How effectively does the mindfulness-based meditation, Single Breath Returning to Resting Point technique reduce stress, depression, and anxiety and enhance mindful attention awareness quality? Pilot Study: Examining the effects of using the Single Breath Returning to Resting Point technique with incarcerated individuals residing in Federal Correctional Institution I, Victorville, California.

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by

Aroon Seeda

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APPROVAL PAGE FOR GRADUATE

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How effectively does the mindfulness-based meditation, Single Breath Returning to Resting Point technique reduce stress, depression, and anxiety and enhance mindful attention awareness quality? Pilot Study: Examining the effects of using the Single Breath Returning to Resting Point technique with incarcerated individuals residing in Federal Correctional Institution I, Victorville, California.

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I hereby declare that this dissertation has not been submitted

as an exercise for a degree at any other institution,

and that it is entirely my own work.

Signed 

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DISCLAIMERS

Opinions expressed in this article are those of the author and do not necessarily represent the opinions of the Federal Bureau of Prisons or the U.S. Department of Justice.

ABSTRACT

How effectively does the mindfulness-based meditation, Single Breath Returning to Resting Point technique reduce stress, depression, and anxiety and enhance mindful attention awareness quality? Pilot Study: Examining the effects of using the Single Breath-Returning to Resting Point technique with incarcerated individuals residing in Federal Correctional Institution I, Victorville, California.

By

Aroon Seeda

In this pilot study, the effectiveness of the Single Breath-Returning to Resting Point (SBRRP) technique, a mindfulness-based meditation approach, was investigated for its potential to alleviate symptoms of stress, depression, anxiety, and particularly, Post-Traumatic Stress Disorder (PTSD), as measured by the PCL-5 scale. Additionally, the technique's impact on enhancing the quality of mindful attention awareness, measured by the MAAS scale, was evaluated. This research was conducted with 41 incarcerated individuals at the Federal Correctional Institution I in Victorville, California, who participated in nine weeks of SBRRP practice. The study aimed to discern the effects of SBRRP on Depression, Anxiety, Stress Scales (DASS), PTSD Symptoms Scale (PCL-5), and MAAS scores, comparing pre and post-intervention outcomes. Paired sample t-tests were performed to analyze the data.

Significant improvements in mental health metrics were observed through both descriptive and inferential statistical methods. Descriptive analyses illustrated marked declines in mean scores for stress, depression, anxiety, and, notably, PTSD, along with a significant increase in the mean MAAS score, indicating a substantial uplift in

mindfulness. The scales' reliability was validated via Cronbach's alpha, with values surpassing the 0.7 threshold, affirming high internal consistency. The data's normal distribution was corroborated by the Shapiro-Wilk test, justifying the use of parametric tests for further inferential analysis. The inferential phase highlighted the SBRRP technique's success, revealing statistically significant reductions in the symptoms of stress, depression, anxiety, and PTSD. A noteworthy enhancement in mindful attention awareness was also documented. The findings demonstrated significant effect sizes across all measured variables, firmly supporting the hypothesis that SBRRP is inherently linked with reduced levels of mental health problems and heightened mindfulness among the study's participants.

Employing the JASP statistical software for analysis and adhering to a 0.05 level of significance, this study's methodological rigor enhances the validity of its conclusions. The implications are profound, suggesting that mindfulness-based interventions, especially SBRRP, could be essential in improving mental health and mindfulness within correctional settings, effectively managing and mitigating symptoms of PTSD among incarcerated populations. This research enriches the existing body of knowledge on mindfulness interventions, emphasizing their potential role in therapeutic strategies within penal institutions, aiming at the comprehensive well-being of individuals facing the multifaceted challenges of incarceration.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I INTRODUCTION

Opening section

In recent years, the application of mindfulness-based meditation techniques within correctional settings has garnered increasing attention from researchers and practitioners alike (Shonin et al., 2013). The high occurrence of mental health issues, such as stress, depression, and anxiety among incarcerated individuals (Bronson & Berzofsky, 2017; Fazel et al., 2016) underscores the need for effective interventions to address these challenges and promote mental health. This study investigates how effectively the mindfulness-based meditation, Single Breath-Returning to Resting Point (SBRRP) technique reduces stress, depression, anxiety, and PTSD symptoms and enhances the mindful attention awareness quality of the incarcerated individuals who reside in the Federal Bureau of Prisons. The Single Breath-Returning to Resting Point (SBRRP) technique has a core identical to other specific mindfulness-based meditation practices and has shown the potential to reduce mental health issues and enhance mindful attention awareness quality in various populations (Kabat-Zinn, 1990; Keng et al., 2011). However, research examining the effectiveness of the SBRRP technique among incarcerated individuals in the Federal Bureau of Prisons still needs to be completed.

Researching the effectiveness of the SBRRP technique in this context is crucial, as previous studies have demonstrated the success of mindfulness-based interventions in improving mental health outcomes (Hofmann et al., 2010). Furthermore, mindfulness-based interventions have been associated with reduced recidivism rates, suggesting that these practices may contribute to more successful re-entry for prisoners. (Samuelson et al., 2007). In brief, investigating the effectiveness of the Single Breath-Returning to

Resting Point (SBRRP) technique among incarcerated populations has significant implications for both individuals and broader societal outcomes. This research may inform the development of evidence-based interventions that can be implemented within correctional settings, promoting mental health and reducing recidivism rates.

This introductory section provides an overview of the exploration into the connection between mindfulness-based meditation, specifically the Single Breath-Returning to Resting Point (SBRRP) technique, and its effect on stress, depression, anxiety, and PTSD. Additionally, it delves into the role of mindfulness qualities within a correctional atmosphere. Following this opening section, there is a background section that outlines the context for mental health challenges in correctional settings, offering a primer for a comprehensive literature review. The introduction underscores the prevalence and nature of stress, depression, anxiety, and PTSD among the incarcerated, which segues into an evaluation of mindfulness-based interventions, particularly spotlighting the Single Breath-Returning to Resting Point (SBRRP) technique. This paves the way for the literature review, where each of these areas is explored in depth, examining existing research and identifying gaps the current study aims to fill. The introduction not only highlights the roles and effects of mindfulness meditation on mental health and trauma in prisons but also prefaces the empirical successes of such interventions, thereby setting the stage for the literature review to explore the theoretical and empirical underpinnings in detail.

This introduction also articulates the problem statement, previews the successes of mindfulness interventions in correctional facilities, and elucidates the significance of the study—elements that are critical for justifying the research methodology chosen. The

methodological chapter will subsequently build upon this foundation, detailing the specific approaches, tools, and procedures employed to investigate the efficacy of mindfulness interventions within the constraints and challenges unique to the correctional environment. The dissertation's structure, inclusive of the organization of the study and definitions of key terms, not only provides clarity and direction for the ensuing chapters but also ensures that the foundational concepts introduced here are consistently threaded through the literature review and methodology chapters, ensuring coherence and continuity throughout the research.

Background

In the realm of correctional facilities and prisons, addressing mental health concerns among inmates is of paramount importance. This introduction delves into the critical background of the study, focusing on mental health within correctional settings. Stress, depression, anxiety, and post-traumatic stress disorder (PTSD) are pervasive challenges faced by incarcerated individuals, often exacerbated by the environment. Recognizing the need for effective interventions, mindfulness-based approaches have garnered attention for their potential to alleviate these mental health burdens. Techniques such as the Single Breath-Returning to Resting Point (SBRRP) offer promising avenues for cultivating mindfulness amidst the rigors of incarceration. Moreover, exploring the role of mindfulness meditation in response to mental health crises sheds light on its therapeutic benefits. Additionally, mindfulness approaches tailored to trauma offer insights into how these practices can contribute to trauma treatment within correctional contexts. By examining the success of mindfulness interventions in correctional facilities,

I aim to highlight their potential to enhance mental health treatment and rehabilitation within these challenging environments.

A) Mental Health in the Correctional Setting Stress, depression, and anxiety are prevalent mental health issues in prison settings. The harsh and often inhumane conditions of prison life can exacerbate these issues making it difficult for individuals to cope with their feelings. Research has found that incarceration can increase these symptoms among prisoners (Blaauw & Arensman, 2018). The lack of personal autonomy, social isolation, and exposure to violence all contribute to these mental health issues. Furthermore, prisoners may not have access to proper mental health care, as many prison health systems are understaffed and under resourced (Fazel et al., 2016). This lack of support can further exacerbate mental health issues.

PTSD is a leading mental health concern among incarcerated individuals in federal prisons (Fazel et al., 2016). As mentioned earlier, the prevalence of PTSD among this population is considerably higher compared to the general population, with numerous factors, such as exposure to violence, trauma, and the inherent stressors of prison life, contributing to the development and exacerbation of symptoms (Goff et al., 2007; Wolff et al., 2012). Addressing PTSD in federal prisons is crucial to promoting mental health and decreasing the risk of recidivism. The implementation of evidence-based interventions, such as mindfulness-based meditation techniques like SBRRP, may offer a promising approach to help manage and alleviate PTSD symptoms in prison populations (Samuelson et al., 2007; Shonin et al., 2013)

Prison administrators and policymakers need to prioritize the mental health of prisoners by providing adequate resources and support for those incarcerated individuals

struggling with these issues. This includes increasing access to mental health care, providing opportunities for social interaction and personal autonomy, and addressing the underlying causes of stress and anxiety within the prison system. Several other variables can further exacerbate these mental health issues including overcrowding, lack of privacy, and limited opportunities for meaningful activities (Reingle et al., 2014). A significant factor in prisoners' mental health is the length of their incarceration. Longer sentences are associated with a higher risk of developing mental health problems (Porter, 2018).

Additionally, prisoners with pre-existing mental health issues are more vulnerable to the adverse effects of incarceration, and they may require specialized care and support often lacking in prison settings (Fazel et al., 2016). There are rehabilitation programs, such as education, vocational training, and counseling, that can help prisoners cope while preparing them for reintegration into society upon release (Morgan, 2018). However, implementing evidence-based mental health interventions, such as cognitive-behavioral therapy and mindfulness-based stress reduction, can also effectively address the prisoners' mental health needs (Shonin et al., 2013). Therefore, addressing stress, depression, and anxiety in prison settings requires a multifaceted approach, including improved mental health care, access to rehabilitation programs, and reforming policies to create a more humane and supportive environment for prisoners.

B) Understanding Stress, Depression, Anxiety, and PTSD in Correction

A fundamental understanding of stress, depression, anxiety, and post-traumatic stress disorder (PTSD) within correctional settings is essential for comprehensively addressing the mental health needs of incarcerated individuals. Stress is a natural

response to threatening or challenging situations and can result in psychological and physiological reactions (Lazarus & Folkman, 1984). However, chronic stress is associated with various adverse health outcomes, including mental health disorders (Cohen et al., 2007). Chronic stress leads to depression by activating the body's stress response system, resulting in elevated cortisol levels. This prolonged hormonal imbalance can affect brain regions like the hippocampus and prefrontal cortex, impairing mood regulation and cognitive function. Psychologically, chronic stress fosters negative thinking patterns and reduces social support, further increasing depression risk. The continuous strain on mental and physiological resources under chronic stress disrupts the balance of neurotransmitters like serotonin and dopamine, essential for mood stabilization (Harvard Medical School, 2019; Sapolsky, 2000). Depression, a prevalent mental health condition, is defined by persistent feelings of sadness, diminished interest in hobbies or activities, and challenges in performing daily responsibilities, all of which significantly impact a person's quality of life (American Psychiatric Association [APA], 2013). On the other hand, anxiety disorders involve excessive and persistent fear, worry, and related behavioral disturbances (APA, 2013).

Post-Traumatic Stress Disorder (PTSD) is a condition that can develop in individuals who have experienced or witnessed a profoundly distressing event, such as a catastrophic natural phenomenon, a severe accident, an act of terrorism, warfare, sexual assault, or any other form of extreme personal violation. (APA, 2013). It is characterized by flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event. Incarcerated populations are significantly more likely to suffer from these disorders than the general population (Fazel et al., 2016). The stressors of the prison environment,

including violence, isolation, and the uncertainty about their futures contribute to this high prevalence (Massoglia, 2008). Recognizing these mental health issues and their interplay within correctional contexts is critical for implementing targeted interventions and fostering a supportive environment conducive to rehabilitation and well-being.

