported perceptions of the participants, which may have been further impacted by the dual role of this researcher and by a phenomenon of groupthink – an identified potential pitfall of the focus group technique (Janis, 1982; MacDougall & Baum, 1997; George, 2012).  Although the researcher did not occupy a direct supervisory role to any of the participants, the participants may have felt pressure to provide positive answers to questions, particularly during group interviews, knowing that the researcher served in the role of Clinical Manager within the agency of their employment and was a colleague of their direct supervisors.

Furthermore, while focus groups interviewing is widely used by academic and applied researchers due to its considerable strengths, this method also has number of weaknesses. Some of the legitimate questions that have been raised are likewise related to the moderator's role in generating data, as well as the impact of group dynamics on data collection (Morgan, 1996).  According to Carey and Smith (1994), foremost among the criticisms of focus groups is the tendency for them to encourage groupthink or, as they described it, group-mindlessness processes whereby individuals whose views are different from the majority repress their ideas and conform their own behavior to their impressions of other group members.  However, this study employed triangulation by data source as a strategy for rigor and included self-reflective journaling as another method of the study data collection procedure, which allowed for participation under pseudonyms and, thus, further minimized groupthink and potential negative effects of the researcher's dual relationship.

**Implications for Social Work Practice**

Although social work education emphasizes a biopsychosocial ecological systems approach to practice that is both strengths-based and client-centered, as soon as the social

workers find themselves in the clinical field setting, their work is infiltrated by the medical model that directs every aspect of their contact with the client from the beginning until the end of the helping process (Casstevens, 2010). As previously noted, evidence-based practice (EBP) is currently the dominant approach to clinical practice throughout social work settings; however, because of its positivist foundation and medical model approach to practice, EBP has tendency to be indifferent of diversity, restrictive of practice innovation and creativity in problem solving, as well as damaging of flexibility in clinical judgment, all of which are tacit properties derived mainly through an inductive process and from an implicit resource of practitioner's knowledge base (Payne, 2005). As Martinez-Brawley and Zorita (2007) emphasized, the problem is not that medical model or scientific knowledge is not useful or valuable, the problem is when this way of knowing becomes the only utilized paradigm. The implications of this study for social work profession demonstrate the importance of tacit knowledge within direct clinical social work with clients and offer an insight into the alternative means of cultivating these implicit properties through reflective practice and its methodology. As noted previously, in addition to supporting the existing research speaking to benefits of mindfulness meditation practice and its capacity to cultivate practitioners' tacit clinical faculties, this study expands this methodology to, along with mindfulness meditation, integrate practices of semi structured self-reflective journaling and reflective group processing (Epstein, 2008; Schure et al., 2008; Davis & Hayes, 2011; Geller & Greenberg, 2002; Baer, 2003; Epstein, 2008; Gockel et al, 2013; McCollum et al, 2010; Dunn et. al, 2013; Rothaupt & Morgan, 2007; Moorhead et. al, 2016).

Therefore, while based on a limited number of clinicians' experiences, this study provides support for integrating reflective practice and its self-monitoring methodology into

clinical social work practice and clinical supervision as a means for cultivating practitioners' tacit clinical faculties such as their ability to be fully present with their clients, perhaps one of the most critical yet elusive qualities of any skilled practitioner. Hence, the implications of this study for social work practice focus on proposing these practices as a therapeutic strategy employed by clinicians and defined by their demonstrated attitudes and behaviors, as opposed to clinical interventions they use or skills they teach to their clients.

By engaging in the continuous practice of self-monitoring, clinicians are better able to observe their inner processes, such as their thoughts, feelings, and sensations, and to establish a therapeutic presence, thus, characterized by expanded self-awareness, as well as attitudinal dimensions of complex traits like receptivity, patience, and empathy (Hick, 2009). Furthermore, Walsh (2008) emphasizes the clinical importance of the hermeneutic circle – the ongoing dialogue between seeking to understand, by imposing assumptions in an attempt to understand, and recognizing the inadequacy of that empathetic projection to the actual lived experience of the other by tuning in one's own biases. Walsh (2008) prescribes the following practice:

> Mindful reflective listening involves listening reflectively to our biases as they are manifested in our efforts to understand. Like clouds moving across the sky, these presuppositions can be noticed, accepted without judgment, and allowed to pass again from view (back to the background) for an expanded perspective on ourselves and on the client who sits before us. Hence, we return again and again to the present moment, with an increasingly clearer sense of who we are as listeners. And as result we gain a deeper appreciation of both how and to whom we are listening (p. 82).

Hence, grounding one's therapeutic presence and practice in self-observation, self-reflection, and humility is essential to developing and refining the capacity for empathy that ensures the space for clients' self-determination. Centered in this manner, the practitioner is better able not only to "start where the client is" but to remain flexible and follow where the client wants to go, as any effort to set aside, ignore, or reject one's bias is as likely to ignore or overlook the impact of that bias.

Moreover, the findings of this study also revealed the potential of self-monitoring strategies to enhance clinicians' awareness of their surrounding and the setting of their clinical interactions. This benefit could be particularly relevant for clinical social workers providing community-based services as they are in the advantageous position to engage in social work's indirect work – "the clinical social worker's intervention in clients' environments and collaboration with others in bureaucracies or clients' social networks in an attempt to alleviate clients' difficulties" (Johnson, 1999, p. 323). As Goldstein (2007) pointed out, clinical social work practitioners must acquire a complex understanding of their clients' personal problems, as these problems often reflect broader social realities and not simply their intrapsychic issues. For instance, Johnson (1999) observes the drawbacks of the profession's one-directional emphasis on the seminal concept of "person-in-environment" as she points out the consequential neglect of seizing the opportunity to act on the environment through the indirect work rather than merely to see the person within the environment. Consistent practice of self-monitoring methodology potentially offers the possibility of loosening clinicians' foci to turn this concept's tension into a two-way street by enabling flow in both directions, increasing their ability to reflectively and contextually intervene in a manner that maximizes service benefits to their clients.

While in agreement with the existing literature's proposing the embrace of self-monitoring strategies as a form of self-care and an interventional approach, such as by applying mindfulness theory to clinical work or teaching clients meditation or other self-reflection practices, the implications of this study for the realm of social work emphasize the need for prioritization by applying the old adage that one cannot give what one does not have oneself (Germer et al., 2005; Hick, 2008).  In other words, to internalize the understanding of mindfulness fully, this process ought to be experienced through an intentional, active, and consistent practice of meditation; likewise, it is essential that before clinicians can help others tap into the many reported benefits of mindfulness, they must first cultivate mindfulness within themselves (Walsh, 1980; Kabat-Zin, 2003; Hick, 2009).  Thus, social workers who wish to use mindfulness and self-reflection in their professional lives and integrate these approaches into their clinical work with clients should first become regular practitioners themselves.

Finally, while this study focused primarily on individual approaches to reflection, specifically meditation practice and introspective examination through a questioning process of journal writing, the findings imply the power and benefits of practicing and processing these experiences collectively, in a group setting.  The group learning experience – preferred and most researched method for teaching mindfulness – likely contributed to the willingness of this study's participants to practice regularly (McCollum & Gehart, 2010).  For instance, the group supervision format offers an ideal context for engaging in self-monitoring activities because it provides a space to share these otherwise solitary processes; again, however, it would require that supervisors have their own personal experience of mindful and contemplative practices.

