

## Chapter 9

# Promoting the Ethics of Care in a Mindfulness-Based Program for Teachers

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A number of scholars (e.g., Monteiro, Musten, & Compson, 2015; Purser & Loy, 2013) have raised concerns about the absence of ethics in contemporary mindfulness-based interventions (MBIs). They fear that without including ethics as a component of mindfulness, MBIs might wrongly decontextualize and misappropriate many Buddhist values and traditions from which mindfulness originated and limit the scope of mindfulness to mere stress management. These scholars argue that such an approach may be problematic because MBIs may be misused to advance oppressive agendas—for example, corporations might exploit employees, but provide them with mindfulness training to help them tolerate being overworked. However, grounding MBIs in ethical frameworks may mitigate many of these threats by promoting ethical principles such as non-harm, alleviation of suffering, and moral virtue. Some MBIs draw upon the Buddhist ethical/moral frameworks that originally informed the mindfulness movement; although, many MBIs operate in settings where religious/spiritual references are prohibited, and as a result must solely rely on secular ethics. Monteiro et al. (2015) argue that MBIs do not need to ascribe to strictly religious ethical frameworks, and that non-faith-based ethics can guide MBIs if they are rooted in universal concepts of “moral responsibility, courage, expectations, and action” (p. 10).

Cultivating Awareness and Resilience in Education (CARE for Teachers) is one such MBI that is rooted in secular ethics, as it typically operates in US public schools (Jennings, 2016b). CARE for Teachers is a professional development program designed to build teachers’ social and emotional competence and improve the quality of their learning environments (Jennings, 2016a). Combining emotion skills training, mindful awareness practices, and compassion/caring activities, CARE for

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Teachers aims to foster the skills and dispositions K-12 teachers need to create supportive learning environments, while maintaining their well-being and love of teaching. CARE is an evidenced-based program shown to improve aspects of teachers' intrapersonal experiences such as mindfulness, efficacy, and emotion regulation, as well as interpersonal dimensions of their teaching practice, including their ability to create a positive classroom climate, be sensitive and responsive to students' needs, and sustain productive learning activities (Jennings, Frank, Snowberg, Coccia, & Greenberg, 2013; Jennings et al., 2017).

It is important to reiterate that CARE for Teachers is a strictly secular program, due to federal regulations regarding the separation of church and state and the restriction on promoting religious/spiritual teachings in public schools. Therefore, CARE for Teachers is rooted in various nonsectarian ethical traditions such as professional ethics for educators and Noddings' (2013) ethics of care. The ethics of care is particularly prominent in CARE for Teachers and will be discussed in more depth throughout the current chapter. The purpose of the chapter is to provide an example of how a strictly secular ethical framework, Noddings' ethics of care, can guide a MBI to promote ethical behavior in teachers. In the discussion of mindfulness and ethics, CARE for Teachers is a particularly illustrative case to examine because it operates in a highly ethics-laden and secular context.

The importance of ethics in teaching cannot be understated, as teaching is a highly interpersonal endeavor involving distinct power dynamics, where the outcomes of teaching have significant long-term consequences for many stakeholders (i.e., teachers, students, parents, administrators, the general public). In most cases, particularly for those working in public school settings, the ethics of teaching must be devoid of any religious/spiritual ethical dimensions. So, the ethics that explicitly guide the field are of a more universal nature and generally relate to responsibility to others and not causing harm. In the following chapter we will offer Noddings' ethics of care as a particularly useful framework for MBIs in the context of teaching and demonstrate how the ethics of care informs the CARE for Teachers program.

## **Professional Ethics in Education**

Professional organizations like the National Education Association (NEA, 2016) and Association of American Educators (AAE, 2016) have published codes of ethics to outline basic principles, or the do's and don'ts, of ethical behavior for educators. Both NEA and AAE codes begin with a commitment to students—which includes taking responsibility for the learning and development of the student while not intentionally hindering students' learning, freedoms, or fulfillment of their potential. Both codes also contain principles related to maintaining the dignity of the teaching profession, which involves meeting professional qualifications and promoting national trust in educators. The AAE code additionally provides more specific principles regarding ethical treatment of colleagues, as well as parents and the communities that educators serve. There is a good deal of overlap between the

two codes revolving around standards of responsibility and accountability for others and the profession as a whole.

In the scholarly literature on the ethics of teachers/educators, however, there is much less alignment. There is no one widely agreed upon code of ethics for teachers among researchers and educational scholars, and much of the work to date reflects diverse theoretical perspectives, each with its own underlying assumptions and principles. For example, in a review of the literature on ethics in education, Campbell (2008) distinguished between theories of virtue, responsibility and duty, caring, moral development, social justice, and applied practical ethics. Each approach is grounded in diverse philosophical orientations and thus holds varying rationales and ideals for ethical behavior. It is not in the purview of the current chapter to discuss each theory in depth, but to outline how one mindfulness-based program for teachers utilizes secular ethics. Noddings' (2013) theory of the ethics of care aligns particularly well with this chapter's mindfulness-based approach to teacher professional development and will thus be used as a theoretical framework for the discussion of CARE for Teachers.

## Noddings' Ethics of Care

Noddings' (2013) ethics of care describes the characteristics and processes involved in healthy caring relationships. The theory draws upon a variety of caring dynamics including parent-child, friend-friend, teacher-student, etc., but highlights the underlying attitudes and behaviors that support ideal caring across all contexts. Being a relational process, caring requires at least two persons or entities (animals, plants, things, and ideas are also included in the theory), where Noddings labels the caregiver as "the one-caring" and the recipient of care to be "the cared-for."

**The Relational Process** From the perspective of the one-caring, caring involves both receptivity and motivation. Receptivity involves a state of attentiveness toward the cared-for and requires noticing that something is wrong or needs addressing (Noddings, 1996, 2012, 2013). Receptivity also involves "feel[ing] with the other," or what Noddings calls "engrossment" (2013, p. 30), but it is different from the western concept of empathy. Noddings states, "I do not 'put myself in the other's shoes,' so to speak, by analyzing his reality as objective data and then asking, 'How would I feel in such a situation?'" (p. 30). Rather, the one-caring truly feels the other's experience and shares it with them, as opposed to projecting one's own thoughts and feelings onto another's situation. Then, there is a motivational shift in the one-caring, or a call-to-action. The one-caring has a sense that, "I must do something" (p. 14) and directs her energy toward the cared-for to relieve pain, meet the needs of the cared-for, or foster progress toward a goal. The one-caring's energy moves in the direction of the other, which provides the cared-for a certain strength and hope.