C) Mindfulness-based Interventions in Correctional Settings Mindfulness-based interventions have emerged as a promising approach in prison settings. These programs typically involve teaching the prisoners techniques such as meditation, deep breathing, and present-moment awareness to help them cope with the challenges of incarceration (Shonin et al., 2013). Research has shown that mindfulness-based interventions can significantly improve prisoners' mental health outcomes. For example, a study by Samuelson, Carmody, Kabat-Zinn, and Bratt (2007) found that a mindfulness-based stress reduction program reduced anxiety, depression, and hostility among inmates. Similarly, Bowen et al. (2006) reported that a mindfulness-based relapse prevention program for substance use disorders effectively reduced drug use and improved psychological functioning among incarcerated individuals.

One of the critical benefits of mindfulness-based interventions is their ability to promote self-regulation and emotional control in the prisoners (Auty et al., 2017). By fostering an increased awareness of thoughts and emotions, prisoners can develop healthier coping strategies and better manage the stressors of prison life. In addition, mindfulness practices can promote prosocial behaviors and reduce aggression, contributing to a more positive and supportive prison environment (Himelstein, 2011). Overall, mindfulness-based interventions show promise as an effective means of addressing mental health problems in prison settings. Implementing these programs

within correctional institutions can improve prisoners' mental health and well-being, potentially reduce recidivism, and facilitate successful reintegration into society.

D) Single Breath-Returning to Resting Point (SBRRP) Technique

Research on the potential advantages of mindfulness-based meditation has been conducted in general populations, clinical environments, and incarcerated groups. These meditation practices, which aim to enhance concentration and awareness while reducing stress, have their roots in the Early Buddhist Canon. The Anapanasati and Maha-satipatthana Sutta outline techniques that focus on a single object while remaining present, which typically involves focusing on the breath, observing thoughts and emotions, and gently returning attention to the breath when the mind wanders (Kabat-Zinn, 1990). Such practices have been shown to improve overall well-being (Hofmann et al., 2010). Building on these ancient teachings, researchers have developed the "Single Breath Returning to Resting Point (SBRRP)" technique. This method uses one's breath to identify comfortable focal points and cultivates awareness by observing, acknowledging, and releasing emotions or sensations. This process is repeated, and the comfortable focal point becomes the resting point. The Federal Bureau of Prisons has endorsed the Single Breath-Returning to Resting Point technique and has implemented it for staff and inmates over the past six years. While numerous studies have investigated mindfulness through Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) program, no research has yet explored the potential effects of the Single Breath-Returning to Resting Point technique on incarcerated individuals.

This dissertation research project is a pilot study examining the efficacy of the mindfulness-based Single Breath Returning to Resting Point technique in reducing stress,

depression, and anxiety while improving mindful attention awareness. The study focuses on incarcerated individuals at the Federal Correctional Complex in Victorville, California. The hypothesis asks whether practicing the Single Breath-Returning to Resting Point technique correlates with decreased mental health symptoms and improved mindful attention awareness among inmates. The researcher will use pre and post-test surveys to measure the effectiveness of a nine-session mindfulness-based practice group. In conclusion, The Single Breath Returning to Resting Point (SBRRP) technique is a mindfulness-based meditation practice designed to help individuals reduce stress and cultivate mindful awareness. It has the potential to reduce stress and improve mental health outcomes. Further research and investigation into the specific components and effectiveness of the SBRRP technique, particularly within correctional settings, are warranted.

E) The Role of Mindfulness Meditation in Response to Mental Health

Mindfulness practices have been increasingly recognized for their potential in addressing a variety of mental health issues. Mindfulness refers to a psychological state achieved by centering one's attention on the current moment and gently recognizing and embracing one's emotions, thoughts, and physical sensations (Kabat-Zinn, 2003). Research shows that mindfulness can be crucial in controlling stress, anxiety, depression, and other mental health conditions (Hofmann, Sawyer, Witt, & Oh, 2010). Mindfulness-based interventions have shown promising results in reducing these symptoms in diverse populations (Khoury et al., 2013; Hofmann et al., 2010). They have also been found effective in treating PTSD (Kearney et al., 2012). Mindfulness-based interventions have been shown to reduce symptoms of stress significantly. Mindfulness encourages

individuals to focus on the present moment without judgment, which can help them disengage from stressful thoughts and reduce overall stress levels (Pascoe, Thompson, Jenkins, & Ski, 2017).

Mindfulness has also proven effective in the treatment of anxiety disorders. It can help individuals develop a more adaptive response to anxiety-provoking situations, fostering greater emotional stability and resilience. A meta-analysis by Lee et al. (2022) found that mindfulness-based interventions significantly reduced anxiety symptoms, even compared to other evidence-based treatments. Mindfulness practices have also had a positive influence on depression. Mindfulness-based cognitive therapy (MBCT), an intervention combining mindfulness practices with elements of cognitive-behavioral therapy, has effectively prevented relapses in individuals with recurrent depression (Segal, Williams, & Teasdale, 2018).

Furthermore, mindfulness has been linked to improved self-esteem and body image, which are tied to various mental health conditions (Alleva, Sheeran, Webb, Martijn, & Miles, 2015). It does so by encouraging s self-compassion and acceptance. Overall, mindfulness can serve as an effective tool in addressing various mental health conditions by fostering a more adaptive response to stress, anxiety, and depression and enhancing self-esteem and body image. The ever-growing body of research on mindfulness further emphasizes the significant potential for this practice.

F) Mindfulness Approaches to Trauma

Mindfulness is a therapeutic technique that has garnered significant attention in recent years due to its effectiveness in various clinical settings. One particular area where it has shown considerable promise is in treating trauma. Mindfulness involves

intentionally focusing one's attention on the present moment in a non-judgmental way, which can benefit individuals dealing with traumatic experiences. Several mindfulness-based interventions have been developed to address the unique needs of trauma survivors. For instance, Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) have been employed to manage PTSD symptoms (Kearney et al., 2013). They focus on enhancing emotional regulation skills and reducing avoidance behaviors that stem from traumatic experiences.

Another approach is Mindfulness-Based Trauma Recovery for Refugees (MBTR-R), which was specifically developed to help refugees overcome trauma and integrate into new societies (Staples et al., 2018). This approach in particular highlights the flexibility of therapeutic mindfulness. More recently, studies have started to elucidate the underlying mechanisms through which mindfulness aids in trauma recovery. Mindfulness practices appear to foster a shift from narrative-based to sensory-based processing of traumatic memories, aiding in their integration and reducing symptoms of PTSD (Vieten et al., 2018). However, while mindfulness-based approaches are generally practical, they may only suit some. Specific individuals may experience distress or increased symptomatology during mindfulness practices, particularly those with severe dissociative symptoms or difficulties with emotional regulation (Treleaven, 2018). In summary, mindfulness approaches can provide a valuable tool in trauma recovery, but they must be carefully tailored to the individual's needs and capacities to ensure their efficacy and safety.

G) How Can Mindfulness Contribute to Improving the Treatment of Trauma?

The contribution of mindfulness-based therapies to trauma treatment is multifaceted and includes fostering resilience, facilitating emotion regulation, and enhancing self-awareness (Dutton et al., 2013). Mindfulness-based interventions encourage trauma survivors to focus on the present moment non-judgmentally. This practice can help individuals develop resilience by enhancing their ability to adapt to adverse situations, thus reducing trauma-related symptoms and improving their overall well-being (Galante et al., 2020). Another crucial aspect is emotion regulation. People who have experienced trauma often struggle with managing their emotions, which can exacerbate their trauma symptoms. Mindfulness practices, like MBCT, can help by teaching individuals to recognize and acknowledge their emotions without reacting impulsively (Semple & Burke, 2017).

Furthermore, mindfulness can enhance self-awareness in trauma survivors. This can lead to improved recognition and understanding of trauma-related triggers and symptoms. In turn, individuals can employ more effective coping strategies for l these triggers rather than resorting to avoidance behaviors (Crane et al., 2017). Despite these benefits, mindfulness approaches to trauma should be adapted to the individual's needs and abilities. For instance, trauma survivors with a tendency for dissociation may require more supportive strategies during mindfulness practice to avoid distress or re-traumatization (Treleaven, 2018). Therefore, mindfulness can contribute to trauma treatment by fostering resilience, facilitating emotion regulation, and enhancing self-

awareness. However, the adaptability of mindfulness approaches to the individual's needs is crucial to ensure their effectiveness and safety.

H) The Success of Mindfulness Intervention in Correctional Facilities and Prisons

Indeed, mindfulness interventions have proven effective in correctional facilities and prisons. They have been shown to reduce stress, improve mental well-being, and even reduce recidivism rates (Berkeley et al., 2022). Mindfulness-based practices aid in enhancing emotional regulation, augmenting self-awareness, and promoting a non-judgmental perspective toward oneself and others (Patel et al., 2023). Programs, such as MBSR, have been successfully implemented in numerous prison settings (Anderson & Fakhoury, 2023). They have significantly reduced symptoms of anxiety, depression, and post-traumatic stress disorder among inmates (Anderson & Fakhoury, 2023).

Moreover, a recent meta-analysis found that mindfulness interventions significantly improved prison inmates' psychological well-being, reducing aggressive behaviors and increasing prosocial behaviors (Gonzalez et al., 2022). Additionally, the interventions have demonstrated the potential to reduce recidivism rates, by promoting self-regulation and impulse control, which are crucial factors in preventing re-offending (Smith & Anderson, 2022). However, it is also important to note the challenges associated with implementing these programs in prison settings, including logistical constraints, participants' resistance, and the need for highly trained instructors (Patel et al., 2023). Further research is necessary to determine best practices and potential improvements to enhance the effectiveness of these programs.

Statement of the Problem

The prevalence of mental health issues, particularly stress, depression, anxiety, and PTSD, is strikingly high among incarcerated individuals. A systematic review by Fazel et al. (2016) showed that prisoners are several times more likely to suffer from these disorders than the general population. This elevated risk has been attributed to the harsh and stressful environments within prisons and the traumatic experiences and social disadvantages that many prisoners have encountered prior to incarceration (Massoglia, 2008). Despite this heightened need, access to mental health care in prisons is notoriously inadequate. Many prisons are ill-equipped to provide necessary mental health services, with a lack of appropriately trained staff and limited resources (Morgan et al., 2020). Even when services are available, stigma and mistrust can create additional barriers to seeking help (Kupers, 2005).

This situation underscores the urgent need for practical, accessible interventions that can be implemented in the prison environment. Mindfulness-based interventions, such as the SBRRP technique, may offer a promising solution. Prior research has demonstrated their efficacy in reducing stress and PTSD symptoms of in various populations (Khoury et al., 2013; Kearney et al., 2012). However, their effectiveness in incarcerated populations has yet to be fully explored and understood. Mindfulness interventions address various challenges and issues in correctional settings. The application of mindfulness programs in such settings has been driven primarily by four key factors:

1. *High prevalence of mental health disorders:* Many incarcerated individuals suffer from mental health issues such as anxiety, depression, post-traumatic

stress disorder (PTSD), and antisocial personality disorder (James & Glaze, 2006). Mindfulness can be a helpful intervention to help manage these conditions, as it encourages individuals to accept their experiences without judgment and to develop effective coping mechanisms (Himelstein, 2011).

2. *Substance abuse:* Mindfulness can also be applied to address substance abuse issues common in prison settings. It can help individuals recognize their urges and cravings without acting on them, promoting sobriety (Bowen et al., 2009).
3. *High stress levels:* The prison environment is inherently stressful, exacerbating mental health issues and triggering aggressive behaviors. Mindfulness has been shown to effectively reduce stress and promote emotional regulation (Shonin et al., 2013).
4. *Recidivism:* Reducing recidivism rates is a significant challenge within correctional systems. Mindfulness programs foster empathy, compassion, and interpersonal skills, potentially reducing the rate of recidivation (Samuelson et al., 2007).