**Implications for Social Work Education and Policy**

With its capacity to generate tacit or practice-based knowledge and aim to help social work practitioners enhance their professional development and performance in practice, reflective practice has the potential to bridge a long-acknowledged gap in the transfer of training from the classroom to employment (Chow et al., 2011; Driscoll & Teh, 2001; Yip, 2016; Gockel, 2015).   Consistent with the aforementioned findings of this study, scholars have recognized that self-monitoring strategies, such as mindfulness training, facilitate clinical skill development by fostering key therapeutic qualities of attention, self-awareness, empathy, cognitive flexibility, and receptivity to clients' needs (Fulton, 2005; Gehart & McCollum, 2008; Napoli & Bonifas, 2011; Eipstein, 2008; Gockel et al, 2013; McCollum et al, 2010; Dunn et. al, 2013; Moorhead et. al, 2016).  However, according to Lambert and Simon (2008), much of the research on the subject of therapeutic alliance and, consequently, the standard coursework of higher education has focused on direct training in "interpersonal skills," such as listening skills and empathy.  Although highly effective in improving trainees' skills and increasing their ability to act empathetically in therapeutic interactions, such training does not target practitioners' intention toward internalizing attitudes that foster empathetic receiving and responding to their clients, such as genuineness, greater acceptance, and positive regard for self and others.  Rather than fuel debate about which approach is more effective, all of the aforementioned research suggests that it would be beneficial to integrate contemplative and mindfulness practices into MSW practice courses along with the training focused on interpersonal skills, such as teaching mindfulness meditation techniques and engaging students in an ongoing self-reflective both individual and group processing.  Because mindfulness training offers a means of explicitly cultivating the attitudinal dimension of these complex

traits, it can facilitate a deeper and more robust integration of basic clinical skills (Lambert & Simon, 2008; Gockel, 2015).

The use of mindfulness training may be particularly beneficial for students and novice practitioners as they often experience self-conscious and self-critical inner chatter, increased levels of anxiety, and less of an ability to remain attentive and present with their clients when first starting to practice (Gockel, 2015; Dunn et al., 2013). Furthermore, as findings demonstrated, in addition to helping clinicians become increasingly emotionally balanced and less reactive to stress, mindful practice and reflective abilities are crucial for developing quality of empathy which not only enables the helping professional to adopt the perspective of others and understand their feelings but also equips them with the capacity for introspection needed to avoid adverse emotional consequences by the experiences they encounter in practice. Although social work curricula emphasize wellness promotion, self-transformation, and holistic balance, the demands of the educational programs and clinical training often leave very limited room for educating and engaging students in practices of self-care (Schure et al., 2008). Thus, findings of this study have a potential to inform using self-monitoring strategies, such as meditation and self-reflective journaling, to foster clinical skills development and provide an avenue for teaching self-care within the context of the social work core curriculum.

With its roots in the earliest days of social work practice, field work has always been an integral component of all educational social work programs (Goldstein, 2007; Simpson et al., 2007). With its intent "to integrate the theoretical and conceptual contribution of the classroom with the practical world of the practice setting," it is within this component of social work education that students start to generate their practice wisdom as they begin to internalize an understanding of how some aspects of theory, research, or a specific practice model apply to a

real person, including themselves as practitioners (CSWE, 2015, p. 12). Furthermore, field

education sets the stage for social work students' future practice and professional conduct by

emphasizing the need for their commitment to ongoing professional development that includes

promoting self-awareness, continuous self-examination, and reflection on her or his evolving

authentic voice as a practitioner (Simpson et al., 2007). Further considering the need to

designate space and time to offer education and continuous training in self-care techniques, it

would be beneficial to integrate reflective practice and mindfulness training into MSW practice

courses and field practicum, as well as into continuous education programs for professional

development and credentialing requirements by the means of occupational regulations.

**Social work educational policy implications.**

Critical reflection provides a means to bridge the gap between university and the

workplace, and is recognized as essential for professional competence, ultimately preparing

work-ready graduates (Wilson, 2013; Ruch, 2000; Chow et al., 2011; Yip, 2006; Lam et al.,

2007; Colby, 2014; Mishna & Bogo, 2007). As Colby (2014) noted, developing and

cultivating critical thinking skills is a central aim of higher education and a fundamental

educational outcome with the practice aim to "identify appropriate, relevant, and accurate

information that results from an in-depth, unbiased assessment of information, which, in turn,

leads to an informed outcome" (p. 208). Critical thinking is grounded in the basic principle of

questioning reflectively a particular notion or attitude, rather than automatically or mindlessly

accepting it as a truth because it has always been that way, and, thus, requires ongoing

direction, self-monitoring, and self-correction (Colby, 2014). Therefore, regardless of the task

at hand, the process of critical thinking is greatly connected to, if not dependent on, one's

capacity to learn and practice from a mindful and (self-)reflective frame of mind.

Consequently, as continuous research support is needed to influence changes in policy and social work education programs requirements, given the push toward outcome-based education, training, and credentialing as evaluated by the training standards and demonstration of competencies, mindfulness and self-reflection should be integrated and measured in education and training programs as required distinct competencies (CSWE, 2015). In other words, reversing the decision of the Council on Social Work Education's (CSWE) to eliminate critical thinking from its section of core competencies within its latest, 2015 Educational Policy and Accreditation Standards (EPAS) should be considered.

Although the 2015 EPAS do not entirely deny the importance of critical thinking, as each of the competencies integrates this skill within the list of its objectives and related tasks, the revisions made reflect its downgraded position, and may perpetuate its already vague conceptualization in the existing social work literature (CSWE, 2015; Robbins, 2014). Thus, rather than merely implying the infusion of this underlying, fundamental concept, the continuous process of standardization of the social work profession and its educational programs and licensing bodies ought to recognize the pressing importance of, once again, distinguishing social workers' ability to "apply critical thinking to inform and communicate professional judgments" as a deserving and necessary EPAS's core competency (CSWE, 2008, p. 4). Additionally, through the ongoing research and program evaluation, efforts should be made to further operationalize the concept of critical thinking and provide direction on how to develop and maintain one's competency in this essential skill, including promoting social work practitioners' need and accountability for ongoing training in self-monitoring strategies, such as mindfulness and self-reflection.

In conclusion, there has been a tendency to view the clinical social work practicum and field education as the acquisition of skills, knowledge of particular clinical techniques and training in the science of evidence-based clinical protocols. What is absent from this approach to social work education is the tacit component of its practice knowledge – the intuitive, attitudinal, reflective, and intangible aspect of social work practice that is equally important in the acquisition of the social work *practice wisdom.* In fact, this profession's seminal term has, along with the removal of critical thinking competency, unfortunately, disappeared from the 2015 EPAS (Scott, 1990; CSWE, 2015). Other than a few mentions of "person-in-environment," nowhere in the current EPAS competencies can one find a needed emphasis on references, conceptualizations, and skills related to our seminal or newer traditions, such as *practice wisdom* and social work's traditional practice dictum *starting where the client is,* or the importance of contextually approaching practice by demonstrating *social empathy* and practicing from "*environment-in-person*" perspective (CSWE, 2015, Goldstein, 1983; Scott, 1990; Segal, 2007; Johnson, 1999). As social work has historically stemmed from an inductive, creative, and intuitive dimension, and has operationally incorporated workers' innate talents to invite and hear their clients' authentic narratives, it is the profession's lifelong challenge and responsibility to continue finding ways of fostering and integrating tacit part of our practice wisdom into the practice classroom curricula, field placements, and ongoing professional development programs.