The role of the cared-for is to show that the caring has been received by responding positively to the caring with a smile or nod, or to begin to take on the problem

with a new energy. The cared-for's response completes the caring transaction. Without it, true caring has not occurred because caring is a strictly relational process. The cared-for's response also provides information to the one-caring in evaluating the impact of her efforts.

**The Ethical Ideal** There are many relations, such as mother–child, where caring occurs quite naturally and effortlessly, and would not be considered ethical nor moral behavior. However, the experience of natural caring is a key part of Noddings' (2013) ethics framework because repeated experiences of giving and receiving natural caring form memories of genuine care. These memories along with a desire to re-experience one's most caring moments create for each person a vision of goodness and the best picture of oneself—"the ethical ideal" (p. 49). One embodies the ethical ideal when one receives and accepts the "I must" feeling, and directs one's energy toward caring for the other. The call to care for another may at times conflict with one's own self-interests, and caring may require some effort; but in this effort one finds the *ethical* dimension of caring. "The source of ethical behavior is, then, in twin sentiments—one that feels directly for the other and one that feels for and with the best self. . . . It is our best picture of ourselves caring and being cared for" (p. 80). It is this remembering of one's most caring moments and the vision of the best self which ignites one's desire to care while guiding one's efforts to serve the other.

Constructing the ethical ideal also involves understanding humanity's need for relatedness and committing to openly receive others; although, the commitment to receive and care for others is not everlasting and must be nurtured. Noddings proposes the ethical ideal can be nurtured through listening, dialogue, and attributing others' behavior to their best possible motives. Ones-caring can also maintain the ethical ideal from within by celebrating everyday experiences of life, even such repetitive activities as cooking, eating, or gardening. Lastly, one's ethical ideal can be enhanced through experiences of joy. Each of these ways of constructing, nurturing, maintaining, and enhancing the ethical ideal will be discussed in more detail later in the chapter, along with a description of how CARE for Teachers contributes to each.

## Teacher Stress and Ethics

There are a number of forces that can thwart the ethics of caring, and two that are particularly challenging for teachers are occupational stress and burnout. Teacher stress is currently a major concern in educational systems across the world (Aloe, Amo, & Shanahan, 2014; Greenberg, Brown, & Abenavoli, 2016; Kyriacou, 2001), and research indicates teaching to be among the most stressful occupations, with comparable levels of stress to nurses, physicians, police officers, and ambulance workers (Gallup, 2014; Johnson et al., 2005). Evidence suggests teacher stress is increasing, as ratings of stress and job satisfaction have dramatically changed over

the last 30 years. In a nationally representative sample of K-12 teachers, 51% reported being under great stress several days per week, up from 36% in 1985 (Markow, Macia, & Lee, 2013). In the same survey, teachers' job satisfaction was at 39%, its lowest point in 25 years, and a drop of 23% points since 2008. Common sources of stress for teachers include lack of support in meeting the diverse needs of all students, having to take work home due to an overload of responsibilities, limited control in making school decisions, minimal time to relax during the day, trying to motivate difficult to reach students, and pressures of accountability (Richards, 2012).

Exposure to repeated stress over time leads to burnout (Bellingrath, Weigl, & Kudielka, 2009; Blasé, 1982; Fisher, 2011), which is conceptualized as involving three dimensions: emotional exhaustion, depersonalization, and lack of personal accomplishment (Maslach, 1976; Maslach, Schaufeli, & Leiter, 2001). According to Jennings and Greenberg (2009), teacher stress can trigger a "burnout cascade" (p. 492) whereby emotional exhaustion leads to depersonalization and finally a lack of personal accomplishment, when teachers often leave the profession. Emotional exhaustion is characterized by feelings of fatigue after repeatedly experiencing difficult emotions such as frustration and anger (Maslach, 1976). An emotionally exhausted person typically feels completely drained of physical and emotional resources at the end of the workday. Emotional exhaustion leads to depersonalization, or a certain detachment from those one works with. Depersonalization can include feelings of callousness, cynicism, and irritability toward others. In addition to losing a feeling of connection with others, one can also result in a feeling of lost connection to one's work and feelings of inadequacy and inefficacy (or a lack of personal accomplishment). This is the inability to find success in one's work or see one's efforts as meaningful contributions to a larger goal. Experiences of stress and burnout in teachers have been related to physical health risks (Bellingrath, Rohleder, & Kudielka, 2010; Bellingrath et al., 2009; Katz, Greenberg, Jennings, & Klein, 2016) as well as teacher attrition (Chang, 2009; Fisher, 2011; Schaefer, Long, & Clandinin, 2012).

Noddings (2013) was keenly aware of the threat posed by experiences of stress and burnout to teachers' abilities to maintain their ethics of caring.

It is certainly true that the "I must" can be rejected and, of course, it can grow quieter under the stress of living. I can talk myself out of the "I must," detach myself from feeling and try to think my way to an ethical life (p. 49).

The "I must" or the motivation to care for another can diminish under stressful circumstances, and experiences of emotional exhaustion and depersonalization can be particularly damaging to the caring relation between teachers and students. The caring relation depends on the teacher to "feel with" the student, in a way vicariously experiencing difficult emotions of the student. Emotional exhaustion, however, depletes one's emotional resources, to the point of feeling a certain emotional numbing (Maslach, 2003). This can prevent teachers from really feeling with their students' emotions. Not only does this distort teachers' perceptions of their students' needs by potentially misinterpreting experiences of suffering, but it can also

suppress teachers' motivation to care. Feeling the student's difficult emotions triggers the "I must" feeling in the teacher, and as Noddings (2013) noted, the "I must" can grow quieter in stressful circumstances. The teacher might also "detach" from her students, avoiding, denying, or becoming numb to their emotions, and no longer be able to "feel with" her students. This process of depersonalization is a dysfunctional coping strategy: a means of protection for the teacher, an effort to halt the perceived drain of emotional resources. Although, it is antithetical to the process of "engrossment" required for caring. In depersonalization, the burned-out teacher begins to dehumanize her students, treating them as objects or cogs in a wheel so that she can invest fewer emotional resources into her relationships with them. It is important to stress that this process is simply a dysfunctional mechanism to cope with the repeated stress and emotional exhaustion. If the teacher avoids forming deep relationships with her students, she is less likely to feel with their suffering and avoids further depletion of her own emotional energy. Feeling with her students is the first step in the caring process, and true caring, by Noddings's definition, cannot occur in a teacher experiencing depersonalization.