These issues point to the potential value of incorporating mindfulness interventions in correctional settings. However, more research is needed. There is a need to determine the effectiveness of the mindfulness-based meditation technique, Single Breath-Returning to Resting Point (SBRRP), in reducing stress, depression, anxiety, and PTSD symptoms, as well as enhancing mindful attention awareness quality in incarcerated individuals residing in the Federal Bureau of Prisons (Shonin et al., 2013; Fazel et al., 2016).

Incarcerated populations face numerous mental health challenges due to their environment and experiences (Shonin et al., 2013). It is essential to investigate the potential benefits of mindfulness-based interventions such as the SBRRP technique, which may offer a low-cost, accessible solution (Samuelson et al., 2007). The current research aims to develop evidence-based interventions for improving the mental health and overall well-being of individuals in prisons (Keng et al., 2011).

Mindfulness intervention in prisons has become increasingly important, as it offers numerous psychological and emotional benefits that can support inmate rehabilitation (Brewer et al., 2020). These interventions have demonstrated efficacy in reducing stress, anxiety, and depression, which are prevalent among the incarcerated population (Shonin et al., 2013). In addition, mindfulness intervention can help to improve self-control, a critical skill for individuals in prisons. Such practices can foster increased attentional capacities, thereby improving impulse control and emotional regulation (Hölzel et al., 2011). This is vital for incarcerated individuals who often struggle with behavioral and impulse control issues.

Furthermore, mindfulness intervention can promote empathy and interpersonal skills (Jain et al., 2007). By encouraging individuals to be present and nonjudgmental, mindfulness practices may help them better understand and relate to others. This is particularly important in correctional environments, where conflict often arises due to the close quarters and high-stress environment. Lastly, increasing evidence suggests that mindfulness intervention can reduce recidivism rates (Bowen et al., 2019). By equipping inmates with skills for stress management, emotional regulation, and improved interpersonal relationships, they may be better able to reintegrate into society upon

release. Therefore, incorporating mindfulness intervention in correctional facilities and prisons can offer many benefits to improve inmate well-being, promote personal growth, and ultimately contribute to a safer, more harmonious society.

Purpose of the Study

The purpose of this research is to explore the effectiveness of a mindfulness-based meditation technique called Single Breath-Returning to Resting Point (SBRRP) in reducing stress, depression, anxiety, and PTSD symptoms, as well as enhancing mindful attention awareness quality among incarcerated individuals residing in the Federal Bureau of Prisons. Incarcerated populations often face numerous mental health challenges due to their environment and experiences (Shonin et al., 2013). Understanding the potential benefits of mindfulness-based interventions for these individuals is essential to addressing their unique mental health needs.

Incarceration can significantly impact an individual's mental health, with high rates of stress, depression, anxiety, and PTSD reported among prisoners (Fazel et al., 2016). The SBRRP technique may offer a low-cost, accessible intervention that could improve incarcerated individuals' mental health. Furthermore, this study aims to investigate whether enhancing mindful attention awareness through SBRRP can lead to more adaptive coping mechanisms and better outcomes for prisoners upon their release (Samuelson et al., 2007). By examining the effectiveness of SBRRP, this research aims to provide valuable insights for prison administrators, mental health professionals, and policymakers in developing evidence-based interventions to improve the general mental health of incarcerated individuals. Additionally, this study may contribute to the broader

field of mindfulness research, expanding our understanding of how various meditation techniques can affect mental health in diverse populations (Keng et al., 2011).

Research Questions and Hypotheses

Given the purpose of the study, the following research questions (RQ) and hypotheses (H) are proposed:

RQ1: Does the Single Breath-Returning to Resting Point (SBRRP) technique reduce symptoms of stress among incarcerated individuals?

H1: Incarcerated individuals who participate in SBRRP will show a significant reduction in stress symptoms compared to their pre and post-test results.

RQ2: Does the SBRRP technique reduce symptoms of depression among incarcerated individuals?

H2: Incarcerated individuals who participate in SBRRP will show a significant reduction in depression symptoms compared to their pre and post-test results.

RQ3: Does the SBRRP technique reduce symptoms of anxiety among incarcerated individuals?

H3: Incarcerated individuals who participate in SBRRP will show a significant reduction in anxiety symptoms compared to their pre and post-test results.

RQ4: Does the SBRRP technique reduce symptoms of PTSD among incarcerated individuals?

H4: Incarcerated individuals who participate in SBRRP will show a significant reduction in PTSD symptoms compared to their pre and post-test results.

RQ5: Does the SBRRP technique enhance the quality of mindful attention awareness among incarcerated individuals?

H5: Incarcerated individuals who participate in SBRRP will show a significant enhancement in the quality of mindful attention awareness compared to their pre and post-test results.

The hypotheses align with prior research that has established the effectiveness of mindfulness-based interventions in mitigating symptoms of stress, depression, anxiety, and PTSD, as well as in boosting mindful attention awareness across diverse groups. (Khoury et al., 2013; Kearney et al., 2012; Brown & Ryan, 2003). If the hypotheses are supported, the study's findings could contribute to developing and implementing effective mental health care strategies for incarcerated individuals. It could be a useful tool to implement for incarcerated individuals who are limited to accessing the full capacity of healthcare. Incarcerated individuals can use mindfulness-based intervention while they are waiting for healthcare treatments.

Significance of the Study

The significance of research on the effectiveness of mindfulness-based meditation, specifically the SBRRP technique, in reducing common symptoms of depression, anxiety, and PTSD and enhancing mindful attention awareness quality among incarcerated individuals in the Federal Bureau of Prisons is highly relevant. Incarcerated populations often experience many mental health challenges, and mindfulness practices like SBRRP may provide an effective and accessible intervention for addressing these issues. Incarcerated individuals often face substantial obstacles to mental health, including overcrowding, violence, isolation, and a high prevalence of pre-existing mental health conditions (Bronson & Berzofsky, 2017). As a result, prisoners are particularly susceptible to experiencing mental health issues (Fazel et al., 2016). The SBRRP

technique, a mindfulness-based meditation practice, offers a promising approach to addressing these mental health concerns by fostering non-judgmental awareness of one's thoughts and emotions (Kabat-Zinn, 1990).

Research on mindfulness-based interventions has demonstrated their potential for reducing symptoms of stress, depression, anxiety, and PTSD in various populations (Hofmann et al., 2010). In the context of incarcerated individuals, the SBRRP technique may be particularly beneficial as it can be easily implemented within correctional settings with minimal resources. Additionally, mindfulness practices have been shown to enhance emotional regulation, self-awareness, empathy, and compassion (Keng et al., 2011), which can be valuable for individuals navigating the challenges of prison life and preparing for reintegration into society.

Furthermore, mindfulness-based interventions have been associated with reduced recidivism rates in some studies, suggesting that these practices may contribute to more successful re-entry into society (Samuelson et al., 2007). Investigating the effectiveness of the SBRRP technique among incarcerated populations thus has significant implications for both individual well-being and broader societal outcomes. Therefore, research on the effectiveness of the Single Breath Returning to Resting Point (SBRRP) technique among the incarcerated in the Federal Bureau of Prisons (BOP) holds the potential to significantly improve our understanding of how mindfulness-based meditation interventions can improve mental health outcomes in this vulnerable population. This research may inform the development of evidence-based interventions that can be implemented within correctional settings.

Scope and Limitations

The scope of this study is confined to the population of incarcerated individuals in the Federal Bureau of Prisons. This specific group was selected because of the widespread incidence of mental health problems among individuals in prison settings (Fazel et al., 2016) and the potential for mindfulness-based interventions to serve as accessible and effective therapeutic tools within the system (Morgan et al., 2020). The study will focus specifically on the SBRRP technique and its potential impact on mental health and mindful attention awareness quality. Even though its potential contributions, the study is subject to certain limitations. One of them could be the reliance on self-reported measures for mental health symptoms and mindful attention awareness, which could introduce response bias (Paulhus & Vazire, 2007). Another potential limitation is the lack of control over environmental variables in a prison setting, which could affect the mental health outcomes of participants (Casella, 2001). Furthermore, the generalizability of findings may be limited due to the unique circumstances of incarcerated individuals; results may not apply to nonincarcerated populations or those in other countries with different prison systems. Finally, due to the nature of SBRRP as a non-pharmacological intervention, the potential for a placebo effect exists, as participants may experience improvements in mental health symptoms simply because they believe the intervention will help (Boot et al., 2013).

The Challenge of Using Mindfulness in a Correctional Setting

Implementing mindfulness-based interventions in correctional settings presents several challenges. One is the inherent nature of the prison environment, which is often characterized by high levels of stress, violence, and a lack of privacy (Auty et al., 2017).

These conditions can make it difficult for inmates to fully engage in mindfulness practices, as they may struggle to find a quiet, safe space to focus on their thoughts and emotions. Another challenge is the potential resistance from staff and inmates to introducing mindfulness programs. Correctional staff may view these interventions as a low priority compared to other pressing issues, such as security and discipline (Shonin et al., 2013). Inmates, on the other hand, may be reluctant to participate in mindfulness-based interventions due to stigma surrounding mental health treatment or skepticism about the effectiveness of such programs (Himelstein, 2011).

Additionally, limited resources and funding within correctional institutions can pose a barrier to implementing mindfulness-based interventions. This includes a lack of trained facilitators, inadequate program materials, and insufficient support for ongoing program evaluation and improvement (Samuelson et al., 2007). It is crucial to foster a culture of support for mindfulness-based interventions within correctional institutions. Educating staff and inmates about the benefits of mindfulness, providing appropriate training for facilitators, and securing funding to ensure program sustainability will reduce these challenges (Shonin et al., 2013). Therefore, there are significant challenges to implementing mindfulness-based interventions in correctional settings; with appropriate support and resources, these programs have significant potential to improve incarcerated individuals' mental health and well-being.

Organization of the Study

The subsequent chapters of this dissertation are organized as follows: *Chapter 2: Literature Review:* This chapter presents a comprehensive review of the relevant literature. The research and studies conducted on the effectiveness of mindfulness-based

interventions, including SBRRP, in addressing stress, depression, anxiety, PTSD, and improving mindful attention awareness are extensively discussed. The mental health state of incarcerated individuals and the potential role of mindfulness interventions in their well-being are also reviewed. *Chapter 3: Methodology:* This chapter details the research design and methodology used in this study. It explains how participants were selected, how data was collected and analyzed, and how the effectiveness of SBRRP was measured. This chapter also discusses the ethical considerations and limitations of the research methodology. *Chapter 4: Results:* This chapter presents the findings of the research. It provides a detailed analysis of the data collected from the study, addressing the research questions and hypotheses stated in the introduction chapter. *Chapter 5: Reflection:* This chapter presents on the application of SBRRP in my journey of personal spiritual formation, Interpersonal dynamics, cultural sensitivities and diversity, institutional environment, and ministry and chaplaincy contexts. *Chapter 6: Discussion and Conclusion*: This chapter interprets the research results in the context of the study's theoretical framework and the existing literature. It discusses the implications of the findings, recommends areas for future research, and provides a conclusion to the research.

Definition of Key Terms

1. *Mindfulness:* Mindfulness refers to paying attention in a particular way: intentionally, in the present moment, and non-judgmentally. It is often cultivated through practices that promote focused attention, open awareness, and kind intention (Kabat-Zinn, 1994).

2. *Single Breath Returning to Resting Point (SBRRP):* This term refers to a

specific mindfulness-based meditation technique that involves directing attention to the breath and returning focus to this resting point with every single breath to promote awareness of the present moment and a nonjudgmental attitude towards experiences.

3. *Mental Health:* Mental health covers aspects of emotional, psychological, and social welfare. It impacts our thoughts, feelings, and actions and is crucial to our health. The term mental health disorders, or mental illnesses, represent a broad spectrum of conditions that influence mood, cognition, and behavior. (American Psychiatric Association, 2013).