**Theory Development**

As the literature review revealed, clinical social work of today operates within the context of a (bio)medical, pathological model that is deeply grounded in the diagnosis of symptoms and determining which protocoled interventions to prescribe. This approach to

practice undermines social work's holistic framework, steering clinicians' focus away from the social work's unique frame of reference that "starts where the client is" and a critical approach to analysis that allows her or him to individualize clients' needs as they exist within their social environment, such as developmental, cultural, family, community, and occupational contexts (Adams, Matto, & LeCroy, 2009). Moreover, the social work profession demonstrates a need for continuous standardization to (re)construct an authentic identity and create a distinguishable base of articulated knowledge and policies that equally emphasize its inductive, creative, and intuitive dimensions (Martinez-Brawley & Zorita, 2007). Therefore, by including references, conceptualizations, and skills related to both the profession's seminal and newly created traditions such as the importance of contextually providing services from "*environment-in-person*" and demonstrating *practice wisdom* and *social empathy*, respectively, this research helps to build a clinical social work practice theory (Goldstein, 1983; Scott, 1990; Segal, 2007; Johnson, 1999). It promotes the profession's valuable, cause-driven hallmarks based on a dimension of social work knowledge that cultivates the richness of multiple contexts, different existential paradigms and cultural understandings, as well as the inventiveness and creativity of human nature.

Moreover, the findings of this research further stimulate the development of mindfulness theory by additionally clarifying the, rather vaguely established, differences between mindful and self-reflexive awareness and, thus, between mindfulness and self-awareness theories. Overall, the findings of this study support Brown's et al. (2007) notion that mindfulness differs from self-reflexive awareness concerning the nature of the attention, as it assumes a monitoring or observer's role in self-regulating rather than a controlling function of attention directed toward safeguarding or enhancement of one's identity as it is the case in

the latter.  Thus, as noted earlier, rather than holding a focused interest in the content of thoughts, mindful mind observes thoughts as thoughts and this de-coupling of consciousness and cognitive content indicate that self-regulation is more clearly driven by awareness than self-relevant reflection (Brown et al., 2007).  However, by exploring mindfulness as one of the self-monitoring strategies of reflective practice, this study additionally operationalizes its definition by describing process of mindfulness through the methodology of reflection-in-action and its goal to remain observant of the experience on a moment-to-moment basis in contrast to the mechanics of reflection-on-action and reflection on reflection-in-action strategies that are less immediately present-oriented.  Rather than observing the difference between mindfulness and self-awareness theories merely through the construct of attention, this study emphasizes the complex nature of human awareness as reflected through its capacity to develop multidimensional experience of one's reality, with the mindful "unfolding of experience moment by moment" being one of them (Kabat-Zinn, 2003, p.145).

**Future Research Recommendations**

Given the empirical support for the benefits of self-monitoring strategies reviewed and presented in this study, there is both a need and considerable room for uncovering more about the value of including this methodology in the clinical training of social work practitioners.  As mentioned, there would be merit in undertaking additional studies with practicing social workers that include larger sample sizes and examine the experiences of social workers practicing in different clinical social work settings and various regions of the country.  In addition, it would be beneficial to conduct a study with social work practitioners who consistently engage in self-monitoring strategies over a longer period of time in order to

explore the long-term impact of training and the perceived influence of reflective practice on their clinical skills and work with their clients.

As the use of mindfulness and other self-reflective practices may be particularly beneficial for beginning clinicians, future investigation should also examine the potential benefits of integrating self-monitoring strategies in the practicum curricula of social work students.  However, rather than offering it as a separate elective course focused primarily on teaching self-care or merely a component in their practice class, as it has been conducted within the prior research, it would be interesting to explore the possibility of implementing reflective practice training as a part of students' field placements.  This would potentially expand insight into how to promote dialogue between field and classroom instructors, as well as how to extend students' practice by facilitating group supervisions or trainings that would open the space for contact and mutual support between students in field education and clinical practitioners engaged in ongoing professional development, with reflective group processing as both a learning medium and data collection tool to record participants' experience of the same.

One of the advantages of qualitative studies is that they enable the identification of themes that may be used in future research, including quantitative or mixed methodology studies.  For instance, the theme "The Receptive Patience of a Beginner's Mind" proposes an opportunity to investigate conceptually and further operationalize the construct of *patience* as embodied and practiced by social workers in their clinical work with clients, and to explore its possible relationship with the traditional social work dictum and seminal practice code "*starting where the client is.*"  Likewise, the themes "'I am not my Thoughts' – Expanding Self-Awareness" and "The Receptive Patience of a Beginner's Mind" speak to the enhancing impact that reflective practice and its methodology have on clinicians' empathetic therapeutic

presence and self-awareness, including their external, social environment.  It would be

beneficial to explore further and verify whether these themes are found with other focus groups

and in other community-based service settings, while expanding the scope of inquiry to a

mixed-model approach as a more comprehensive analysis to measure how much change

occurred.  For example, it would be relevant to use the Social Empathy Index (SEI) and

quantitatively assess the impact of self-monitoring strategies on social work clinicians' level of

*social empathy* — their ability to understand and empathize with people from different cultures

and socio-economic conditions by perceiving or experiencing their life situations and gaining

insight into the context of institutionalized inequalities and disparities (Segal, 2011).

Finally, as noted, prior to this study, existing research findings focused primarily on

different mindfulness practices, or reflection-in-action, while ignoring the impact that the other

components of reflective practices, which were employed to collect data from participants, had

on their experiences.  Given the limited research thus far on the impact of *reflection-on-action*

and *reflection on reflection-in-action* properties of the self-monitoring process, a comparative

line of inquiry with control groups simultaneously exploring each one separately or different

combinations of various self-reflective strategies would likely enhance our understanding of

reflective practice methodology.  Thus, future research questions could include: 1) How does

self-reflective journal writing impact the outcome of mindfulness clinical training? and 2) How

does practicing meditation and reflectively processing this experience as a group in a

practicum, internship, or professional development training aid in the development of

practitioners' clinical tacit knowledge?

**Researcher's Reflections: Mindful of My Bias**

The reasons for choosing clinical tacit knowledge and reflective practice as topics for my dissertation are both personal and professional.  In my daily role as a clinical supervisor, I challenge myself to explore and innovate effective strategies to assist my team of social work practitioners in expanding their clinical practice wisdom reflected through their improved empathy, heightened self-awareness and expanded sense of presence, as well as intuitive and creative practice, enabling them to hold space for their clients' self -determination and their authentic narratives.  Yet, as I pursued this topic during my doctoral program, I became acutely aware that in our historical quest for standardization and legitimization of social work as a profession, we have neglected to emphasize the importance of this tacit component of our practice knowledge base, which is ultimately the starting point of our profession. Consequently, we failed to develop practice approaches and technology that would aim to cultivate this implicitly-based counterpart of our practice wisdom.

For example, during our class discussions, many of my peers expressed their belief that empathy is something we are born with and that it is not a quality or a skill that can be developed through practice.  However, as a result of my daily reflective practice of meditation and self-reflection, my levels of attentiveness and overall awareness of the present moment have elevated noticeably, thereby expanding my ability to choose the way I receive and respond to the world around me in every aspect of my life.  This is the reason why I was so excited to direct my dissertation journey towards further uncovering that not only is empathy teachable, but it is our ethical responsibility to train in it and, by means of activities such as (self-)reflective practice and mindfulness (and) meditation, to cultivate our own inner

environment and, thus, improve conscious contact with our professional judgment and practice intuition.

　　While my journey on the path of mindfulness meditation practice began twelve years ago, a whole new scholarly world about this topic opened up for me as I started my doctoral studies.  I was humbled to discover that three decades of scholarly interest in this phenomenon and its theoretical and practical applications have produced an extensive body of research speaking to its benefits and positive correlations with numerous aspects of our lives.  Thus, my interest in this topic was driven by my personal experience, the identified gap in the literature informing social work practitioners, and the existing research findings demonstrating the significant reciprocity between mindfulness and qualities beneficial to mental health practitioners.  Those qualities, include, but are not limited to, clinicians' self-awareness, empathy, and present-moment orientation, all of which have been proven to facilitate a more attentive approach to working with others, widen the space for creative solutions, and foster therapeutic alliance (Shapiro et al., 1998; Aiken, 2006; Greason & Cashwell, 2009; Dreifuss, 1990).