There are a number of ways teacher stress and burnout can negatively impact students. Students with teachers experiencing burnout show disruptions in diurnal cortisol patterns, a physiological indicator of stress (Oberle & Schonert-Reichl, 2016), and students with teachers reporting greater levels of stress had higher internalizing and externalizing disorders (Milkie & Warner, 2011). Finally, teacher depression may be significantly related to deficits in classroom interaction quality (Jennings, 2015a). Thus, teacher stress and burnout is not a strictly intrapersonal problem, but can have negative impacts on students as well. Noddings (2013) repeatedly describes caring as a reciprocal process, and evidence is beginning to demonstrate the far-reaching consequences of teacher burnout. It is possible that a lack of caring, triggered by burnout, is involved in the deterioration of both teacher and student well-being.

To summarize, teacher burnout can hinder the ethics of caring and attainment of the ethical ideal when teachers no longer have the emotional resources to invest in caring for their students. However, this is not an inevitable reality of teaching. For one, not all teachers experience burnout. Additionally, even for teachers working in stressful settings at greater risk for burnout, there exist more adaptive coping mechanisms and ways of replenishing emotional resources to avoid emotional exhaustion and depersonalization. Noddings (2013) offers that protection from burnout can come through practice of self-care, support from others, and finding ways to reconnect with the source of caring—oneself.

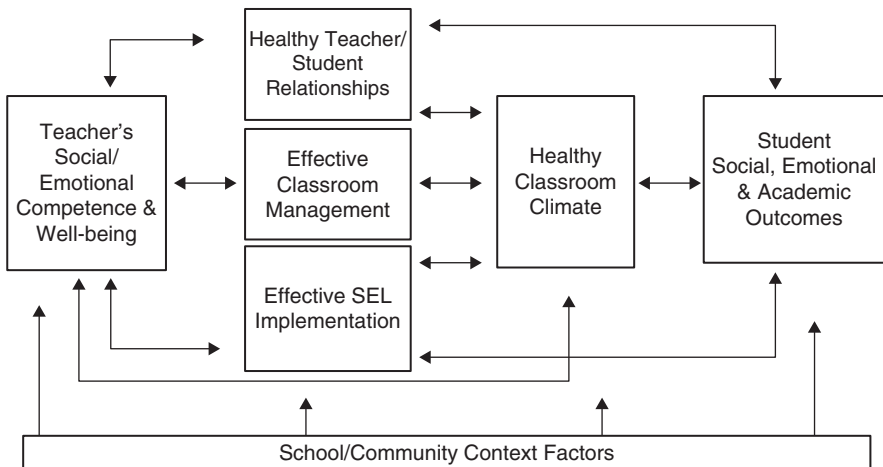
The one-caring must be maintained, for she is the immediate source of caring. The one-caring, then, properly pays heed to her own condition. She does not need to hatch out elaborate excuses to give herself rest, or to seek congenial companionship, or to find joy in personal work. Everything depends on the strength and beauty of her ideal, and it is an integral part of her. To go on sacrificing bitterly, grudgingly, is not to be one-caring and, when she finds this happening, she properly but considerably withdraws and repairs. When she is prevented by circumstances from doing this, she may still recognize what is occurring and make heroic efforts to sustain herself as one-caring. Some are stronger than others, but each has her breaking point. (Noddings, 2013, p. 105)

The one-caring cannot simply push through the feelings of burnout, as she will eventually reach a breaking point. Rather, she must intentionally make efforts to care for herself and replenish her resources. For Noddings, self-care is a critical piece in the caring relation, and ones-caring need no excuse for self-care. Connection with close others and finding joy in one’s work are further ways the one-caring can care for herself. Practicing self-care is the foundational element of the CARE for Teachers program and is interwoven into all aspects of the training.

The following sections will introduce the intervention models underlying the CARE for Teachers theory of change. The CARE for Teachers components will be described and related to the cultivation of self-care and care for others in relation to Noddings’ ethics of care.

### Prosocial Classroom Model

Jennings and Greenberg (2009) articulated the prosocial classroom theoretical model proposing that certain social and emotional competencies are required to enable teachers to cope with the demands of teaching and to prevent burnout (see Fig. 9.1). These competencies include self-awareness of emotional states and cognitions and the ability to effectively regulate what are sometimes strong emotions while teaching. In this way, teachers can appropriately respond to students’ needs while maintaining emotional energy and thereby preventing the emotional exhaustion associated with burnout. When teachers lack these social and emotional



**Fig. 9.1** A model of teacher well-being and social and emotional competence; and support and classroom and student outcomes. From: Jennings and Greenberg (2009). The Prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, 79, 491–525. Reprinted with permission from SAGE Publications, Inc

competencies their well-being erodes, leading to a deterioration of the classroom climate and increase in teacher stress, triggering the “burnout cascade” (p. 492) mentioned above. In contrast, teachers with high levels of these social and emotional competencies can cope with the demands of the classroom, build and maintain a positive classroom climate, supportive relationships with their students, and consistent classroom interactions that promote student learning.

### The CARE for Teachers Logic Model

Based upon the prosocial classroom model, CARE for Teachers is a comprehensive professional development program for teachers specifically designed to address teachers’ social and emotional competencies as articulated in the CARE for Teachers logic model (Fig. 9.2). The CARE for Teachers program elements of emotion skills instruction, mindful awareness and stress reduction practices, and caring and listening practices are designed to promote reductions in psychological and physical distress, as well as improvements in adaptive emotion regulation, teaching efficacy, mindfulness, and classroom interactions that promote learning (e.g., emotional support and classroom organization). This model has been tested and refined in several studies (Jennings, Snowberg, Coccia, & Greenberg, 2011, Jennings et al., 2013, Jennings et al., 2017).