4. *Stress*: Stress is an emotional or physical strain sensation. It can arise from any incident or idea that leads to frustration, anger, or anxiety. In the context of mental health, stress can contribute to various mental health problems, such as depression and anxiety (American Psychological Association, 2012).

5. *Depression*: Depression is a widespread and severe medical disorder that detrimentally influences your feelings, thinking, and behavior. It triggers feelings of melancholy or a loss of enthusiasm in activities once found pleasurable and can lead to emotional and physical problems. (American Psychiatric Association, 2013).

6. *Anxiety*: Anxiety is a typical and often beneficial emotion. Nevertheless, when an individual consistently experiences anxiety at disproportionate levels, it may evolve into a medical condition. Anxiety disorders represent a group of mental health conditions characterized by overwhelming uneasiness, fear, anxiety, and worry. (American Psychiatric Association, 2013).

7. *Post-Traumatic Stress Disorder (PTSD)*: is a mental health condition that develops following a traumatic event characterized by intrusive thoughts about the

incident. Symptoms may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event (American Psychiatric Association, 2013)

8. *Mindful Attention Awareness*: is a conscious state where one's attention is focused on current experiences and sensations, fostering a heightened awareness of the present moment. It is often developed and enhanced through mindfulness practices (Brown & Ryan, 2003).

9. *Incarcerated Individuals*: This term refers to individuals who are serving time in prisons, jails, or similar detention facilities. These individuals often live in confined environments with limited personal freedom (Clear et al., 2019).

10. *Federal Bureau of Prisons (BOP)*: is a U.S. federal law enforcement body under the purview of the Department of Justice, tasked with the care, supervision, and management of imprisoned persons. (Federal Bureau of Prisons, n.d.).

11. *Interventions*: In this study, interventions refer to the study population's methods or actions taken to improve mental health and well-being. This research explicitly examines the SBRRP technique as a mindfulness-based intervention.

12. *Prevalence*: This refers to the proportion of a population with specific characteristics in a given timeframe. For instance, the prevalence of mental health disorders in prison populations refers to the proportion of incarcerated individuals diagnosed with mental health disorders at a particular time (Porta, 2014).

13. *Therapeutic Tools*: This term refers to interventions, strategies, or techniques used by mental health professionals to help individuals manage mental health symptoms, cope with stress, and improve overall psychological well-being (Kabat-Zinn, 1990).

14. *Nonjudgmental Attitude*: This refers to observing one's experiences in a

neutral and accepting manner, without labeling them as 'good' or 'bad.' It is a key element of mindfulness and mindfulness-based practices (Baer, 2003).

15. *Emotional Regulation*: Emotional regulation is the ability to manage and respond to an individual's experience of emotions in an appropriate manner. It is essential to mental health and well-being (Gross, 2015).

16. *Reactivity*: In psychology, reactivity refers to the changes in behavior or performance that occur due to being observed. In mindfulness, reduced reactivity means a decrease in automatic, habitual, or conditioned reactions to stimuli, including thoughts and emotions (Bishop et al., 2004).

17. *Self-reported Measures*: These are assessments in which individuals rate their behaviors, thoughts, or feelings. This study will use self-reported measures to assess mental health symptoms and mindful attention awareness (Paulhus & Vazire, 2007).

18. *Mindfulness-Based Interventions (MBIs)*: are structured programs designed to cultivate mindfulness skills. They often include a combination of meditation, body awareness exercises, and cognitive strategies that aim to modify habitual responses to stress, anxiety, depression, and other negative emotional states. These interventions are commonly used in clinical psychology and other health-related fields to improve mental and physical well-being (Keng et al., 2011).

19. *Mindfulness-Based Stress Reduction (MBSR)*: is an 8-week mindfulness intervention program that involves weekly group sessions and daily home practice. It includes guided mindfulness exercises, group discussions, and education about stress and coping. It has been applied to various populations and settings (Kabat-Zinn, 1990).

20. *Mindfulness-Based Cognitive Therapy (MBCT)*: is a psychological therapy

that combines cognitive-behavioral techniques with mindfulness strategies. It was initially developed to help prevent relapse in individuals with recurrent depression but has since been adapted for other conditions, such as anxiety and chronic pain (Segal et al., 2002).

21. *Mindfulness-Based Relapse Prevention (MBRP)*: is a program designed to help individuals with substance use disorders. It combines traditional relapse prevention techniques with mindfulness practices to help individuals better understand and manage triggers and habitual reactions (Bowen et al., 2011).

22. *Single Breath-Returning to Resting Point (SBRRP)*: This mindfulness intervention, the focus of the current study, involves focusing attention on the breath and returning to this resting point with every single breath. The technique aims to enhance mindfulness and attention awareness, which may be particularly beneficial for incarcerated individuals with high-stress levels and other mental health issues.

23. *Acceptance and Commitment Therapy (ACT)*: is a cognitive-behavioral therapy that uses mindfulness and acceptance strategies mixed in many ways with commitment and behavior-change strategies, to add psychological flexibility. It helps individuals to engage in values-based actions while experiencing complex thoughts or emotions (Hayes et al., 2012).

24. *Dialectical Behavior Therapy (DBT)*: is a cognitive-behavioral treatment method marked by two primary attributes: a behavioral, problem-solving emphasis combined with strategies rooted in acceptance, along with a focus on dialectical processes. Dialectical pertains to the complexities involved in managing patients with various disorders, as well as the thinking patterns and behavioral styles employed in

therapeutic approaches. One of the fundamental skills imparted in DBT is mindfulness, serving as a foundation for other skills (Linehan, 2015).

25. *Mindfulness-Based Trauma Therapy (MBTT)*: is an emerging field that combines mindfulness principles with trauma therapy. The focus is on grounding attention in the present moment and developing a nonjudgmental response to traumatic memories and associated symptoms. Integrating mindfulness interventions, such as the SBRRP technique, into trauma therapy is a promising area of research (Follette et al., 2014).

26. *Mindfulness in Schools Programs*: These programs are designed to teach mindfulness skills to children and adolescents in a school setting. They aim to improve attention, reduce stress, and promote emotional regulation and prosocial behavior. Evaluations of these programs suggest that they can benefit mental health and well-being, academic skills, and social relationships (Zenner et al., 2014).

CHAPTER II LITERATURE REVIEW

Background of Mindfulness

Rooted in ancient Buddhist traditions from India and later spreading throughout Asia, mindfulness has been a profound practice for thousands of years (Kabat-Zinn, 2013). This practice centers on the conscious presence and awareness of our thoughts, emotions, and immediate environment without rendering judgment (Davis & Hayes, 2011). Its popularity in the Western world has significantly surged recently, underscored by several studies highlighting its positive influence on mental health (Khoury et al., 2015).

Despite its rich and ancient history linked to early Buddhist traditions, mindfulness only began to garner attention in the Western world in the 1970s. During this period, Jon Kabat-Zinn introduced the Mindfulness-Based Stress Reduction (MBSR) program (Kabat-Zinn, 2013). This program, based on mindfulness meditation, aims to reduce stress and promote well-being. Consequently, it propelled mindfulness into the mainstream, paving the way for its application across diverse environments, including healthcare, education, and the workplace. The MBSR program has since been adapted to suit a wide range of demographics, including children, adolescents (Burke, 2010), and individuals struggling with depression and anxiety (Hofmann et al., 2010).

The research underscores the plethora of benefits mindfulness can provide, such as stress reduction, mood enhancement, and cognitive function improvement. Mindfulness-centered therapies like MBSR and Mindfulness-Based Cognitive Therapy (MBCT) have emerged, showing potential in treating various mental health disorders. Moreover, mindfulness has been incorporated into various treatment approaches like

Cognitive Behavioral Therapy (CBT), which is frequently applied, and Acceptance and Commitment Therapy (ACT) (Davis & Hayes, 2011). These interventions, infused with mindfulness, have demonstrated effectiveness in managing mental health issues like depression (Hofmann et al., 2010) and substance abuse (Bowen et al., 2014).

Popular culture has witnessed a skyrocketing interest in mindfulness in recent years. Numerous books and apps promote its usage for stress management and enhancing overall well-being (Khoury et al., 2015). However, it is critical to note that mindfulness is a complex practice that necessitates guidance from a trained professional (Davis & Hayes, 2011). Meta-analytical reviews substantiate the effectiveness of mindfulness-based interventions in alleviating symptoms of depression and anxiety (Keng et al., 2011) and promoting overall well-being (Grossman et al., 2004). Furthermore, mindfulness has effectively reduced chronic pain (Vøllestad et al., 2012) and improved immune response (Davidson et al., 2003). In conclusion, the history of mindfulness is both rich and continually evolving. With ongoing research, the exploration of its potential benefits across various mental and physical health conditions continues.

The History of Mindfulness

The background of mindfulness (sati) has its roots in ancient spiritual practices and has evolved, becoming a popular method for promoting mental well-being in the modern world. Mindfulness, which involves bringing complete attention to the present moment without judgment, has been practiced for centuries across various religions and belief systems (Kabat-Zinn, 1994). In the Theravada Buddhist tradition, mindfulness is closely associated with the concept of sati, a Pali term that can be translated as "memory" or "awareness" (Gethin, 2011, p. 264).

While mindfulness has gained widespread acceptance in Western society, particularly in psychology and healthcare, its Buddhist origins are often overlooked (Williams & Kabat-Zinn, 2011). The practice of mindfulness in the context of Buddhism involves the development of sati, which is considered an essential factor in the path to enlightenment (Anālayo, 2003). Sati is a crucial component of the Noble Eightfold Path, the foundational teachings of the Buddha that guide individuals toward the cessation of suffering and the attainment of inner peace (Bodhi, 2000).

In recent years, mindfulness and its applications have been studied in various settings, such as healthcare, education, and the workplace (Brown et al., 2015). This has led to a growing body of research examining the effects of mindfulness on mental and physical health, with numerous studies demonstrating its positive impact on stress reduction, attention, and emotional regulation (Goyal et al., 2014; Tang et al., 2015). However, the adoption of mindfulness in secular contexts has also raised concerns about the potential loss of its more profound spiritual significance (Grossman, 2008). Some scholars argue that the popularization of mindfulness in the West has led to a "McMindfulness" phenomenon, where the practice is divorced from its Buddhist roots and commodified as a quick fix for stress and anxiety (Purser & Loy, 2013, p.15). This leads to questions about the implications of using mindfulness and sati interchangeably, as doing so may privilege specific meanings while erasing others (Monteiro et al., 2010). At its core, mindfulness is practicing paying attention intentionally, in the present moment, and nonjudgmentally (Kabat-Zinn, 1994). It involves a conscious effort to focus on the present experience—noticing thoughts, emotions, and sensations as they arise—

without trying to change or eliminate them. Mindfulness encourages acceptance and openness toward one's experiences (Germer et al., 2016).

In conclusion, the history of mindfulness and its association with sati reveal a rich and complex background that extends far beyond its current popularity in Western secular contexts. As mindfulness continues to gain traction, researchers and practitioners must remain cognizant of its origins and the potential consequences of divorcing the practice from its spiritual roots. Further research is needed to explore the nuances of mindfulness and sati and their implications for global health and Buddhist studies.

The Definition of Mindfulness

Many researchers and clinicians have broadened the definition of mindfulness to include the formal practice of meditation and informal practices that involve bringing mindful awareness to everyday activities. These could be as simple as eating, walking, or doing household chores with full attention (Alidina, 2015). Furthermore, mindfulness encompasses an attitude of curiosity, openness, and acceptance of one’s experiences (Shapiro et al., 2006). This attitude allows individuals to observe their thoughts and feelings without judging or getting caught up in them. As defined by Bishop et al. (2004), mindfulness comprises two components: self-regulation of attention and orientation to experience. The former involves maintaining attention on immediate experience, enabling one to stay in the moment. The latter pertains to maintaining an attitude of curiosity, openness, and acceptance of one’s experiences.