　　Hence, to the eyes of others, I may stand on a particular side of my research interest. The reality is that I am and have been aware all along of my own biases and preconceived notions surrounding it.  From the beginning of this journey, as I started my doctoral program and prepared for my dissertation, I knew that focusing my research on the field of reflective practice and mindfulness meditation could be a double-edged sword for me.  On one hand, the passion and devotion to my own practice of meditation provided me with much needed motivation and perseverance when things got hairy and resistance showed its ugly face. Another bonus was how much my meditation practice strengthened and my mindful presence

in the *here and now* increased as a result of my review of scholarly readings, ultimately including my own writing on the topic; it was almost as if mindfulness was working *on me* just as much as I was working *on it*.

At the same time, I was aware of the other edge of the sword: my emotional attachment and my bias about this topic posing an obstacle for me (Rudestam & Newton, 2015). Just as with the rest of the study design, my own reflective practice remained both the phenomenon I investigated and the method I used to beware of my bias as I continuously engaged in self-reflection by asking myself questions such as: *How tuned into my subjectivity am I? Am I maintaining the level of self-awareness needed to practice researcher sensitivity with integrity, not forcing my ideas on the data but clearly presenting the view of my participants (Corbin & Strauss, 2008)? Am I keeping my sight on that fine line that could, if crossed, turn my familiarity with and love for this topic into a disadvantage?* While not always able to give specific and definite answers to these questions, upon honest appraisal, I was absolutely sure of my working commitment to the process of cultivating awareness of self as an instrument through every step of the study and implementing the strategies aimed at remaining *wakeful* of my values, assumptions, and biases in order to minimize corruption of the research process (Clandinin & Connely, 2000).

Moreover, I was aware of the paramount importance to remain in tune with my inner dialogues such as messages coming from my fears and insecurities about conducting this study from the beginning throughout the entire study process (Drapeau, 2002). For instance, I realized that I hold myself accountable for being sort of a gatekeeper to the practice that, as I noted above, means so much to me and has made a world of difference in my life, magnifying the risk of my falling short. Also, I frequently gave voice to my own inner critique,

questioning my competency, in my self-reflective journal: *Am I doing this study well enough? Just the thought that I am conducting a dissertation research study is overwhelming.  Am I cut out for the job?  Can I and will I see it all the way through?  Am I doing a good job analyzing and can I adequately conquer a narrative form of writing?*  Oh, dear! So many questions, so many concerns!  But they did not stop here; as my fear momentum increased, it shifted from me to them: *Will they really do all that is needed and for the entire three weeks?  Are they feeling comfortable and free to be honest?  Are they honest? Will they still like me after all of this is over?  Of course, that is if they liked me to begin with*, which was, at this point, opening an entirely new can of fears...  Needless to say, I found myself out of breath and paralyzed by fears popping their ugly heads out everywhere.  Fortunately, since the practices of mindfulness and reflection were both my research problem and my bias solution, each time I found myself in a new paralysis-by-analysis moment, I would reach for my journal and proceed to expose my fears on the paper.  Then, I would take a deep breath in and, on the out-breath, let go of all my worries and fears and plant myself back in the moment.  And, again and again, the sense of relief and peace of being in the *here and now* would wash over me as I reconnected with the joy and passion for my labor of love.

Although the dissertation phase was quite a lonely venture at times, it was also the most rewarding part of my doctoral process.  While I repetitively drew strength and perseverance from the phrase "life is not a destination but a journey" and was able to enjoy more steps of it than not with the help of my own reflective practice, at this moment I again take a deep breath, and with a full presence type this very last sentiment: I am excited to complete this journey.

**References**

Adams, K. B., Matto, H. C. & LeCroy, C. W. (2009). Limitations of evidence-based practice for social work education: Unpacking the complexity. *Journal of Social Work Education*, 45(2), 165-186.

Aiken, G. A. (2006). *The potential effect of mindfulness meditation on the cultivation of empathy in psychotherapy: A qualitative inquiry.* (Order No. 3217528, Saybrook Graduate School and Research Center). *ProQuest Dissertations and Theses*, 135-135p. Retrieved from

http://ezproxy.barry.edu/login?url=http://search.proquest.com/docview/250842384?accountid=27715. (250842384).

Ambrosini, V. & Bowman, C. (2001). Tacit knowledge: Some suggestions for operationalization. *Journal of Management Studies*, 38(6), 811-829.

Baer, R. A. (2003). Mindfulness training as clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10 (2), 125-143.

Barrett, J. R. (2007). The researcher as instrument: learning to conduct qualitative research through analyzing and interpreting choral rehearsal. *Music Education Research*, 9(3), 417-433.

Birnbaum L. & Birnbaum, A. (2008). Mindful social work: From theory to practice. *Journal of Religion and Spirituality in Social Work: Social Thought*, 27(1), 87-104.

Birnbaum, L. (2005). Connecting to inner guidance: Mindfulness meditation and transformation of professional self-concept in social work students. *Critical Social Work*, 6(2). Retrieved from http://www.criticalsocialwork.com.

Brown, K. W. & Ryan, R. M. (2003). The Benefits of Being Present: Mindfulness and Its Role in Psychological Well-Being. *Journal of Personality and Social Psychology*, 84 (4), 822-848.

Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychology Inquiry*, 4, 211-237.

Burbules, N. C. (2008). Tacit teaching. *Educational Philosophy and Theory*, 40(5), 666-677. Casstevens, W.J. (2010). Social work education on mental health: Postmodern discourse and the medical model. *Journal of Teaching in Social Work*, 30, 385-398.

Carey, M. A. & Smith, M. W. (1994). Capturing the group effect in focus groups: A special concern in analysis. *Qualitative Health Research*, 4(1), 123-127.

Casstevens, W. J. (2010). Social Work Education on mental health: Postmodern discourse and the medical model. *Journal of Teaching in Social Work*, 30, 385-398.

Coulter, C. A. & Smith, M. L. (2009). The construction zone: Literary elements in narrative research. *Educational Researcher*, 38(8), 577-590.

Corbin, J. & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* Thousand Oaks,CA: SAGE Publications, Inc.

Cresswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches.* Thousand Oaks,CA: SAGE Publications, Inc.

Chow, A. Y. M., Lam, D. O. B., Leung, G. S. M., Wong, D. F. K. & Chan, B. F. P. (2011). Promoting reflexivity among social work students: The development and evaluation of a programme. *Social Work Education*, 30(2), 141-156.

Clandinin, J. D. & Connelly, M. F. (2000). *Narrative Inquiry: Experience and story in Qualitative research.* San Francisco, CA: John Wiley & Sons, Inc.

Colby, I. (2014). Challenging social work education's urban legends. *Journal of Social Work*

    *Education,* 50, 206-218.

Cook, K. & Nunkoosing, K. (2008). Maintaining dignity and managing stigma in the interview

    encounter: The challenge of paid-for participation. *Qualitative Health Research*, 18(3).

    418-427.

Council on Social Work Education (2015). 2015 Educational Policy and Accreditation

    Standards (EPAS). Retrieved February 7, 2015 from:

    http://www.cswe.org/Accreditation/EPASRevision.aspx

Davis, D. M. & Hayes, J. A. (2011). What Are the Benefits of Mindfulness? A Practice Review

    of Psychotherapy-Related Research. *Psychotherapy*, 48 (2), 198-208.

Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods* (2nd

    Ed.). Ney York, NY: McGraw-Hill.

Donaldson, L. P., Hill, K., Ferguson, S., Fogel, S., & Erickson, C. (2014). Contemporary social

    work licensure: Implications for macro social work practice and education. *Social*

    *Work*,  59(1), 52-61.

Drapeau, M. (2002). Subjectivity in research: why not? But…*The Qualitative Report*, 7(3),

    Retrieved 2/1/2014, from http://www.nova.edu/ssss/QR/QR7-3/drapeau.html

Dreifuss, A. (1990). *A phenomenological inquiry of six psychotherapists who practice*

    *Buddhist  meditation.* (Order No. 9027842, California Institute of Integral Studies).

    *ProQuest Dissertations and Theses*, 455-455p. Retrieved from

    http://ezproxy.barry.edu/login?url=http://search.proquest.com/docview/303877033?acc

    ountid=27715. (303877033).

Driscoll, J. & Teh, B. (2001). The potential of reflective practice to develop individual orthopaedic nurse practitioners and their practice. *Journal of Orthapaedic Nursing*, 5, 95-103.

Dunn R., Callahan, J. L., Swift, J. K., & Ivanovic, M. (2013). Effects of pre-session centering for therapists on session presence and effectiveness. Psychotherapy Research, 23 (1), 78-85).

Epstein, R. M. (1999). Mindful practice. *JAMA*, 282(9), 833-839.

Epstein, R. M., Siegel, D. J., & Silberman J. (2008). Self-monitoring in clinical practice: A challenge for medical educators. *Journal of Continuing Education in the Health Professions*, 28(1), 5-13.

Fetterman, D. M. (2010). *Ethnography: Step-by-step*. (3rd Ed.). Thousand Oaks, CA: Sage.

Fulton, P. R. (2005). Mindfulness as clinical training. In C.K. Germer, R.D. Siegel, & P.R. Fulton (Eds.). *Mindfulness and Psychotherapy* (pp. 55-72). New York: Guilford.

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J. & Finkel, S.M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95(5), 1045-1062.

Gehart, D. & McCollum, E. E. (2008). Inviting therapeutic presence. A mindfulness-based approach. In C.K. Germer, R. D. Siegel, & P. R. Fulton (Eds.). *Mindfulness and Psychotherapy* (pp. 176-194). New York: Guilford.

Geller S. M. & Greenberg, L. S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapeutic encounter. *Person-Centered & Experiential Psychotherapies,* 1, 71-86.

George, M. (2012). Teaching focus group interviewing: Benefits and challenges. *Teaching Sociology*, 41(3), 257-270

Germer, C. K. (2005). Mindfulness: What is it? What does it matter? In C. K. Germer, R. D. Siegel, & P.R. Fulton (Eds.). *Mindfulness and Psychotherapy* (pp. 3-27). New York: Guilford.

Gockel, A., Burton, D., James, S., & Bryer, E. (2013). Introducing mindfulness as a self-care and clinical training strategy for beginning social work students. *Mindfulness*, 4, 343-353.

Gockel A. C., Cain, T., Malove, S., & James, S. (2013). Mindfulness as a clinical training: Student perspectives on the utility of mindfulness training in fostering clinical intervention skills. *Journal of Religion & Spirituality in Social Work: Social Thought*, 32, 36-59.

Gockel, A. (2015). Teaching note–practicing presence: A curriculum for integrating mindfulness training into direct practice instruction. *Journal of Social Work Education,* 51, 682-690.

Goldstein, H. (1983). Starting where the client is. *The Journal of Contemporary Social Work*, 64(5), 267-275.

Goldstein, J. (2002). *One Dharma: The emerging western Buddhism.* New York, NY: HarperCollins Publishers.

Goldstein, E. G. (2007). Social work education and clinical learning: Yesterday, today, and tomorrow. *Clinical Social Work Journal*, 35, 15-23.

Gore, C. & Gore, E. (1999). Knowledge management: The way forward. *Total Quality Management*, 10(4-5), 554-560.

Gray, M. & Webb, S. A. (2008). Social work as art revisited. *International Journal of Social Welfare*, 17, 182-193.

Gray, S. W. & Smith, M. S. (2009). The influence of diversity in clinical supervision: A framework for reflective conversations and questioning. *The Clinical Supervisor*, 28, 155-179.

Greason, P. B., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Psychotherapists Education and Supervision*, 49(1), 2-19.

Grinnell, R. M. & Unrau, Y. A. (2011). *Social work research and evaluation: foundations of evidence-based practice.* Oxford, NY: Oxford University Press.

Grossman, P., Niemann, L. & Schmidt, S. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, 57, 35-43.

Grossman, P. (2010). Mindfulness for psychologists: Paying kind attention to the perceptible. *Mindfulness*, 1, 87-97.

Haldin-Herrgard, T. (2000). Difficulties in diffusion of tacit knowledge in organizations. *Journal of Intellectual Capital*, 1(4), 357-365.

Hanh, T. N. (1975). *The miracle of mindfulness: An introduction to the practice of meditation.* Boston, MA: Beacon Press.

Heinman, M. B. (1981). The obsolete scientific imperative in social work research. *Social Service Review*, 55 (3), 371-397.

Hick, S. F. (2009). Mindfulness and social work: Paying attention to ourselves, our clients, and society. In S. F. Hick, (Ed.), *Mindfulness and social work* (pp. 1-26). Chicago, IL: Lyceum Books.

Hick, S. F. (2008). Cultivating therapeutic relationships: The role of mindfulness. In S. F.

Hick, (Ed.), *Mindfulness and the therapeutic relationship* (pp. 3-18). New York, NY:

The Guilford Press.

Hofmann, S. G., Grossman, P. & Hinton, D. E. (2011). Loving-kindness and compassion

meditation: Potential for psychological interventions. *Clinical Psychology Review*, 31,

1126-1132.

Hopkins, J. (2001). *Cultivating compassion*. New York, NY: Broadway Books.

Hutcherson, C. A., Seppala, E. M. & Gross, J. J. (2008). Loving-kindness meditation increases

social connectedness. *Emotion*, 8(5), 720-724.

Imre, R. W. (1985). Tacit knowledge in social work research and practice. *Smith College

Studies in Social Work*, 55(2), 137-150

Janesick, V. J. (2011). *"Stretching" exercises for qualitative researchers*, 3rd Edition.

Thousand Oaks, CA: SAGE Publications, Inc.

Janis, I. L. (1982). *Groupthink: Psychological studies of policy decisions and fiascoes* (2nd ed.).

Boston, MA: Houghton Mifflin.

Johnson, Y. M. (1999). Indirect work: Social work's uncelebrated strength. *Social Work*, 44(4),

323-334.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: mindfulness meditation in everyday

life*. New York: Hyperion.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future.

*Clinical Psychology: Science and Practice*, 10(2), 144-156.

Kearney, D. J., McManus, C., Malte, C. A., Martinez, M. E., Felleman, B., & Simpson, T. L.

(2014). Loving-kindness meditation and the broaden-and-build theory of positive

emotions among veterans with Posttraumatic Stress Disorder. *Medical Care*, 52(12),

32-38.

Keefe, T. (1996). Meditation and social work treatment. In F. J. Turner (Ed.), *Social work*

*treatment: interlocking theoretical approaches* (pp. 434-460). New York, NY: The Free

Press.

Kirk, S. A. & Reid, W. J. (2002). *Science and Social Work: A Critical Appraisal.* Chichester,

West Sussex, NY: Columbia University Press.

Kondrat, M. E. (1992). Reclaiming the practical: formal and substantive rationality in social

work practice. *Social Service Review*, 66(2), 237-255.