CARE for Teachers was developed in accordance with best practices in adult learning. Material is introduced sequentially, applying a blend of didactic, experiential, and interactive learning activities. While the CARE for Teachers program does

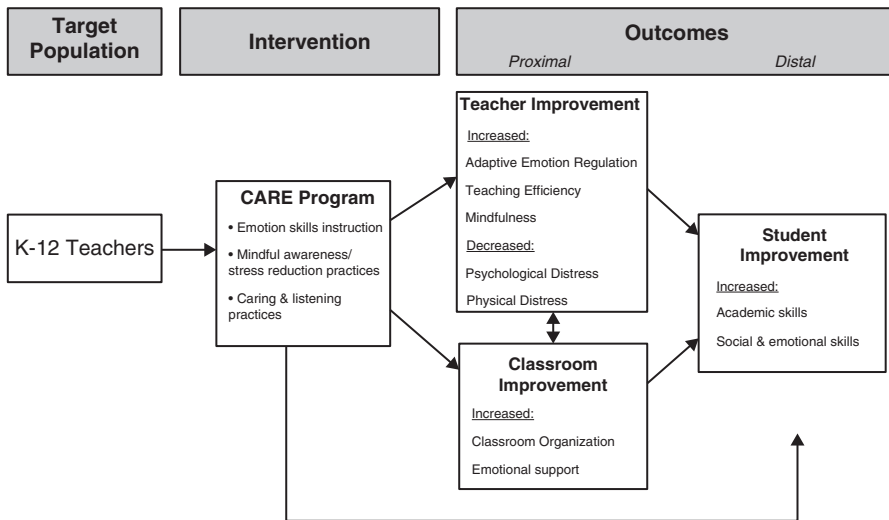


Fig. 9.2 The CARE for Teachers logic model



not explicitly advocate or teach the ethics of care, they are implied and embedded throughout the training in the form of various practices that assume that teachers bring to the program their deep commitment to caring for students based in values to promote learning, reduce suffering, and do no harm. The practices are intended to help teachers clarify the ethical basis of their profession for themselves and to provide opportunities for them to more consciously align their behavior with their ideals through the integration of mindful awareness practices (MAP) and emotion skills training. CARE for Teachers presents MAPs including breath awareness practice, mindful walking, listening and compassion practices, and didactic and experiential activities designed to promote emotion awareness and emotion regulation (see Jennings, 2016a for more extensive descriptions of the CARE for Teachers program model).

CARE for Teachers is typically delivered in 30 h over five in-person training days (6 h each) across the school year. The first two training days are offered consecutively and then two training days are offered over the course of several weeks. A booster session is offered 1 month later. The breaks in between sessions provide teachers with the opportunity to practice, reflect, and apply the material to their experience teaching and participants receive coaching by phone to support these processes. Participants receive a program workbook and an audio CD/MP3 of recorded mindful awareness practices for home practice.

Next, we describe program elements and activities in more detail and discuss how they support Noddings's ethics of care.

## CARE for Teachers Program Components

**Intention Setting or Renewing Commitment** Noddings (2013) reminds us:

I must make a commitment to act. The commitment to act in behalf of the cared-for, a continued interest in his reality throughout the appropriate time span, and the continual renewal of commitment over the span of time are the essential elements of caring from the inner view (p. 16).

A core component of CARE for Teachers is the intention-setting practice, which is a way to renew one's commitment to care on a regular basis. The intention-setting practice is intended to explicitly link teachers' own ethics and commitment to care in relation to their work by applying the program material to more consciously and consistently align their behavior with their ethics. To introduce the practice, participants are invited to reflect upon why they became a teacher and what values they hold that motivated them to choose this profession. Participants are invited to share their reflections in small group discussions. Typically, participants share the love they have for children and how they wanted to make a difference in their students' lives. They also share how they felt like their jobs had meaning for them, that they have the opportunity to make a valuable contribution to society. The next step in the process is to invite the participants to cultivate a vision for the world and for their

schools and classrooms more specifically, e.g., “what does their classroom look like when they are their best?” Intention setting is described as a tool for aligning one’s actions with this vision of one’s “best self,” what Noddings refers to as the ethical ideal. An intention is different than a goal in that it is an ongoing process rather than an end point. An intention does not have the tension or edge one feels when setting a goal; if she fails to reach the goal, she may feel like a failure. When she sets an intention, she clarifies her orientation toward becoming her best self and can use her intention as a guide, like a personal GPS, to keep herself on track. Then participants are invited to consider an intention for one particular day. Silently they are invited to use imagination or words to set their intention. They can direct their attention to imagining themselves behaving in alignment with this intention, or focus on words that describe the intention for a few minutes. Once the intention setting is completed, participants are invited to share their intentions with one another and/or to find an “intention buddy” to provide support to one another. They are encouraged to check in from time to time to see whether or not they are “on course” and to realign their behavior, or modify their intention accordingly. The intention-setting practice is introduced on the first day of training and is practiced at the beginning of each training segment, after a simple practice of mindfully taking three, deep diaphragmatic breaths to bring their attention to the present.

In this way, CARE for Teachers supports teachers’ ability to hold the vision of their best caring self, their ethical ideals, as Noddings (2013) describes:

As my receiving the other enables the “I must” to arise with respect to the other, so receiving the vision of what I might be enables the “I must” to arise with respect to the ethical self. I see what I might be, and I see also that *this* vision of what I might be is the genuine product of caring. I shall require that the ethical ideal be—in a way I must describe—realistic, attainable (p. 50).

As intentions are constantly revisited throughout the program, participants’ visions of their ethical ideals frame all of their learning experiences. Teachers are also given recommendations for how to set intentions once they return to the classroom so that their best visions of themselves can constantly inform their teaching practice.

*Self-care* The CARE for Teachers program is based upon the understanding that to be an effective “carer” one must care for oneself. As Noddings (2013) noted, “The one-caring must be maintained, for she is the immediate source of caring (p. 105).” One of the first activities in the CARE for Teachers program involves participants completing a self-assessment of their daily activities, examining how much time they spend doing something primarily for self or other(s), how much they enjoy each activity, and how the activity might nurture their physical, emotional, psychological, or spiritual growth and development. Participants are encouraged to consider gaps in their current self-care and to think about ways to provide themselves with a more balanced set of self-care activities or practices in a way that works best for each individual. Part of the program involves creating a plan for self-care that may incorporate the MAPs and other activities such as reflective writing into their

daily regimen. CARE for Teachers also emphasizes that teachers should not feel guilty in taking the time for self-care because without caring for themselves, they may not have the resources to care for others. This also aligns with Noddings' argument that ones-caring need no excuse for self-care, as it is essential to maintaining the ethical ideal.