In brief, mindfulness is a form of awareness where one intentionally focuses on the present moment in a nonjudgmental way, accepting experiences as they come, and is often cultivated through meditation and other mindfulness practices (Keng et al., 2011).

Sati the Origin of Mindfulness

"Sati", often translated as "mindfulness", is a central term in Buddhist meditation practices. It is derived from the Pali language, and it was used to write the earliest Buddhist scriptures (Gethin, 2011, p.263-266). Sati holds prominence in Buddhist teachings as a component of the Noble Eightfold Path, which leads to liberation from suffering (Bodhi, 2011). In its most literal sense, sati means "to remember" or "to recall." However, in a Buddhist context, it signifies not only memory but also a specific type of awareness or attention (Gethin, 201, p 263-267). The Buddhist concept of sati involves a clear and focused consciousness directed toward one's direct experience, combined with an element of recollection (Sharf, 2014).

Sati, in the teachings of the Satipatthana Sutta, one of the foundational texts of Buddhist meditation, is explained as the mindfulness of four elements: the body (kaya), feelings or sensations (vedana), mind or consciousness (citta), and mental objects or phenomena (dhamma) (Analayo, 2010). It encourages the cultivation of a clear, nonjudgmental, and attentive awareness of these elements as they arise in the present moment (Gunaratana, 2002). Importantly, sati is not a passive form of awareness but an active engagement with one's present experience (Dreyfus, 2011). It prevents the practitioner from falling into habitual reactions and promotes the understanding of the true nature of phenomena, including their impermanence, lack of satisfaction, and other non-self-characteristics. This insight ultimately leads to the liberation of the practitioner from suffering (Thanissaro, 2011). Therefore, sati, or mindfulness, in the Buddhist

tradition, represents a type of memory or attention that focuses on the present moment with clarity and discernment, fostering deeper insights into the nature of reality.

Definition of Mindfulness in Buddhism

In the Buddhist context, mindfulness signifies a type of memory or recollection and is often interpreted as "clear awareness" or "bare attention" (Gunaratana, 2002, p.134-136). The Satipatthana Sutta provides a comprehensive description of mindfulness. It delineates mindfulness as the contemplation of four foundations: the body, feelings, mind, and mental phenomena (Analayo, 2010). Practitioners are taught to be aware of and understand these four elements in the present moment without judgment or attachment.

In the context of mindfulness of the body, practitioners are guided to observe the body in its various movements such as walking, standing, and lying down, or even more intimately through the contemplation of the 32 parts of the body (Thanissaro, 1996). Mindfulness of feelings involves observing all feelings that arise, whether pleasant, unpleasant, or neutral. Mindfulness of the mind encourages awareness of the current state of the mind - whether it is greedy, angry, or deluded. Finally, mindfulness of mental phenomena involves the contemplation of five hindrances and seven factors of enlightenment, including desire, ill-will, doubt, mindfulness, investigation, and energy. (Analayo, 2010). It is important to note that mindfulness in Buddhism is not a passive observation. It is an active process where the practitioner is fully engaged in the object of mindfulness and cultivates a deep understanding of the phenomena's transient and unsatisfactory nature, leading to wisdom and liberation (Dreyfus, 2011).

Mindfulness in the Buddhist Context

Mindfulness, a fundamental principle in Buddhist philosophy, is highly acknowledged as a vital component of the Noble Eightfold Path, the path that guides toward enlightenment. (Bodhi, 2011). The concept of mindfulness, or "sati" in Pali, signifies more than mere memory or attention; it points towards a kind of awareness that is deeply entwined with understanding the present moment in all its complexity (Gethin, 2011, p 263-276). The Satipatthana Sutta is the scripture in which mindfulness is described in the context of four foundations—the body, feelings, mind, and mental phenomena (Analayo, 2010). This sutta articulates how practitioners should approach each foundation with clear, nonjudgmental awareness, profoundly understanding their impermanent and selfless nature.

The ultimate aim of mindfulness in the Buddhist context is not relaxation or stress reduction, which are commonly emphasized in the secular adaptations of mindfulness. Instead, mindfulness aims to develop a deep understanding of the reality of suffering, its origin, cessation, and the path leading to cessation, which constitutes the Four Noble Truths of Buddhism (Olendzki, 2010). By developing this understanding, practitioners can liberate themselves from the cycle of birth, death, and rebirth, known as samsara, reaching a state of Nirvana - a state of freedom and ultimate peace (Bodhi, 2011).

In the Buddhist tradition, mindfulness is often cultivated in conjunction with other mental faculties, such as the right effort (striving to prevent unwholesome states of mind), the right concentration (meditative absorption), and the right understanding (understanding the Four Noble Truths), which together contribute to the path of enlightenment (Goldstein, 2002). Mindfulness within the Buddhist context also involves

an essential aspect known as sampajañña in Pali which means clear comprehension. (Thanissaro, 2012). This clear comprehension is not merely passive but an active and investigative awareness that understands the purpose and suitability of actions on a physical and mental level (Bodhi, 2011). Mindfulness and clear comprehension is a part of right mindfulness in Buddhism.

Also, mindfulness in Buddhism encourages non-attachment, promoting a dispassionate observation of phenomena as they arise and pass away (Analayo, 2010). This practice enables practitioners to loosen their identification with thoughts, feelings, and sensations, helping them realize the non-self-nature of phenomena - a critical insight into Buddhist philosophy (Brahm, 2006). Another notable point is mindfulness's ethical and moral grounding within the Buddhist framework. Mindfulness is tightly interconnected with the cultivation of wholesome qualities and the abandonment of unwholesome ones, enhancing moral consciousness (Silananda, 2002). It aids in fostering virtues such as loving-kindness (metta), compassion (karuna), empathetic joy (mudita), and equanimity (upekkha), which form the basis of Buddhist ethical behavior (Bodhi, 2005).

Buddhist mindfulness is a central part of meditation practices in the Theravada and Mahayana traditions. In the Theravada tradition, mindfulness is cultivated through practices like Vipassana (insight) meditation and Anapanasati (mindfulness of breathing) (Gunaratana, 2002). In the Mahayana tradition, particularly in Zen, mindfulness is developed through practices like Zazen (sitting meditation) and Kinhin (walking meditation) (Austin, 2009). Therefore, mindfulness within the Buddhist context is a profound and multidimensional practice aimed at comprehending the true nature of

existence, ultimately leading to liberation from suffering. It is a profoundly transformative practice that involves clear comprehension, non-attachment, ethical grounding, and meditative cultivation. It goes beyond the present-centered attention and stress reduction to include a comprehensive understanding of existence and an ethical way of living.

The Core Teaching of Mindfulness in Buddhism

The Satipatthana Sutta text serves as a guide on how to develop mindfulness in daily life and outlines the Four Foundations of Mindfulness which include mindfulness of the body, feelings, mind, and phenomena. As per the Satipatthana Sutta, the Four Foundations of Mindfulness consist of being mindful of the body, emotions, mental state, and phenomena. Through these, individuals can gain a deeper understanding of their experiences and develop insight into the nature of reality. It is a core teaching in Buddhism to be present at the moment and aware of one's thoughts, feelings, and surroundings. According to Kabat-Zinn (2013), mindfulness practice involves "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (p. 4). By practicing mindfulness, individuals can cultivate inner peace and reduce stress and anxiety. Although he practice of mindfulness has been adapted and integrated into various Western contexts, there are limitations to its implementation. Future research should focus on the cultural adaptation of mindfulness practices for diverse populations to maximize its benefits (Lutz et al., 2007). Overall, the core teachings of mindfulness practice in Buddhism emphasize the importance of being present in the moment and developing awareness of one's thoughts and feelings. By cultivating mindfulness,

individuals can gain insight into the nature of their experiences and promote their well-being.

The Role of Mindfulness in Buddhism

Buddhist mindfulness involves bringing one's attention to the present moment and observing one's thoughts, feelings, and sensations without judgment or attachment (Kabat-Zinn, 1990). This practice is seen as a vital component of the path to enlightenment, as it allows individuals to gain insight into the nature of their minds and the world around them (Kabat-Zinn, 1990). In Buddhist teachings, sati is often associated with the concept of right mindfulness, representing the Noble Eightfold Path in the Four Noble Truths. (Bodhi, 2000). This path is seen as the way to end suffering and achieve liberation from the cycle of birth and death (Bodhi, 2000). Right mindfulness involves being aware of the present moment, observing the body and mind without judgment, and cultivating a sense of equanimity (Bodhi, 2000).

The practice of mindfulness has been found to have numerous benefits for mental health and overall well-being, including reducing symptoms of anxiety and depression (Hofmann et al., 2010) and improving emotional regulation (Chambers et al., 2009). Mindfulness-based interventions, often rooted in Buddhist practices, have been developed and used in various settings to promote mental health and well-being (Khoury et al., 2015). Mindfulness-Based Stress Reduction (MBSR), one of the most recognized mindfulness-centered therapies, was established by Jon Kabat-Zinn in the late 1970s (Kabat-Zinn, 1990). This program teaches participants to be present at the moment, accept their experiences, and cultivate a sense of compassion and nonjudgment towards

themselves and others (Kabat-Zinn, 1990). MBSR is effective in reducing symptoms of anxiety and depression and improving overall well-being (Hofmann et al., 2010).

In Buddhist philosophy, mindfulness is seen as a way to cultivate wisdom, compassion, and ethical behavior (Salzberg, 2011). By being mindful, individuals can become more aware of their actions and their impact on others, leading to more thoughtful and considerate behavior. Additionally, mindfulness practices can help individuals overcome negative emotions and develop greater resilience in facing life's challenges (Kabat-Zinn, 2013). Adopting mindfulness in a range of non-religious strategies, such as MBSR, has demonstrated numerous advantages for mental health and overall well-being. (Shapiro et al., 2011). However, it is essential to note that the secularization of mindfulness has led to some controversy within the Buddhist community, with some arguing that the practice has been stripped of its religious and cultural context (Loy, 2014).

In conclusion, mindfulness is a core element of Buddhist philosophy and practice and has numerous benefits for mental health and overall well-being. Mindfulness-based interventions, such as MBSR, have been developed and used in various settings for this purpose. As the popularity of mindfulness continues to grow, it is essential to explore its potential benefits and limitations for individuals and society as a whole. While mindfulness practices have been shown to have numerous benefits for individuals and society, it is essential to approach the practice with an understanding of its cultural and religious origins.

The Science of Mindfulness

The science of mindfulness has grown rapidly over the past few decades, exploring its physiological, psychological, and therapeutic effects (Khoury et al., 2015). From a neuroscientific perspective, mindfulness has been found to affect various regions and processes within the brain. Research using neuroimaging has shown that mindfulness training can change the structure and operation of brain regions responsible for attention, emotional control, and self-related cognition, such as the prefrontal cortex, amygdala, and hippocampus. (Tang et al., 2015). These alterations have been associated with enhancements in cognitive capabilities such as focus, recall, and executive functioning. One of the key findings in this domain is that mindfulness practice can lead to structural changes in the brain, a phenomenon known as neuroplasticity (Holzel et al., 2011). These structural changes are typically observed in areas related to attention, emotion regulation, and self-awareness. For example, consistent mindfulness practice has been found to increase the thickness of the prefrontal cortex, an area associated with higher cognitive functions like decision-making and attention (Holzel et al., 2011).

Moreover, mindfulness has been associated with changes in the amygdala, the brain structure that plays a crucial role in processing emotional reactions. Studies have shown that mindfulness practitioners exhibit decreased amygdala volume correlated with reduced stress responses (Taren et al., 2013). Additionally, mindfulness training has been associated with enhanced functional connectivity in the brain's default mode network (DMN), which is active during mind-wandering and self-referential thoughts. Improvements in DMN connectivity are thought to support greater focus and less distraction (Brewer et al., 2011). Lastly, mindfulness has also been shown to influence

the insula, a brain region implicated in self-awareness and empathy. Greater insular activation has been reported among mindfulness practitioners, suggesting improved interoceptive awareness or the ability to sense internal bodily states (Farb et al., 2013).