Kothari, A., Rudman, D., Dobbins, M., Rouse, M., Sibbald, S., & Edwards, N. (2012). The use

of tacit and explicit knowledge in public health: a qualitative study. *Implementation*

*Science*, 7(20), 1-12.

Kuhn, T. S. (1962). *The Structure of Scientific Revolutions.* Chicago, IL: The University

Chicago Press.

Lam, M. C., Wong, H. & Fong Leung, T. T. (2007). An unfinished reflexive journey: Social

work students' reflection on their placement experiences. *British Journal of Social*

*Work*, 37, 97-105.

Lambert, M. J. & Simon, W. (2008). The therapeutic relationship: Central and essential in

psychotherapy outcome. In S.F. Hick & T. Bien (Ed.), *Mindfulness and the therapeutic*

*relationship* (pp. 19-33). New York, NY: Guilford Press.

Langer, E. J. & Moldoveanu, M. (2000). The construct of mindfulness. *Journal of Social*

*Issues,* 56(1), 1-9.

Lawson, C. & Lorenzi, E. (1999). Collective learning, tacit knowledge and regional innovative capacity. *Regional Studies*, 33(4), 305-317.

Linde, C. (2001). Narrative and social tacit knowledge. *Journal of Knowledge Management*, 5(2), 160-170.

Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *The Qualitative Report*, 18 (65), 1-15.

Luborsky, M. R. & Rubinstein, R. L. (1995). Sampling in qualitative research: Rationale, issues, and methods. *Res Aging*, 17(1), 89-113.

MacDougal, C. & Baum, F. (1997). The Devil's Advocate: A Strategy to Avoid Groupthink and Stimulate Discussion in Focus Groups. *Qualitative Health Research*, 7(4), 532-541.

Mahroeian, H. & Forozia, A. (2012). Challenges in managing tacit knowledge: A study on Difficulties in Diffusion of Tacit Knowledge in Organizations. *International Journal of Business and Social Science*, 3(19), 303-308.

Marlatt, G. A. & Kristeller, J. L. (1999). Mindfulness and meditation. In W.R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners* (pp. 67-84). Washington D.C.: American Psychological Association.

Martinez-Brawley, E. & Zorita, P. M. B. (2007). Tacit and codified knowledge in social work: A critique of standardization in education and practice. *Families in Society*, 88(4), 534-542.

McCollum, E. & Gehart, D. (2010). Using mindfulness meditation to teach beginning therapist therapeutic presence: A qualitative study. *Journal of Marital and Family Therapy*, 36, 347-360.

Matthew, C. T. & Sternberg, R. J. (2009). Developing experience-based (tacit) knowledge through reflection. *Learning and Individual Differences*, 19(4), 530-540.

Mishna, F. & Bogo, M. (2007). Reflective practice in contemporary social work classrooms. *Journal of Social Work Education*, 43(3). 529-541.

Moen, T. (2006). Reflections on the narrative approach. *International Journal of Qualitative Methods*, 5(4), Article 5, retrieved 2/3/2014 from

http://www.ualberta.ca/~iiqum/backissues/5_4html/moen.htm

Moore, A. & Malinowski, P. (2009). Meditation, mindfulness, and cognitive flexibility. *Consciousness and Cognition*, 18, 176-186.

Moorhead, C., Winfield, J., & Freeston, M. H. (2016). Becoming a more mindful practitioner: The effectiveness of a mindfulness-based course in meeting training needs for clinical staff in adult mental health Urgent Care services. *The Cognitive Behaviour Therapist*, 9(4), 1-19.

Morgan, L. D. (1996). Focus groups. *Annual Review of Sociology*, 22, 129-152.

Morley, C. (2003). Towards critical social work practice in mental health: A review. *Journal of Progressive Human Services,* 14(1), 61-84.

Napoli, M. & Bonifas, R. (2011). From theory towards empathic self care: Creating a mindful classroom for social work students. *Social Work Education*, 30, 635-649.

Newsome, S., Christopher, J. C., Dahlen, P., & Christopher, S. (2006). Teaching counselors self-care through mindfulness practice. *Teacher's College Record*, 108, 1881-1900.

Nonaka, I. & Konno, N. (1998). The concept of "ba": Building a foundation for knowledge creation. *California Management Review*, 40(3), 40-54.

Padgett, D. K. (2008). *Qualitative methods in social work research,* 2nd Edition. Thousand

Oaks, CA: SAGE Publications, Inc.

Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Thousand Oaks, CA: Sage.

Payne, M. (2005). *Modern Social Work Theory.* New York, NY: Palgrave Macmillan.

Peet, M. (2012). Leadership transitions, tacit knowledge sharing and organizational

generativity. *Journal of Knowledge Management*, 16(1), 45-60.

Peile, C. & McCouat, M. (1997). The rise of relativism: The future of theory and knowledge

development in social work. *The British Journal of Social Work*, 27, 343-360.

Polanyi, M. (1966). *The Tacit Dimension*. New York, NY: Doubleday & Co.

Reid, W. J. (1994). The empirical practice movement. *Social Service Review*, 68 (2), 165-184.

Riessman, C. K. (2008). *Narrative Methods for the Human Sciences.* Thousand Oaks, CA:

Sage.

Robbins, S. R. (2014). From the editor: Accreditation, competency-based education, and EPAS

revisions. *Journal of Social Work Education*, 50, 581-586.

Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and

practical guide. *Qualitative Research in Psychology*, 11(1), 25-41.

Rosenwald, M. (2007). Mutual aid: Alive and well in group work. *Reflections: Narratives of

Professional Helping,* 13(1), 56-66.

Rothaupt, J. W. & Morgan, M. M. (2007). Counselors' and counselor educators' practice of

mindfulness: A qualitative inquiry. *Counseling & Values*, 52, 40-54.

Ruch, G. (2000). Self and social work: Towards an integrated model of learning. *Journal of

Social Work Practice: Psychotherapeutic Approaches in Health, Welfare, and the

Community,* 14(2), 99-112.

Rudestam, K. E. & Newton, R. R. (2015). *Surviving you dissertation: A comprehensive guide to content and process.* Thousand Oaks, CA: SAGE Publications, Inc.

Saint-Onge, H. (1996). Tacit knowledge the key to the strategic alignment of intellectual capital. *Strategy and Leadership Journal*, 24 (2), 10-16.

Saldaña, J. (2013). *The coding manual for qualitative researchers.* Thousand Oaks, CA: SAGE Publications, Inc.

Salzberg, S. (1995). *Loving-kindness: The Revolutionary Art of Happiness*. Boston, MA: Shambhala.

Schön, D. (1983). *The Reflective Practitioner*. New York, NY: Basic Books.

Schön, D. (1987). *Educating the Reflective Practitioner*. San Francisco, CA: Jossey Books.

Schön, D. (1993). *Reflective Inquiry in Social Work Practice.* Hong Kong: Centre for the Study of Social Work Practice.

Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling and Development*, 86, 47-56.

Scott, D. (1990). Practice wisdom: The neglected source of practice research. *Social Work*, 35(6), 564-568.

Segal, E. A. (2007). Social empathy: A tool to address the contradiction of working but still poor. *Families in Society: The Journal of Contemporary Social Science*s, *88*(3), 333-337.

Segal, E. A. (2011). Social empathy: A model built on empathy, contextual understanding, and social responsibility that promotes social justice. *Journal of Social Service Research*, 37, 266-277.

Shapiro, S. L., Carlson, L. E., Austin, J.A., & Freedman, B. (2006). Mechanisms of

mindfulness. *Journal of Clinical Psychology*, 62(3), 373-386.