*Basic MAPs* The CARE for Teachers program presents opportunities for instruction and practice of a variety of basic, secular MAPs. Mindfulness is introduced as a state of awareness, a trait, and a practice. The intention is to build the understanding that the aim of the practices is to be more mindful each moment of their day and that they can build this capacity with both formal and informal practices. They learn basic breath awareness practice, involving focusing one's attention on the sensation of the breath, noticing when they become distracted and their mind wanders, and then bringing the attention back to the breath. Depending upon the experience level of the participants, practices can range from 10–15 min at first and up to 20 min later in the program. Participants are encouraged to notice while they are practicing what thoughts or feelings have captured their attention before they return their attention back to the breath. The intention is to become more aware of habits of mind and emotion and to promote what have called *decentering*, the recognition that "I am not my thoughts and feelings" (Fresco, Segal, Buis, & Kennedy, 2007).

Several MAPs are introduced to promote awareness of the body and to support sense of being grounded in the body. Body awareness can help one recognize emotional reactivity, even when it's subtle. For example, some people clench their jaws when they are starting to become frustrated and the more awareness they have of this tendency when it is occurring, the more likely they are to be able to manage their emotional reactivity before it becomes so intense that it's more difficult to manage. A practice called *centering* is introduced early in the program. This practice involves standing with the feet parallel and focusing attention on the weight of the body on the floor through the soles of the feet and also on the anatomical center of gravity of the body, located in the lower abdomen and imagining that this center is connected to the center of the earth. Participants learn mindful walking where they are instructed to focus their attention on the sensation of the weight on their feet and it shifts from the heel, to the ball, and to the toe of the foot. Again, when they find their mind wandering, they are instructed to bring their attention back to the sensation of the weight on their feet. CARE for Teachers also introduces a version of the body scan. Participants are invited to practice either sitting or lying down. They are guided through a practice of focusing their attention on each part of their body, noticing sensations. Participants also learn a number of informal mindful awareness practices, such as mindful eating, as a way of cultivating mindful awareness during everyday experiences.

While Noddings (2013) never explicitly discusses mindfulness or mindful awareness practices, her work often echoes many related themes such as present moment awareness and beginners' mind. In describing how ones-caring nurtures the ethical ideal, she describes celebrating everyday experiences: "The one-caring chooses to

celebrate the ordinary, human-animal life that is the source of her ethicality and joy... Thus repetition is not mere repetition, leading to boredom and disgust, but it represents opportunities to learn, to share, and to celebrate” (p. 125). She explains how ones-caring can find great pleasure in activities like walking, cooking, or gardening as a way to nurture oneself. Throughout CARE for Teachers, participants are encouraged to engage in informal mindfulness practices such as noticing how they feel when talking or listening, when enacting a role play, and when eating. They are encouraged to build informal practices into their self-care plans in order to find moments of joy and rejuvenation throughout their everyday lives.

*Compassion Practices* Similar with Noddings’s conception of care as involving a process of receptivity, motivation, and action, the CARE for Teachers program defines compassion as the capacity to attend to the experience of others, to feel concern for them, to sense into what will really serve, and then to be in service, the best one is able (Halifax, 2014). According to this definition, compassion requires attunement, similar to Noddings’s (2013) concept of *engrossment*:

When my caring is directed to living things, I must consider their natures, ways of life, needs, and desires. And, although I can never accomplish it entirely, I try to apprehend the reality of the other. This is the fundamental aspect of caring from the inside. When I look at and think about how I am when I care, I realize that there is invariably this displacement of interest from my own reality to the reality of the other...I must see the other’s reality as a possibility for my own (p. 14).

The definition also aligns with Noddings’s motive to act:

We also have aroused in us a feeling, “I must do something.” When we see the other’s reality as a possibility for us, we must act to eliminate the intolerable, to reduce the pain, to fill the need, to actualize the dream (Noddings, 2013, p. 14)

The CARE for Teachers program introduces a series of practices designed to promote care and compassion for self and others. The first of the series invites participants to remember a time when they felt loved or cared for and to imagine themselves at that time. While they do this, they are encouraged to explore the sensations in their body that they feel when they are feeling loved and cared for. The next practice is a secular adaptation of the traditional loving-kindness (or *metta*) practice that is called *caring practice*. This practice involves offering feelings and well-wishes of well-being, happiness, and peace to oneself, to a dear loved one, to a neutral person, and to a person for whom one has difficult feelings. The facilitator guides the practitioner through each of these steps suggesting either holding the person (or self) in the mind’s eye and silently repeating the phrase, “May you enjoy well-being, happiness, and peace.” Or alternatively, imagining the person (or oneself) being well, happy, and peaceful. Later in the program, participants explore positive or “pleasant” emotions such as happiness and gratitude through guided practices of accessing memory in order to build the capacity to recognize and re-experience these emotions when they need them to build resilience and to strengthen their emotional capacity, a means to prevent emotional exhaustion and burnout (Cohn, Brown, Fredrickson, Milkels, & Conway, 2009).

## *Listening and Dialogue*

Listening is the oldest and perhaps the most powerful tool of healing. It is often through the quality of our listening and not the wisdom of our words that we are able to effect the most profound changes in the people around us. When we listen, we offer with our attention an opportunity for wholeness. Our listening creates sanctuary for the homeless parts within the other person. (Remen, 2006, p. 219)

According to Noddings (2013), listening plays a critical role in receiving the cared-for. Often teachers are trained to be *active listeners* whereby they demonstrate that they understand what the other is saying by nodding and making confirmational statements. However, this approach to listening can interfere with the listening process because the active listener spends a great deal of energy trying to express understanding, that they may not be fully present for the listening experience. During the program, CARE for Teachers participants often make comment such as, “I realized how much time I spend preparing for what I’m going to say, rather than actually listening.”