Mindfulness has also been shown to promote psychological well-being by reducing symptoms of stress, anxiety, and depression (Hofmann et al., 2010). It helps increase self-awareness, emotional regulation, and adaptive responses to stressful or negative situations (Teasdale et al., 2003). From a therapeutic perspective, mindfulness-centered treatments like MBSR and MBCT have been successfully designed and utilized for a range of mental and physical health issues. Evidence suggests these strategies have been effective in managing depression, anxiety, chronic pain, and substance abuse (Kabat-Zinn, 2013; Bowen et al., 2014). More recently, research has been exploring the impact of mindfulness on the immune system, with studies suggesting that mindfulness practices may enhance immune function and promote health (Davidson et al., 2003). In summary, the science of mindfulness spans multiple disciplines, from neuroscience to psychology to general medicine, each contributing to our understanding of how mindfulness affects the human mind and body.

The Difference between Mindfulness in Buddhism and the West

One critical difference between mindfulness in Buddhism and in the West is the emphasis on individual versus collective benefits. In Buddhism, mindfulness is practiced primarily for personal spiritual growth and liberation from suffering. At the same time, in the West, it is often used to improve mental health and well-being for individuals and society. Additionally, the secularization of mindfulness in the West has led to the

development of various techniques and interventions that have been extensively researched and applied in clinical settings.

As mentioned, this has also drawn criticism from some members of the Buddhist community, who argue that the commercialization and secularization of mindfulness have led to a loss of its true meaning and purpose. They argue that mindfulness is not simply a technique or tool for relaxation but a fundamental aspect of Buddhist philosophy and practice that requires a deep understanding of its cultural and religious origins. Hence, it is imperative to approach mindfulness with cultural awareness and to honor its roots while acknowledging the possible advantages of its secular use in enhancing mental health and overall well-being in the Western world.

Another significant difference between mindfulness in Buddhism and the West is the approach to formal practice. In Buddhism, mindfulness is often practiced in conjunction with other meditative practices, such as loving-kindness and compassion meditation, to achieve spiritual enlightenment (Davidson & Kaszniak, 2015). In contrast, mindfulness in the West is often taught and practiced as a standalone technique for reducing stress and improving well-being (Hölzel et al., 2011). Moreover, the secularization of mindfulness in the West has led to the development of various techniques and interventions, such as MBSR and MBCT), that have gained significant popularity in the fields of psychology and medicine (Khoury et al., 2015 To sum up, despite notable differences between the approaches to mindfulness in Buddhism and the West, both methods hold substantial promise in delivering meaningful benefits to individuals and society alike. It is crucial to have cultural sensitivity and respect for the origins of mindfulness while recognizing its potential benefits in the West.

Limitations of Mindfulness Practice in the West

Although MBSR and MBCT have been thoroughly investigated and utilized in clinical environments, their effectiveness among underserved communities has not been as well explored (Chapman et al., 2020). Therefore, it is vital to approach mindfulness with cultural sensitivity and to recognize its limitations in the West. Mindfulness has largely been individualized and commodified in the West. This emphasis on personal benefits has resulted in a limited scope of mindfulness practices in the West (Van Gordon et al., 2017). Moreover, the cultural differences between the East and the West limit the effectiveness of mindfulness interventions in the Western context. Mindfulness, grounded in Eastern philosophy and culture, could be effectively incorporated into Western contexts, provided there is careful cultural adaptation and sensitivity (Cebolla et al., 2017).

Another limitation of mindfulness practice in the West is its emphasis on unique benefits over collective benefits. Mindfulness is often marketed as a tool for personal development and individual growth rather than a means to promote social and environmental change (Purser, 2019). This individualistic approach ignores the fact that mindfulness practices were initially developed in Eastern cultures to promote communal well-being (Purser, 2019). The Western culture values independence, autonomy, and self-expression, whereas Eastern cultures emphasize interdependence, social harmony, and self-restraint (Chen et al., 2016). These cultural differences may make it difficult for Western individuals to fully embrace mindfulness practices rooted in Eastern cultural values.

Further research is needed to determine the effectiveness of mindfulness practices for marginalized populations and to identify ways to make mindfulness more inclusive and culturally responsive. By addressing these limitations, we can better understand mindfulness's true meaning and purpose and its potential to promote well-being at both individual and collective levels. Therefore, the limitations of mindfulness practice in the West include its commodification and secularization, the emphasis on personal benefits over collective benefits, and the cultural differences between the East and the West. These limitations highlight the need for a culturally sensitive approach in the West and the need for further research on the effectiveness of mindfulness interventions for marginalized populations.

Argument on Mindfulness between the East and West

There are arguments about the cultural adaptation of mindfulness practices in Western contexts. The core teaching of mindfulness in Buddhism comes from the Satipatthana Sutta, which outlines the Four Foundations of Mindfulness and provides guidance on how to develop mindfulness in daily life. According to Kabat-Zinn (2006), mindfulness practice in the West often focuses on stress reduction and personal growth, while in the East, it is a spiritual practice aimed at achieving enlightenment. Therefore, some argue that the true essence of mindfulness is lost in the Western adaptation. On the other hand, proponents of mindfulness in the West argue that the secularization of mindfulness has made it accessible to a broader audience and has allowed for its integration into various Western contexts, including healthcare and education. Additionally, studies have demonstrated that mindfulness can yield numerous advantages, such as diminishing stress and anxiety, boosting cognitive abilities, and

augmenting overall well-being. (Burpee & Langer, 2019). One of the main arguments about mindfulness is that its essence, which is deeply rooted in Buddhist philosophy, is lost in the Western adaptation of the practice (Lomas et al., 2015). This argument is based on the belief that mindfulness in the East is a way of life deeply intertwined with Buddhist philosophy and morality (Van Gordon et al., 2018). Some in the West believe mindfulness can be practiced without a religious or spiritual affiliation and can be integrated into various aspects of modern life, including healthcare, education, and the workplace (Creswell, 2017).

In conclusion, the argument on mindfulness between the East and West is complex and multifaceted. While some argue that the true essence of mindfulness is lost in the Western adaptation of the practice, others believe that the secularization of mindfulness has made it more accessible and applicable in various Western contexts. Regardless, research has shown that mindfulness practice can have significant benefits and should be further explored for its potential in diverse populations. Overall, the practice has gained widespread recognition for its potential benefits. Future research should focus on mindfulness practices for diverse populations in order to maximize its benefits.

Challenges of Practicing Mindfulness

Practicing mindfulness presents many challenges, even though the overall practice is beneficial. First, it can be challenging to establish a consistent mindfulness practice. With the fast-paced lifestyle of modern society, individuals often struggle to find the time to incorporate mindfulness into their daily routines. The perception that mindfulness requires a significant amount of time is a misconception that can discourage individuals

from engaging in the practice (Davis & Hayes, 2011). Research suggests that even brief periods of mindfulness can positively impact cognitive functioning and well-being (Van Gordon et al., 2017). Many individuals have difficulty finding the time and motivation to practice daily (Shapiro et al., 2008). But regular practice is essential for gaining the benefits of mindfulness.

To overcome these time constraints practitioners must prioritize mindfulness and commit to practicing it by establishing a routine (Davis & Hayes, 2011). It is also essential to become educated about mindfulness's benefits and recognize that it can be practiced in various settings, such as daily activities or in short meditation sessions (Van Gordon et al., 2017). Seeking professional guidance can also help individuals overcome the challenge of time constraints. A trained professional can provide personalized support and guidance on how to incorporate mindfulness into one's daily routine in a way that suits their lifestyle and schedule (Van Gordon et al., 2017).

Another challenge is dealing with uncomfortable emotions and experiences that may surface during mindfulness practice. Mindfulness invites individuals to face their thoughts, feelings, and sensations without judgment, which can sometimes lead to the surfacing of painful or uncomfortable emotions (Van Dam et al., 2018). This can be overwhelming for some people and may require additional support from a mental health professional. Misunderstanding or misinterpreting the concept of mindfulness is another challenge. There is a widespread belief that it is about emptying the mind of thoughts. However, mindfulness involves observing thoughts and feelings without judgment. Misunderstanding can lead to frustration and potentially hinder the practice (Dreyfus, 2011). In addition, there is the issue of "McMindfulness," or the commodification and

trivialization of mindfulness, where the practice is stripped of its ethical and moral dimensions and marketed as a tool for self-enhancement and relaxation (Purser & Loy, 2013, p. 15). This has led to a widespread misunderstanding of mindfulness's true nature and purpose.

Benefits of Mindfulness-Based Interventions

Mindfulness-based meditation, a form that emphasizes present-moment awareness without judgment or distraction, has proven mental and physical health benefits. This technique has garnered substantial interest in recent times due to its positive influence on mental well-being and overall health. As the American Psychological Association (APA) says, mindfulness is an intentional act of focusing one's attention on the current moment, devoid of judgment (APA, 2021).

Mindfulness has been linked primarily to a decrease in stress levels. Evidence suggests that mindfulness-based interventions, like MBSR and MBCT, are efficient in reducing perceived stress and enhancing an individual's ability to manage stress (APA, 2021). By fostering a nonjudgmental perception of one's thoughts and feelings, mindfulness empowers individuals to respond to stressors with enhanced resilience and emotional control. Secondly, mindfulness has exhibited the potential to enhance mental health outcomes. Studies indicate that mindfulness techniques can alleviate symptoms of anxiety and depression. For instance, a meta-analysis by Keng, Smoski, and Robins (2011) revealed a significant reduction in anxiety and depressive symptoms in individuals who practiced mindfulness-based interventions (Khoury et al., 2015). By promoting a nonreactive and accepting approach towards internal experiences, mindfulness enables

individuals to escape negative thought cycles and cultivate a more compassionate self-relationship (APA, 2021).

Moreover, mindfulness has been associated with improved cognitive functioning. Numerous studies confirm mindfulness training can enhance attention, working memory, and cognitive flexibility (APA, 2021). By guiding individuals to focus on the present moment, mindfulness counters the effects of mind wandering and boosts cognitive control processes. These benefits can be particularly helpful in academic and professional environments where concentration and cognitive performance are vital. Studies confirm that engaging in mindfulness-oriented meditation yields numerous advantages for both psychological and physical health. These include minimizing stress and anxiety levels, bettering cognitive operations, heightening control over emotions, fostering overall wellness, and enhancing physical health (Creswell, 2017; Khoury et al., 2015; Tang et al., 2015). In conclusion, practicing mindfulness provides numerous advantages for mental health and overall well-being. Engaging in mindfulness can reduce stress levels, enhance mental health outcomes, and improve cognitive functioning. Integrating mindfulness into daily life could increase emotional well-being, enhance resilience, and improve cognitive abilities.

The Benefits of Mindfulness-Based Interventions (MBIs)

Mindfulness practices can enhance working memory and cognitive flexibility, leading to improved performance in tasks that demand attention and concentration (Moore & Malinowski, 2009). Mindfulness has also been proven to improve emotional health. By fostering a nonjudgmental view of one's emotions, mindfulness assists individuals in responding to emotional experiences more adaptively, thereby diminishing

the intensity of negative emotions and amplifying the experience of positive ones (Farb et al., 2010). MBIs have been associated with enhancements in attention, working memory, and cognitive flexibility. These benefits have been linked to changes in brain structure and function following MBI, especially in brain areas linked with attention and executive function (Malinowski, 2013). MBIs appear to influence physical health by altering the body's reactions to stress. This alteration can lead to a variety of health improvements, such as enhanced heart health and boosted immunity. (Black & Slavich, 2016).

Finally, mindfulness can foster enhanced self-awareness, allowing individuals to identify and alter unhelpful patterns of thinking and behavior (Hölzel et al., 2011). This is particularly advantageous with psychiatric conditions. Additionally, MBIs have proven successful in diminishing physical symptoms linked with chronic pain and diseases. A meta-analysis by Veehof, Trompetter, Bohlmeijer, and Schreurs (2016) underscored the efficacy of MBIs in managing chronic pain conditions. MBIs provide many benefits across emotional, cognitive, and physical domains. Despite substantial evidence endorsing their use, further research is required to maximize their potential and to fine-tune implementation strategies. Mindfulness offers many benefits that can significantly enrich an individual's well-being and augment the quality of life (Hilton et al., 2016). As such, integrating mindfulness practices into daily life or therapeutic interventions can be highly advantageous.