Shapiro, S. L., Schwartz, G. E., & Bonner, G. (1998). Effects of mindfulness-based reduction

on medical and premedical students. *Journal of Behavioral Medicine*, 21(6), 581-599.

Shapiro, S. L. & Izett, C. D. (2008). Meditation: A universal tool for cultivating empathy. In

S. F. Hick & T. Bien (Ed.), *Mindfulness and the therapeutic relationship* (pp. 161-175).

New York, NY: Guilford Press.

Shulman, L. (2006). *The skills of helping individuals, families, groups, and communities* (5th

Ed.). Belmont, CA: Thomson.

Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-

being*. New York, NY: W.W. Norton.

Silvia, P. J. & Duval, T. S. (2001). Objective Self-Awareness Theory: Recent Progress and

Enduring Problems. *Personality and Social Psychology Review*, 5 (3), 230-241.

Simpson, G. A., Williams, J. C., & Segall, A. B. (2007). Social work education and clinical

education. *Clinical Social Work Journal*, 35, 3-14.

Smith, E. A. (2001). The role of tacit and explicit knowledge in the workplace. *Journal of

Knowledge Management*, 5(4), 311-321.

Stelter, R. (2009). Experiencing mindfulness meditation – a client narrative perspective.

*International Journal of Qualitative Studies on Health and Well-being*, 4, 145-158.

Toseland, R. W. & Rivas, R. F. (2012). *An introduction to group work practice* (7th ed.). New

York: Pearson Education.

Tracy, S. J. (2013). *Qualitative Research Methods: Collecting Evidence, Crafting Analysis,

Communicating Impact.* Malden, MA: A John Wiley & Sons, Ltd., Publication

Walsh, R. (1980). The consciousness disciplines and the behavioral sciences: Questions of

comparison and assessment. *American Journal of Psychiatry*, 137, 663-673.

Walsh, R. A. (2008). Mindfulness and empathy: A hermeneutic circle. In Hick, S. F & Bien, T.

(Ed.), *Mindfulness and the Therapeutic Relationship* (pp. 72-88). New York, NY: The

Guilford Press.

Wilson, G. (2013). Evidencing reflective practice in social work education: Theoretical

uncertainties and practical challenges. *British Journal of Social Work*, 43, 154-172.

Woods, M. E. & Hollis, F. (1990). *Casework: A Psychosocial Therapy.* (4th Ed.). New York,

NY: McGraw-Hill, Inc.

Yip K. (2006). Self-reflection in reflective practice: A note of caution. *British Journal of Social

Work,* 36, 777-788.

Zeira, A. & Rosen, A. (2000). Tacit knowledge: What social workers do and why they do it.

*Social Service Review,* 74(1), 103-123.

**Appendix A**

**Figure 1.** Social Work Practice Knowledge Continuum

CODIFIED KNOWLEDGE                    PRACTICE WISDOM                    TACIT KNOWLEDGE

Explicit source                                                              Implicit source

**Figure 2:** Synergetic Dimension of Practice Wisdom
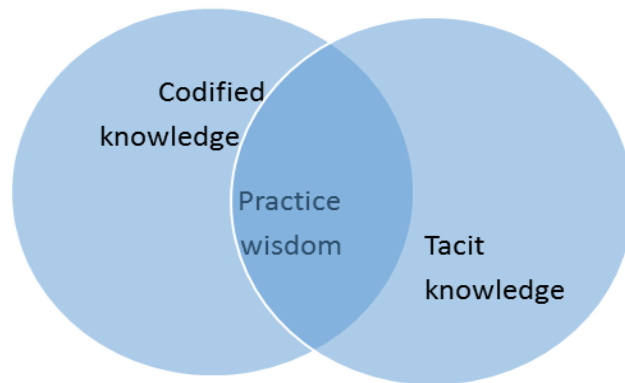
**Appendix B**

**Invitation Letter**

Dear PsychSolutions team,

My name is Dunja Pacirski, a doctoral student in social work at Barry University, and I am conducting a study on the impact of reflective practice and self-monitoring strategies on the clinical social work practice. As clinical social work practitioners you are in an ideal position to provide valuable first-hand information from your own perspective and I would like to invite you to participate.

If you choose to participate, you will be asked to independently engage in a daily mindfulness meditation practice in the sitting posture of your choice. You will be provided guided audio meditation to practice at your home for an average of 5-10 minutes daily. You will also be trained and asked to complete a short "three-breath meditation" prior to entering into your clinical sessions, or at any other time you choose during the day, as well as to complete a self-reflective journal three-question "check-in" entry via email at the end of your day. Finally, you will be asked to attend three one and ½- to two-hour group meetings that will additionally prepare you for these tasks. During each of the group meetings, I will present information about a different component of reflective practice, provide instruction on a specific type of sitting mindfulness meditation technique, as well as facilitate a group interview that will be video- and audio-recorded.

Because I am also an employee at PsychSolutions, I would like to clearly distinguish between my roles as the company's clinical manager versus the role of a researcher in this study. It is important that you know that this study's group meetings are not aimed to provide you with clinical training or clinical supervision; instead they are only serving for the purpose of this research. Your participation is strictly voluntary and if you decline to participate or choose to drop out at any time during the study process, there will be no consequences or impact on your employment. Also, there is an incentive for your participation in the amount of 50 dollars, as well as you may find enjoying many positive effects of the daily meditation.

Your participation will be made confidential to the maximum extent possible. For example, your journaling task will be under pseudonym, allowing you to confidentially choose not to engage into some or all the daily tasks if you don't feel comfortable with questions or activities. However, you will be attending three groups along with me and other participants and, although I will not disclose any of your personal information and will ask others in a group to respect each other's privacy, confidentiality by group members cannot be guaranteed.

Please, let me know if you have any questions. I will also be happy to answer any questions you may have about the study. If you decide to participate, you may contact me via email at dunja.pacirski@mymail.barry.edu or at my cell: 786/201-2874. There will be a mailbox in the agency mail/copy room with my contact information, further study details, and informed consent forms. Once you sign the consent you may store and seal it in enclosed empty envelops and drop it in a locked box. Please note, due to the nature of the study, the anticipated number of participants for this study is between 7-15 participants. Thus, the study will be open to the first 15 respondents upon which I will send an email informing of finalizing the recruitment process.

Thank you for your consideration.

Sincerely,
Dunja Pacirski

**Appendix C**

**Figure 1.** Research Protocol

**Appendix D**

**Group Meeting Lesson Plan**

**Group Meeting 1 (Day 1)**

1. Review of the study protocol (see Appendix C).

2. Define mindfulness and meditation practice.

3. Define and describe 3 mindfulness meditation types used in the study protocol.

4. Describe and demonstrate the "3-breath meditation."

5. Guided group concentrative meditation practice and self-reflective journaling.

**Group Meeting 2 (Day 11)**

1. Define reflective practice.

2. Define techniques of reflection-in/on-action and reflection-on reflection-in action.

3. Guided group "3-breath" meditation.

4. Guided Vipassana meditation practice and self-reflective journaling.

**Group Meeting 3 (Day 21)**

1. Define reflective methodology.

2. Define and differentiate between individual and social formats of self-monitoring strategies.

3. Guided group "3-breath" meditation.

4. Guided Metta meditation practice and self-reflective journaling.

**Appendix E**

**Interview Guide**

**Focus Group 1 (Day 1)**

1. What does mindfulness mean to you?

2. How would you describe meditation practice?

3. Have you ever meditated and, if so, how was your experience?

4. How would you describe self-reflective practice?

5. Do you engage in self-reflective practice and if so, how?

**Focus Group 2 (Day 11)**

6. How did the meditation practice affect you, it at all?

7. How was the experience of self-reflective journaling for you?

8. Have you noticed any difference in the way you approached your clinical work or interventions during the previous 10 days?