Mindful listening is an integral part of CARE for Teachers. The intention of the practice is to bring one’s full openhearted and accepting presence to the act of simple listening, which can include noticing thoughts and feelings that may be triggered in the process. The program includes a sequence of listening activities intended to cultivate the ability to listen mindfully, but to also attend to one’s experience while speaking, noticing one’s comfort or discomfort, thoughts and feelings associated with telling a mindful listener something. This practice often begins with participants choosing a poem they like from an offered selection. They find a partner and the instructions are to begin by gathering their attention by taking several mindful breaths, then the reader reads the poem to the listener. It is recommended that the reader and listener do not look at one another so that the facial expressions do not interfere with the simple act of speaking and listening. The listener is invited to hold an openhearted and accepting space for the speaker. The speaker is invited to offer themselves the same acceptance and notice thoughts and feelings as they read their poem. After the reader has read the poem once, the pair sits quietly for a moment, noticing how they feel. Then the reader reads the poem a second time following the same instructions. After the second reading is completed, the pair is invited to take a moment to notice how they feel again and then answer some reflection questions in their workbooks. Once they are finished reflecting, they trade places and complete the process. After the second session is completed and they have finished their private reflections, they are invited to discuss the experience with their partner. Often participants share that listening this way can feel uncomfortable at first because they are not engaging in their normal active listening. With practice, many realize how often they are not really listening, even when they think they are. The listeners often notice a heightened sensation of the other’s emotional tone. Speakers often share that it feels comforting to speak without worrying about the social niceties of social conversation, and how deeply they felt heard. Others also feel that the exercise is somewhat uncomfortable because they do not get feedback. In either

case, participants learn to bring more awareness to their speaking and listening which can help them attune to others, which can support their ability to care.

The beginning listening practice sets a standard of listening and discussion practiced throughout the rest of the program. Participants are encouraged to give one another space when talking by allowing for pauses and silences between thoughts. After this beginning practice, the program offers a series of listening practices involving noticing thoughts and feelings of both speakers and listeners, while one is talking about situations that are challenging and elicit difficult emotions. Participants learn to recognize the subtleties of emotional patterns that they may have developed to cope with the emotional demands of teaching. In this process, as they begin to recognize these patterns, they can shift their behavior toward engaging in more effective and healthful coping processes.

Later in the program, the listening and compassion practices merge into role play practices where participants are invited to enact a challenging experience from the past to begin to better understand their reaction to that experience and to apply CARE for Teachers skills to developing a more effective and compassionate response to similar situations in the future. This small group activity involves inviting a participant to think about a classroom situation that was emotionally challenging and to coach her group members to play the roles of the other people in the scenario, which can be students, colleagues, or parents. Once everyone understands their role, the role play is performed twice. The first time it is enacted as it unfolded in the past. After the first run, all the participants reflect in writing on how they felt and what they experienced. Then the group discusses this and the protagonist (teacher) decides what CARE for Teachers skills she will use to respond to the situation, rather than reacting automatically. Then the role play is performed a second time with the teacher using the CARE for Teachers skills. The group again reflects in writing and then discusses how they felt this time. Often there is a dramatic change in the way the teacher and the other cast members feel and experience the situation. Participants often recognize emotional patterns or “scripts” about the situation that triggered the emotional reaction and how the CARE for Teachers skills helped them recognize the script and set it aside so they could be more supportive to the needs of the other.

Noddings (2013) urges, “Listening, that supremely important form of receiving, is essential” (p. 121). Listening allows the one-caring to truly understand the cared-for’s dilemma, feelings, and needs, and through a sequence of mindful listening exercises, CARE for Teachers participants learn how to listen more receptively to others.

*Emotion Skills Instruction* CARE for Teachers introduces a series of mini-lectures and experiential exercises focused on helping participants understand the nature of emotional experience and how it affects teaching and learning. Participants learn about the fight-flight-freeze response including the role of the brain and body in the process. They learn about the role of the prefrontal cortex in higher-order executive processes and self-regulation and how strong emotional reactivity can interfere with these brain processes, which are critical to learning. They learn about emotional

triggers and scripts and how to recognize the bodily signals or physical sensations that arise at the beginning of emotional arousal. Most importantly, they learn that all emotions, even so-called “negative” emotions, are necessary and useful. In CARE for Teachers, we explain that when describing positive emotions, such as joy, gratitude, and enthusiasm, we like to use the words “comfortable” or “pleasant” rather than “positive” and for negative emotions such as anger, fear, and sadness, we like to use the words “uncomfortable” or “unpleasant.” We make this distinction because the negative and positive terms imply that negative emotions are bad and positive emotions are good. It is our intention to clarify that all emotional experience results from natural, biological processes that evolved to help us adapt to situations of threat. In this way, we want to honor all emotional experience and learn from it, rather than to judge, suppress, or dismiss it.

Teachers learn that uncomfortable or unpleasant emotions are adaptive biological functions that arise under predictable situations. For example, anger typically arises when we feel that our goals are thwarted, when we feel attacked, or when we feel that an ethical norm has been broken. The physical reaction associated with anger prepares us to fight. Teachers learn the common physical sensations associated with the rise of anger, such as tension in the jaw, shoulders, and fists. This tension signals the body’s preparation to fight. Cognitive processes are also affected. Attention is narrowed to center on the perceived threat and often higher-order cognitive processes are impaired. This reaction arises whether we are actually physically threatened or only psychologically threatened. While the reaction is adaptive when we are physically threatened, it is not adaptive under situations of psychological threat because the impaired cognitive functioning interferes with thoughtful consideration, planning, and good decision-making. Participants learn that they can apply mindful awareness to recognizing the early signals of emotional reactivity and to use deep mindful breathing to calm themselves so they can respond thoughtfully rather than react unconsciously.

Noddings (2013) explains why self-awareness and emotional awareness more specifically are critical to the caring process:

When we honestly accept our loves, our innate ferocity, our capacity to hate, we may use all this information in building the safeguards and alarms that must be part of the ideal. We know better what we must work toward, what we must prevent, and the conditions under which we are lost as ones-caring. Instead of hiding from our natural impulses and pretending that we can achieve goodness through lofty abstractions, we accept what is there—all of it—and use what we have already assessed as good to control that which is not. (p. 100)

Similar to CARE for Teachers, Noddings does not reject the uncomfortable emotions like ferocity and hate, but underscores the need to have deep familiarity with them so that they do not subdue the ethical ideal. The uncomfortable emotions are merely innate reactions humans have to threatening situations, and by respecting and recognizing the full range of emotional experiences, participants are better equipped to regulate them. When teachers begin to understand their emotional experience, patterns, and scripts, they begin to better understand their emotional reactivity that sometimes interferes with their ability to provide care for their students and that may eventually result in emotional exhaustion and burnout.