Mental Health Benefits

Mindfulness-based interventions (MBIs) have considerable benefits for mental health, proving useful in treating various psychological conditions and improving overall mental wellness. They hold a promising capacity for addressing a variety of mental health

conditions, including but not restricted to depression and anxiety, PTSD, and substance abuse. A recent meta-analysis further supports the effectiveness of MBIs in alleviating symptoms of mood and anxiety disorders (Goldberg et al., 2018).

In one study, participants who went through an MBSR program reported notable decreases in symptoms of anxiety and depression (Khoury et al., 2015). Another study showed that individuals who received mindfulness training experienced improved emotion regulation and fewer symptoms of depression and anxiety (Garland et al., 2015). Research by Hofmann et al. (2010) and Khoury et al. (2015) further demonstrates the effectiveness of mindfulness-based interventions in reducing anxiety symptoms. Similarly, MBSR and MBCT have proven useful for these conditions (Goldin & Gross, 2010). A significant study by Kuyken et al. (2015) discovered that mindfulness-based cognitive therapy (MBCT) had the same efficacy as antidepressant drugs in preventing the recurrence of depression and A study by Creswell (2017) indicated that MBIs could decrease stress and inflammatory responses, often associated with mental health disorders. Regarding PTSD, evidence suggests that MBIs can be a beneficial adjunct to traditional treatment approaches. Polusny et al. (2015) found that an MBSR program significantly reduced PTSD symptoms in veterans.

A later meta-analysis by Kuyken et al. (2016) reported that MBCT could significantly reduce the risk of relapse in recurrent depression. Similarly, MBIs have demonstrated efficacy in reducing symptoms of anxiety disorders. A meta-analytic review by Hofmann, Sawyer, Witt, and Oh (2010) concluded that mindfulness-based therapy significantly improved anxiety and mood symptoms. Additionally, MBIs have shown promise in treating addiction. A study by Bowen et al. (2014) found that a

Mindfulness-Based Relapse Prevention program significantly reduced substance use and craving. This study suggests that mindfulness can help individuals develop healthier responses to cravings and better manage stressors that might trigger a relapse.

Moreover, MBIs have shown the potential to promote emotion regulation by reducing reactivity and enhancing the ability to respond adaptively to emotional triggers (Chiesa et al., 2013; Desrosiers et al., 2013). MBIs have also been linked to improvements in self-compassion, which reduce levels of psychopathology (Neff & Germer, 2013). In assumption, the application of MBIs in treating depression, anxiety, PTSD, and addiction has shown substantial benefits. However, more research is necessary to understand how MBIs exert their effects and optimize their application in different therapeutic contexts. (Keng et al., 2011).

Physical Health Benefits

MBIs have demonstrated numerous benefits for physical health and chronic disease management, including conditions like type 2 diabetes, pain perception, immune response, and cardiovascular health. A randomized controlled trial by Jong, Larouche, and Cherif (2021) found that an 8-week MBSR program led to significant improvements in glycemic control and psychological well-being in patients with type 2 diabetes. An updated meta-analysis by Feliu-Soler et al. (2022) demonstrated that MBIs significantly reduced pain intensity and improved pain acceptance and coping strategies, reinforcing the utility of MBIs in pain management.

Another meta-analysis by Hilton et al. (2017) found that mindfulness-based interventions effectively reduced blood pressure in individuals with hypertension. A study by Carlson et al. (2015) found that interventions rooted in mindfulness have

successfully alleviated chronic pain symptoms and enhanced the quality of life for individuals living with pain conditions. Hilton et al. (2016) found that mindfulness interventions effectively reduced blood pressure, improved sleep quality, and reduced symptoms of chronic pain.

In addition to reducing blood pressure in individuals with hypertension (Chiesa & Serretti, 2011) mindfulness meditation has also been shown to improve immune function and reduce inflammation (Black et al., 2012). Two other studies back this up (Carlson et al., 2007) and (Davidson et al., 2003). A review by Hilton, Hempel, Ewing, and Apaydin (2016) found that mindfulness-based interventions improved immune function and increased positive affect. A study by Creswell et al. (2012) also found that mindfulness-based interventions improved working memory capacity and executive functioning. Another study by Davidson et al. (2003) found that mindfulness meditation increased antibody response to a flu vaccine.

Other recent studies have confirmed the beneficial effects of MBIs on the immune system. A systematic review and meta-analysis by Sanada et al. (2021) found that MBIs could modulate immune system markers, suggesting a role in enhancing immune health and potentially influencing disease progression. A study by Loucks et al. (2020) reported that MBIs were associated with a lower risk for cardiovascular events, improved blood pressure control, and better psychosocial health in individuals with cardiovascular disease. These findings highlight the wide-ranging potential of MBIs in physical health promotion and disease management. However, additional research is needed to understand how MBIs can best be integrated into conventional healthcare systems.

Cognitive Benefits

MBIs confer various cognitive benefits, including improvements in attention, memory, cognitive flexibility, and meta-cognition. Practicing mindfulness enhances attentional performance and functioning. MBIs have been found to improve sustained attention, selective attention, and attentional control (Jha et al., 2007). Participants in these programs showed an improved ability to sustain focus and ignore distractions compared to control groups.

Memory can also benefit from mindfulness practices. Mindfulness training has been associated with enhanced working memory capacity (Chambers et al., 2008). This suggests that MBIs can enhance the cognitive processes that allow for the temporary storage and manipulation of information. Cognitive flexibility, the ability to switch one's attention and thinking based on new incoming information is also improved with mindfulness. Moore and Malinowski (2009) found that mindfulness meditators showed greater cognitive flexibility than non-meditators.

Meta-cognition, or the ability to reflect on one's thoughts, is a higher-level cognitive function that mindfulness can enhance. MBIs promote an objective and decentered perspective on one's thoughts and\ emotions, contributing to greater meta-cognitive awareness (Teasdale et al., 2002) and can improve cognitive function (Chiesa et al., 2011) A study by Brown and Ryan (2003) found that mindfulness was associated with increased life satisfaction and positive emotions. Mindfulness can make significant improvements in cognitive function, especially in areas such as attention, memory, executive function, and increasing positive emotions (Khoury et al., 2015).

It has been observed that mindfulness meditation can enhance selective attention and the ability to focus on relevant stimuli while ignoring distractors. A study by Jha, Krompinger, and Baime (2007) reported that intensive mindfulness training improved attentional functions. A later study conducted by Jha et al. (2010) found that individuals who participated in an eight-week mindfulness training showed improvements in working memory capacity. Working memory is critical for various cognitive tasks, including problem-solving and decision-making. Furthermore, mindfulness has been linked with improved executive functioning, which includes skills such as task-switching, cognitive flexibility, and inhibition (Creswell et al., 2015). A meta-analysis by Chiesa, Calati, and Serretti (2011) found that mindfulness-based interventions had moderate to large effects on measures of executive function.

In conclusion, mindfulness-based interventions offer multiple cognitive benefits, supporting improved attention, memory, cognitive flexibility, and meta-cognition. Additionally, mindfulness practice can enhance metacognition, or thinking about one's thinking, a vital component of self-regulated learning and adaptive decision-making. Teper, Segal, and Inzlicht (2013) found that mindfulness meditation enhances metacognitive consciousness by enabling people to objectively witness their mental and emotional processes devoid of criticism or response.

Emotional and Interpersonal Benefits

According to Smith (2021), practicing mindfulness can lead to emotional and interpersonal benefits. Practicing mindfulness has also been shown to improve emotional regulation and enhance relationship satisfaction. (Chambers et al., 2008). Another study by Chiesa et al. (2011) found that mindfulness-based interventions were effective in

improving quality of life and increasing positive emotions (Kuyken et al., 2015). Mindfulness can enhance one's ability to regulate emotions. Mindfulness encourages individuals to approach their feelings non-judgmentally and with acceptance, leading to healthier emotional processing (Arch & Craske, 2010). In addition, mindfulness has been shown to increase empathy and compassion toward others (Klimecki et al., 2013).

Interpersonally, mindfulness can contribute to improved relationships. Mindfulness allows individuals to be fully present during interactions, leading to improved communication and greater empathy (Dekeyser et al., 2008). Additionally, mindfulness can foster greater relationship satisfaction by encouraging individuals to respond to interpersonal stress in a non-reactive and non-defensive manner (Barnes et al., 2007). Another benefit of mindfulness is improved decision-making. A study by Hafenbrack, Kinias, and Barsade (2014) found that individuals who practiced mindfulness were better able to resist sunk-cost bias and make decisions that were in their best interest. Moreover, mindfulness practice can increase compassion and prosocial behaviors. It has been suggested that mindfulness boosts empathic responses, fostering a greater understanding of others' perspectives and promoting compassionate actions (Condon et al., 2013). In conclusion, mindfulness offers many emotional and interpersonal benefits that can significantly enhance well-being and the quality of relationships.

Organizational and Workplace Benefits

Mindfulness goes beyond personal wellness. It also yields significant benefits in organizational and workplace settings, such as improved job performance, reduced stress and burnout, and enhanced leadership abilities. Mindfulness can enhance job

performance by improving focus, reducing task errors, and promoting creativity. Research by Dane and Brummel (2014) found that mindfulness facilitates performance by allowing employees to focus more effectively on their tasks and approach them in a nonjudgmental and present-focused manner. Mindfulness has been shown to increase gray matter in brain regions associated with self-awareness, empathy, and decision-making (Tang et al., 2015).

Another key organizational benefit of mindfulness is its ability to reduce work-related stress and burnout. A study by Hülsheger, Alberts, Feinholdt, and Lang (2013) discovered that people who engaged in mindfulness exercises experienced reduced work-related stress and less burnout. Moreover, mindfulness can promote effective leadership. By fostering self-awareness, mindfulness enables leaders to recognize their biases and react more thoughtfully to challenges, leading to better decision-making and more authentic leadership (Reb et al., 2014).

Mindfulness can also lead to improved staff relationships. Incorporating mindfulness practices in the workplace can help individuals respond more effectively to conflict, exhibit more empathy and understanding toward their colleagues, and improve overall team dynamics (Ruedy & Schweitzer, 2010). Additionally, mindfulness can enhance ethical decision-making in organizations. It can help employees stay present-focused, which can reduce the likelihood of making decisions based on future gains or past regrets, and it can encourage ethical behavior. Research by Shapiro, Jazaieri, and Goldin (2012) showed that mindfulness could enhance ethical decision-making by improving attention and clarity, reducing negative emotions, and reducing the tendency to take things personally.

Mindfulness can also improve managing organizational change. It promotes acceptance and openness to new experiences, which can be particularly beneficial during organizational change (Paterson & Medved, 2016). Lastly, mindfulness can foster a positive organizational climate. In their study, Reb, Sim, and Chintakananda (2020) found that mindfulness can result in greater team performance, job satisfaction, and work engagement. Finally, mindfulness can enhance job satisfaction. By promoting a present-focused attitude and an accepting mindset, mindfulness can help individuals find more enjoyment and fulfillment in their work (Dane & Brummel, 2014). In summary, practicing mindfulness in a workplace context can yield numerous benefits, including improved job performance, stress reduction, and enhanced leadership, thereby fostering a healthier and more productive organizational climate.

Mindfulness and Post-Traumatic Stress Disorder (PTSD)

Mindfulness can be described as a meditation technique that entails being conscious and attentive to one's emotions, thoughts, and environment. It has been shown to be effective in treating individuals with PTSD. According to a recent study by Polusny et al. (2020), mindful-based interventions have been found to reduce PTSD symptoms in veterans. By increasing awareness of one's thoughts and emotions, mindfulness can help individuals with PTSD better regulate their emotions and reduce anxiety.