9. How would you describe the impact of self-reflective practices on your clinical work?

**Focus Group 3 (Day 21)**

10. How did the meditation practice affect you, if at all?

11. How was the experience of self-reflective journaling for you?

12. Have you noticed any difference in the way you approached your clinical work or interventions during the previous 10 days?

13. How would you describe the impact of self-reflective practices on your clinical work?

14. What is your experience of the reflective group processing?

15. How did the group process contribute to your experience of mindfulness meditation and self-reflective practices?

**Appendix F**

**Modified Interview Guide/Questions**

**Focus Group 2 (Day 11)**

1. What does mindfulness meditation mean to you today as compared to how you perceived it at the beginning of your journey? Did anything change and, if so, how?

2. How was the experience of guided meditation practice for you overall?

3. Also, how was the experience of 3-breath meditation for you?

4. Many of your journal entries spoke to different internal dimensions such as physical sensations in your body vs. cognitive processes vs. emotional experiences during the meditation practice itself… which one was the most prominent for you?... and did it change in its frequency/intensity over the period of last 10 days?

5. The second journaling question asked for reflection on impact of the practice that you noticed during your day… Did this change in its frequency/intensity over the period of last 10 days?

6. What did you notice about the impact of the practice on the sense of yourself in the world and interactions with others, if at all? (loved the "road rage relief")

7. It was interesting to see that some of you reflected in your journals on different experiences related to the location of your practice. For example, inside or outside of home, in the car, in your room, "in comfort of (your) home" or in bed vs "(neighborhood) that has high violence." How did this dimension of space impact your meditation practice?

8. How did dimension of time impact your meditation practice?  Some of you reported meditating at different times of the day, multiple times…

9. Many of you recorded noticing differences in the way you approached your clients and performed your clinical interventions during the previous 10 days? What was the most prominent for you? And, did it change in its frequency/intensity over the period of last 10 days?

10. How was the experience of self-reflective journaling for you? What are some challenges? What are the benefits, if you noticed any at all?

11. While engaging in your self-reflecting journaling; were there any realizations, any "a-ha" moments about your day or clinical work with clients?

12. How would you describe the impact of self-reflective practices on your clinical work?

**Focus Group 2 (Day 21)**

1. How was the experience of guided meditation practice for you as it evolved over the time?

2. How would you describe your experience and impact of different types of meditation practice; Week 1 compared to Week 2 compared to Week 3?

3. Also, how was the experience of 3-breath meditation for you? Has this changed over time?

4. This last week, in addition to already discussed physical, emotional, mental dimensions, many of your journal entries included somewhat more complex mental and emotional states … What did you notice about the impact of this particular type of practice on the sense of yourself in the world and interactions with others, if at all?

5. The second journaling question asked for reflection on impact of the practice that you noticed during your day whereas the third asked you to describe the impact on your clinical work… how would you differ between the two and how in particular did you

reflect on the impact in your clinical work; what is the framework or points of references that you used to reflect on this…?

6.  How was the experience of self-reflective journaling for you? Have you noticed any new challenges or benefits during the last ten days, particularly since our last training session and learning about the concepts, strategies and their mechanics?

7.  How would you describe the benefit of self-reflective practices on your clinical work?

8.  How did you like meditating together in the group…?

9.  What is your experience of the reflective group processing?

10. How did the group process contribute to your experience of mindfulness meditation and self-reflective practices?

11. And finally; what does mindfulness meditation and reflective practice mean to you today as compared to how you perceived it at the beginning of our journey?  Did anything change and, if so, how?

**Appendix G**

**Daily Self-Reflective Journal Questions**

1.) How was your meditation experience today? Please, describe any insights you may have gained from observing your mind.

2.) Describe any differences in your day that may have resulted from your meditation practice?

3.) Describe any differences in your clinical work today that may have resulted from your meditation practice.

**Appendix H**

**Barry University**
**Informed Consent Form**

Your participation in a research project is requested.  The title of the study is "Cultivating Tacit Knowledge through Reflective Practice: A Narrative Inquiry Approach to the Meaning-making of Self-Monitoring Strategies as Lived and Shared by Clinical Social Work Practitioners." The research is being conducted by Dunja Pacirski, a doctoral student in the social work department at Barry University, and is seeking information that will be useful in the field of clinical social work.

**The aim of this research is** to explore the experience of daily reflective practice tasks such as self-monitoring strategies of mindfulness meditation and self-reflective practices, particularly as it relates to one's clinical practice.

**In accordance with these aims, the following procedures will be used**: The Primary Investigator (PI) of the study, Dunja Pacirski, will engage you in the three-week study protocol, including three one and ½- to two-hour group meetings. Additionally, all participants will be asked to independently daily meditate and to complete a self-reflective journal at the end of their day. Each of the group meetings will be facilitated by this PI who will inform you about a different component of reflective practice, instruct you on a specific type of sitting mindfulness meditation technique, as well as facilitate a group interview that will be video- and audio-recorded.  If at any time during the interview you feel uncomfortable answering a question, you may choose to not answer that particular question, leave the session, or withdraw from the study. The consent to participate in this research is strictly voluntary and if you choose not to complete it or should you want to drop out at any time during the study, there will be no negative consequences or impact on your employment. The anticipated number of participants in the study group is between 7-15 clinicians. If more than 15 clinicians respond, participation in the study will be open to the first 15 individuals who express their interest.

**If you decide to participate in this research, you will be asked to do the following**: During the three-week period of this study you will be asked to independently engage into sitting meditation practice at your home for average of 5-10 minutes daily, preferably in the morning time, and for which you will be provided audio materials for guidance. You will also be asked to complete a short "three-breath meditation" prior to entering into your clinical sessions, or at any other time you choose during the day, as well as to complete a self-reflective journal "check-in" by answering three open-ended questions via email at the end of your day. Finally, you will be asked to attend three one and ½- to two-hour group meetings.

**Your consent** to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on your employment. Your daily participation from home will be under the pseudonym, as well as you may refuse to engage in some or all the tasks if you don't feel comfortable with questions or activities.

**Potential Risks and Benefits:** While there is no risk involved in this study except your valuable time, you may find enjoying many positive effects of the daily meditation and self-reflection. Furthermore, the results of this study may help us to expand in our understanding of experiences related to impact of reflective practice and its self-monitoring strategies, particularly as reflecting (or not) in the clinical practice.

**Costs/Compensation:** There is an incentive in the amount of 50 dollars for your participation.

**Confidentiality:** As a research participant, information you provide will be held in confidence to the extent permitted by law by this PI.  Any published results of the research will refer to group only and no names will be used in the study; however, due to the nature of group sessions, confidentiality by group members cannot be guaranteed. All study group members are asked to respect the privacy of other group members.  Data will be kept in a locked file in the researcher's office.  Your signed consent form will be kept separate from the data.  All data will be kept indefinitely.

  If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Dunja Pacirski, at dunja.pacirski@mymailbarry.edu or (786) 201-2874, faculty sponsor for this study, Dr. Mitch Rosenwald, at mrosenwald@bary.edu or (305) 899-3931, and/or the Institutional Review Board point of contact, Barbara Cook, at bcook@barry.edu or (305) 899-3020.  If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

**Voluntary Consent**
  I acknowledge that I have been informed of the nature and purposes of this experiment by Dunja Pacirski and that I have read and understand the information presented above, and that I have received a copy of this form for my records.  I give my voluntary consent to participate in this experiment.


_____     _____
*Signature of Participant*        *Date*


_____     _____
*Researcher*                      *Date*