For example, one teacher in a CARE for Teachers program was having a difficult time with a second-grade student who was coming to class late every day. When she would arrive, often 30–60 min late, the teacher immediately felt anger and the student would respond by giggling. The teacher tried punishing her with time-out but the girl would continue to disrupt the class. During the training, this teacher realized that she had a script about being late that she learned from her childhood. As a child, she was punished severely for being late so she learned that being late is very bad and disrespectful. When this student turned up late every day, it automatically triggered this script and the associated anger. She then realized that she had never asked this child why she was late, so one day she did. She learned that this second grader had to get herself to school without any adult support because her single mother worked at night and was asleep in the morning. You can imagine how this information changed this teacher's perception and feelings toward this child. From then on, when she arrived, she welcomed her to class with a big smile. The girl's giggling, caused by deep embarrassment and shame, stopped and the student became more engaged. Over time, the student was able to come to school earlier and her classroom climate dramatically improved (from Jennings, 2015b). This is an excellent example of how the CARE for Teacher program is designed to support teachers' ability to behave according to their ethics of care. When they have greater self-awareness, and can regulate their emotions better, they can be their "best selves." Their classroom environments improve and their students flourish. This aligns with Noddings's (2013) understanding of the importance of perspective-taking: "The one caring receives the child and views his world through both sets of eyes... The one-caring assumes a dual perspective and can see things from both her own pole and that of the cared for" (p. 63). Noddings also poses that the ethical ideal is maintained when the one-caring sees the best possible motives as the source of the cared-for's actions. When teachers are better able to see events from the viewpoints of their students, they may be more likely to see that challenging behaviors, like the event of the student coming late to class, are a result of the students' own challenging experiences and not personal attacks on the teacher. Then they may be more likely to maintain the caring relationship and ethical ideal.

The CARE for Teachers program also introduces the adaptive functions of comfortable or pleasant emotions. Based upon Fredrickson's (2004) "broaden and build" theory, participants learn that "positive" emotions broaden our perspective, helping us recognize context and build relationships with individuals and groups by creating a sense of belongingness and connection. When teachers understand the power of comfortable emotions, they can skillfully use these emotions to enhance their classroom social and emotional climate. The participants are introduced to activities that provide opportunities for teachers to re-experience comfortable emotions, such as joy or happiness. Once the participant is feeling the emotion, they are encouraged to apply mindful awareness to deeply feel the physical sensations associated with this experience and to savor them. According to Fredrickson (2004), savoring emotions can build resilience to stress.

Noddings (2013), too, poses that the experience of joy can be a way of enhancing the ethical ideal. In addition to cultivating the ideal by finding joy in the everyday



experiences of life, as described above, joy is also essential to the caring process because it can be experienced in relation to others. This certain form of receptive joy, what Noddings calls “joy-feeling,” creates connectedness and harmony and is unique to the caring relation.

Now I do not control this receptive joy. It comes to me. I cannot say, with any reasonable expectation of success, “I shall go sit on the front steps and be filled with joy,” but I can increase the likelihood that joy will come to me. I can quit thinking and manipulating. I can be quiet, emptying consciousness of its thought-objects and, then, a receptive mood may take over... In “joy-feeling,” we are receptive, spoken to, supplied with intention. (p. 140)

This final quote by Noddings again contains allusions of mindful awareness by setting aside the thinking and manipulating mind and opening to the experience of joy. CARE for Teachers includes specific exercises aimed at cultivating and savoring the experience of joy. These mindful awareness practices are valuable both as an end in themselves and to enhance teachers’ ethical ideals by cultivating the joy-feeling with colleagues, as well as with their students once they return to the classroom.

In the following section of the chapter, we review the evidence that the CARE for Teachers program supports teachers’ ethics of caring.

## Efficacy of CARE for Teachers

Since 2009, the first author and her colleagues have been conducting a series of both quantitative and qualitative studies based upon the CARE for Teachers logic model to examine the efficacy of the CARE for Teachers program for promoting teachers’ social and emotional competencies and their capacity to create and maintain a supportive learning environment for their students.

**Quantitative Evidence** Building upon a series of pilot studies that demonstrated the promise of CARE for Teachers to improve teachers’ social and emotional competencies (Jennings et al., 2011, 2013), the most recent and most rigorous study to date suggests that CARE for Teachers may promote teachers’ care ethic and enable them to provide better care to their students. Jennings et al., (2017) recruited 224 teachers from 36 elementary schools located in high-poverty regions of New York City. Teachers were randomly assigned within schools to receive the CARE for Teachers program or be in a waitlist control group. Teachers completed self-report questionnaires at baseline in the fall, before randomization, and then again in the spring, after the treatment group had received the CARE for Teachers program. Measures assessed teachers’ adaptive emotion regulation, teaching efficacy, mindfulness, psychological distress, and time urgency (see Jennings et al., 2017, for more details regarding measurement model). At the same time points, teachers’ classrooms were observed by a trained researcher blind to the teachers’ assignment and the study aims. The researchers coded the classrooms using the *Classroom Assessment Scoring System* (CLASS; Pianta, La Paro, & Hamre, 2008), a

well-validated and commonly used observational measure of classroom interaction quality that assesses emotional support, classroom organization, and instructional support. Results showed that compared to controls, teachers who participated in the CARE for Teachers program showed increases in self-reported adaptive emotion regulation and mindfulness and decreases in self-reported psychological distress and time urgency. There were no significant direct impacts on efficacy; however, at baseline teachers' efficacy scores were quite high, suggesting ceiling effects may have interfered with the measurement of efficacy. The interactions in the classrooms of the teachers who received the CARE for Teachers program were significantly more emotionally supportive. This was reflected by improvements in teacher sensitivity and positive emotional climate (two dimensions of the emotional support domain of the CLASS). The classrooms were also marginally improved on classroom organization reflected by significant improvements in productivity (one dimension of the classroom organization domain of the CLASS). These results demonstrate that the CARE for Teachers program improved the social and emotional competencies teachers require to cope with the demands of the classroom. This may have supported their ability to maintain their "ethical ideals" in the caring relationship allowing them to create and maintain a classroom environment that was more emotionally supportive and there was more productive use of time for learning. The results of this study are particularly notable because they are the first to show that a mindfulness-based intervention can have significant observable impacts on a social context.

**Qualitative Evidence** Two qualitative studies on the CARE for Teachers program have begun to shed light on the mechanisms of change involved in the quantitative outcomes. Schussler, Jennings, Sharp, and Frank (2016) conducted a series of focus groups with a total of 50 CARE for Teachers participants to investigate their experiences with the program and changes they saw in their teaching since completing the program. Participants felt CARE for Teachers helped them gain greater self-awareness in relation to both physical and emotional responses to stress. They noticed how they held stress in their bodies and learned strategies to alleviate physical tension. They also gained familiarity with emotional triggers and became less reactive to challenging situations in the classroom. Lastly, teachers reported gaining a greater appreciation for self-care and felt less guilty about taking the time to do it. Sharp and Jennings (2016) had similar findings in conducting in-depth interviews with eight CARE for Teachers participants. Teachers in this study also described an enhanced emotional awareness and less emotional reactivity as a result of the program. Participants also described being able to reappraise situations in the classroom, or shift their perspective to see a situation differently. This allowed them to consider multiple viewpoints or see the situation in a broader context to not react so emotionally to it. Some teachers gained a greater understanding for their students' own emotional experiences, which led to more compassionate responses to their difficult behaviors.

The qualitative findings suggest CARE for Teachers helped participants cultivate the ethical ideal through emotional awareness and self-care to prevent emotional

exhaustion, along with the ability to see events from multiple perspectives, which develops the compassion and understanding necessary to maintain the relational process of caring for their students. Reappraising difficult situations also allows teachers to shift their perspective from students' challenging behaviors being a personal attack on the teacher to an understanding that students' own difficult emotions trigger behaviors. This reappraisal process creates the opportunity for teachers to ascribe the best possible motives for their students' behaviors, which Noddings (2013) holds to be a necessary part of the ethical ideal.

## Next Steps: Verifying Assumptions

The research described above suggests that CARE for Teachers promotes teachers' ethics of care. However, more research is required to more clearly link participation in the program to specific outcomes associated with the ethics of care. For example, future studies should include measures that specifically tap teachers' impressions of their ethics of care to see whether these change in response to the CARE for Teachers program. However, this poses an interesting measurement issue as, to date, there are no such measures that were designed to assess teachers' ethics of care. Therefore, the first step would be the development and validation of such a measure and then use in a randomized controlled trial to examine the measure's sensitivity to change. However, a shortcoming of asking individuals about their assessment of their ethics of care is likely subject to social desirability biases and may not reflect teachers' behavior. It's likely that teachers may not be aware that their behavior does not always align with their ethics of care. For this reason, rather than developing additional self-report measures, observational measures may need to be refined to better articulate specific changes in teachers' caring behavior that reflect ethics of care. Yet, observational measures alone may be insufficient to assess individuals' ethics of caring as an observer cannot accurately determine the receptivity and motivation of another's actions simply by viewing their outward behavior. Noddings (2013) identifies this as a significant challenge: "When we consider the action component of caring in depth, we shall have to look beyond observable action to acts of commitment, those acts that are seen only by the individual subject performing them." These internal "acts of commitment" can only be understood through in-depth dialogue with the one-caring. Additionally, caring is not simply an outcome, but a *process*, and purely quantitative work is not always best suited to study processes.

Therefore, qualitative or mixed methods research using both observations and interviews may be the best way to capture the complexity and nuance of the ethics of care. Interviews would allow CARE for Teachers participants to describe how the program influenced aspects of their ethics of care including receptivity, engrossment, ethical ideal, etc., and observations provide the opportunity to see these processes in the classroom. The interviews and observations would also have to be iterative and reflexive to allow the researcher to ask questions about what was

observed in the classroom in order to uncover the more internal acts of commitment behind the external behaviors.

A further challenge of researching the ethics of care is Noddings' constant framing of care as a relational process. Thus, only studying teachers might be insufficient to fully capture the caring relation if the cared-for's experiences and contributions to the relation may be overlooked. Interviewing students would strengthen the trustworthiness of the study by providing insight into how students feel cared for by their teacher. Although, classroom observations may provide a more parsimonious, yet still rigorous method for capturing the relational processes between teacher and student. Noddings holds that the cared-for completes caring interactions with some response such as a thank you or a newly gained energy in solving their problem, and these responses can certainly be observed by a researcher and inferred to be related to the teachers' caring behavior.

Thus, both interviews and observations are likely needed to accurately represent the ethics of care. Conducting reflexive interviews and classroom observations of CARE participants requires significant time and resources; yet, a study of similar size ( $n = 224$ ) to the latest CARE for Teachers trial by Jennings et al., (2017) may not be needed to verify some of the links between CARE for Teachers and the ethics of care. A smaller scale qualitative or mixed methods study of program participants designed using Noddings' ethics of care as a theoretical framework could provide sound evidence regarding the relationship between participants' experiences with CARE for Teachers influencing their ethics of care in the classroom. If teachers were to describe how program elements influenced their ability to care for students, and these changes manifested in observable interactions with students, there would be sufficiently rigorous evidence to link CARE for Teachers and the ethics of care.

## Conclusion

Concerns have been raised that the absence of ethics in contemporary MBIs might wrongly decontextualize and misappropriate the Buddhist values from which mindful awareness practices originated and limit the scope of mindfulness to mere stress management (Monteiro et al., 2015; Purser & Loy, 2013). While these concerns have merit, some MBIs were designed to support individuals working in secular settings where religious or spiritual references are inappropriate. However, values and ethical standards need not be linked to a spiritual or religious tradition and many secular settings have well-established ethical standards. Furthermore, individuals drawn to the helping professions, such as teachers, typically hold personal values and ethical standards that motivate them to do good that can be drawn upon in developing MBIs for these populations.

This chapter articulated an example of Monteiro et al.' (2015) proposition that MBIs can ascribe to secular ethical frameworks, and that such ethics can guide MBIs if they are rooted in universal concepts of "moral responsibility, courage, expectations, and action" (p. 10). The CARE for Teachers program provides

participants the opportunity to explore the values and ethics they hold that motivated them to choose the teaching profession. Through the practice of intention setting, they learn to envision their “best self” rooted in their ethical idea and to better align their behavior with this vision. This practice is introduced at the beginning of every session, to remind teachers of the overall intention of the program: to apply mindful awareness to developing the self-awareness and self-management they need to cope with the stressors and demands of teaching. In this way, the program aims to break the cycle of the “burnout cascade” that can seriously impact the quality of our schools and children’s learning. When teachers lack the social and emotional competencies to manage the demands of teaching, they may lose touch with their ethical ideals and find it difficult, if not impossible to consistently bring their “best selves” into their classrooms day after day. In contrast, when teachers have these skills and they are linked to their ethical ideal, they are more able to enact the values they hold in their day-to-day interactions with their students.

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