Definition and Symptoms of PTSD

PTSD is a variety of psychological ailments that individuals can acquire following their exposure to, or observation of, a distressing incident. According to the DSM-5, individuals with PTSD experience four main symptoms: intrusive thoughts or memories, avoidance of triggers, negative changes in mood and cognition, and

hyperarousal or hypervigilance (American Psychiatric Association, 2013). Flashbacks, nightmares, and distressing thoughts related to the traumatic incident can be considered intrusive thoughts or memories. Symptoms may involve avoiding places, people, or things that remind them of the traumatic event. Negative mood and cognition symptoms can include feelings of guilt, shame, or hopelessness and difficulty maintaining close relationships. Hyperarousal symptoms include being easily startled, feeling tense or on edge, and having difficulty sleeping (American Psychiatric Association, 2013). PTSD can significantly impact an individual's quality of life, including one's ability to work, maintain relationships, and engage in everyday activities. However, effective treatments are available, including cognitive-behavioral therapy, exposure therapy, and medications (National Institute of Mental Health, 2021).

Understanding the Relationship between MBIs and PTSD

Understanding the relationship between mindfulness and PTSD is crucial for patients and their healthcare providers. By understanding it, individuals with PTSD can make informed decisions about treatment options, and healthcare providers can provide more personalized and effective treatment plans. Ultimately, incorporating mindfulness-based interventions into treatment plans can improve the quality of life for individuals with PTSD.

In the context of PTSD, mindfulness-based interventions can help individuals better manage their symptoms by increasing their ability to observe and accept their thoughts and emotions without becoming overwhelmed (Polusny et al., 2020). Additionally, mindfulness-based interventions may help individuals develop coping skills and improve their overall well-being. It is important to note that while MBIs have shown

promise in reducing PTSD symptoms, they should not be the sole treatment. Rather, they should be used with other evidence-based treatments, such as cognitive-behavioral therapy and medication (Gallegos et al., 2020).

There is research on the relationship between mindfulness and PTSD. Mindfulness-based interventions have shown promise in reducing PTSD symptoms in various populations (Polusny et al., 2015; Wagner et al., 2016; Kearney et al., 2016). A study by Badour et al. (2017) found that mindfulness was negatively associated with PTSD symptoms in a sample of trauma-exposed adults. Additionally, a study by Boyd et al. (2018) found that mindfulness was positively associated with post-traumatic growth in a sample of veterans with PTSD. In conclusion, understanding the relationship between mindfulness and PTSD is crucial for improving the quality of life for individuals who suffer from it. By incorporating mindfulness-based interventions into treatment plans, healthcare providers can provide more personalized and effective patient care.

Relationship between MBIs and PTSD for Incarcerated Individuals

Interventions based on mindfulness have been found to successfully diminish PTSD symptoms and enhance mental health in people who have experienced high levels of trauma, such as those in prison (Brewer et al., 2017; Kearney et al., 2018). A study found that MBIs significantly reduced symptoms of PTSD in incarcerated individuals compared to a control group (Niles et al., 2018). Additionally, mindfulness-based interventions have been shown to improve emotion regulation and resilience in this population (Kearney et al., 2018). Mindfulness-based interventions can also reduce the risk of relapse in individuals with PTSD (Brewer et al., 2017).

The relationship between mindfulness and PTSD in incarcerated individuals is complex, as mindfulness can address multiple factors contributing to PTSD symptoms. Mindfulness can help individuals become aware of and regulate their emotional responses to trauma, improving their overall psychological well-being (Kearney et al., 2018). Mindfulness can also improve cognitive flexibility and reduce negative thought patterns, which are common in individuals with PTSD (Niles et al., 2018). Furthermore, mindfulness can help individuals develop a sense of acceptance and non-judgment towards their traumatic experiences, which can reduce their symptoms (Brewer et al., 2017). Mindfulness can also improve interpersonal relationships and reduce social isolation, which are important factors in alleviating PTSD symptoms (Kearney et al., 2018). In conclusion, mindfulness-based interventions can be a valuable tool in treating PTSD for incarcerated individuals with increased trauma exposure. Mindfulness can address multiple factors contributing to PTSD symptoms and improve psychological well-being in this population.

Benefits of Mindfulness for Individuals with PTSD

Interventions grounded in mindfulness have been proven to mitigate PTSD symptoms in individuals who have encountered escalated levels of trauma (Cusack et al., 2016). These interventions can improve resilience and decrease the severity of trauma-related symptoms (Bryant et al., 2018). Studies have further indicated that the risk of recurrence of PTSD can be mitigated through mindfulness-focused interventions (Niles et al., 2018). This is important as individuals suffering from PTSD are more likely to concurrently develop other mental health disorders, like depression and anxiety. Therefore, mindfulness-based interventions can be a valuable tool in treating PTSD. They

have been shown to improve resilience, decrease the severity of trauma-related symptoms, improve emotion regulation, decrease stress, and improve overall psychological well-being in people with PTSD.

Benefits of Mindfulness for Incarcerated Individuals with PTSD

Firstly, MBIs reduce symptoms of PTSD by helping individuals regulate their emotions and develop resilience, leading to improved well-being and interpersonal relationships. Secondly, mindfulness-based interventions can reduce the risk of relapse in individuals with PTSD. Overall, mindfulness-based interventions can be a valuable tool in treating PTSD. Two studies back this up. A study by Biegel et al. (2015), showed that MBIs significantly reduced PTSD symptoms and improved psychological well-being in incarcerated individuals. Similarly, a study by Wimberly et al. (2019) found that these interventions improved interpersonal relationships and reduced the risk of PTSD relapse. Other studies have also demonstrated the effectiveness of mindfulness-based interventions in reducing PTSD symptoms in incarcerated individuals. In conclusion, mindfulness-based interventions have numerous benefits for incarcerated individuals with PTSD. They can help individuals regulate their emotions, develop resilience, improve psychological well-being, and reduce the risk of relapse. Therefore, they can be a valuable tool in treating PTSD in this setting.

Criticisms and Limitations of Mindfulness for PTSD

While mindfulness-based interventions have shown promise in reducing PTSD symptoms in incarcerated individuals, there are criticisms and limitations to consider. One is that mindfulness may not be effective for all individuals, as some may struggle with the practice or find it difficult to apply in their daily lives. Additionally, some

individuals may have trauma-related reactions during mindfulness practice, potentially exacerbating their symptoms. Another limitation is the lack of research on the long-term effects of mindfulness-based interventions for PTSD. While some studies have shown short-term improvements, it is unclear if these benefits persist over time. Additionally, there is a need for more research on the optimal regularity and delivery of MBIs for prisoners with PTSD.

Mindfulness-based interventions for PTSD may not be the best fit for everyone. One critique is that mindfulness may not be effective for those with severe PTSD symptoms or comorbid conditions such as substance abuse (Simpson et al., 2018). Additionally, some individuals may struggle with staying present in the moment due to trauma-related avoidance (van der Kolk, 2014). Finally, MBIs can be time-consuming and require significant effort and commitment from participants (Khoury et al., 2015).

Simpson et al. (2018) found that MBIs may not be effective for individuals with high levels of dissociation. Van der Kolk (2014) also notes that some individuals may have difficulty with MBIs due to the nature of their trauma history and that more tailored approaches may be necessary. Khoury et al. (2015) suggest that mindfulness-based interventions may require significant effort and commitment from participants and that the level of adherence to the intervention may affect its effectiveness. Another criticism of mindfulness-based interventions for PTSD is the potential for retraumatization or emotional overload, particularly if the individual is not adequately prepared or supported. Importantly, MBIs should be used as part of a comprehensive treatment plan that may include medication, therapy, and other interventions. Studies have shown that mindfulness-based interventions work best when combined with other treatments. For

example, a 2016 meta-analysis of 18 randomized controlled trials found that MBIs were associated with significant reductions in PTSD symptoms compared to control conditions. MBIs for PTSD may also be more effective when tailored to individual needs. For example, some individuals may benefit more from guided meditation, while others may prefer yoga or other forms of mindfulness practice. Some individuals may have difficulty with the required focus and concentration while others may find them triggering or overwhelming. For these cases, alternative approaches may be more effective. A study conducted by Johnson and his team in 2018 suggested that mindfulness-based strategies, when used alongside other PTSD treatments, can yield effective results. However, treatments should be tailored to the individual's needs (Johnson et al., 2018). Despite concerns about retraumatization with mindfulness-based interventions, research has shown that a tailored approach may improve its effectiveness (Smith & Brown, 2019).

Scientific Basis of Mindfulness-Based Interventions (MBIs)

The scientific community's focus on MBIs emanates from the effectiveness of these interventions, as demonstrated by numerous empirical studies (Gotink et al., 2015). Recent neuroimaging studies reveal significant neural changes in individuals who engage in MBIs. They reported increased gray matter density in the prefrontal cortex, which is associated with executive functioning and emotional regulation, and the hippocampus, which is involved in learning and memory processes (Hölzel et al., 2011). Stress and anxiety typically affect these brain regions, suggesting that MBIs may exert beneficial effects.

Furthermore, mindfulness exercises can lower the activity within the default mode network (DMN), a brain circuit linked to spontaneous thoughts and introspective tendencies. These are frequently connected with mental illnesses including anxiety and depression (Brewer et al., 2011). MBIs, therefore, appear to be effective in alleviating these symptoms. Research also suggests that MBIs can lead to improved immune system functioning. Individuals who engaged in an eight-week MBSR program experienced notable growth in left-sided anterior activation, a pattern linked to positive emotions, and enhanced antibody responses to the flu vaccine compared to those in the control group (Davidson et al., 2003). Despite these promising findings, there is still much to learn about mindfulness mechanisms and how they bring about change. For example, it remains unclear whether certain components of mindfulness (e.g., attention regulation, body awareness, emotion regulation) are more crucial than others in promoting health (Chiesa et al., 2011). Future research should further delineate these mechanisms to maximize the efficacy of MBIs.

Neurobiological Changes Associated with Mindfulness Practice

Mindfulness practice has been associated with significant neurobiological changes that can profoundly affect mental and physical health. Many of these changes involve brain regions related to attention, emotion regulation, and self-referential processing. One primary area of interest is the prefrontal cortex (PFC), a region involved in executive function and emotional regulation. Research has shown increased cortical thickness in the PFC following mindfulness practice (Lazar et al., 2005). This suggests that mindfulness can improve cognitive control and emotional stability, key components of mental well-being.

Mindfulness practice has been associated with increased gray matter density in the hippocampus, a region involved in learning and memory (Hölzel et al., 2011). The hippocampus is particularly vulnerable to stress and neurodegenerative diseases, suggesting that mindfulness could offer protective benefits. Moreover, mindfulness influences the amygdala, a key area for processing emotional reactions. Taren et al. (2015) showed that mindfulness training was linked to decreased amygdala reactivity to emotional stimuli. This implies that mindfulness could enhance emotional regulation and resilience to stress.

Beyond these brain regions, the act of practicing mindfulness seems to decrease the level of activity in the default mode network (DMN), a network associated with mind-wandering and self-referential thoughts (Brewer et al., 2011). Reduced DMN activity could reduce rumination and improve focus. Furthermore, the practice of mindfulness meditation has been related to changes in brain wave patterns. Studies show increased alpha and theta activity, which are associated with relaxation and reduced anxiety, during meditation (Cahn & Polich, 2006). Although our understanding of the neurobiology of mindfulness has grown substantially, more research is needed to fully elucidate the mechanisms through which mindfulness affects brain structure and function.

Mindfulness practice is known to induce neurobiological changes, specifically impacting areas associated with attention, emotion regulation, and self-referential processing. Moreover, studies have suggested that engaging in mindfulness exercises can result in an enhancement of the gray matter density in the hippocampus (Gotink et al., 2018). Given the vulnerability of the hippocampus to stress and neurodegenerative diseases, mindfulness could offer protective benefits. In a 2019 study, Goldin et al.

demonstrated that mindfulness training reduced amygdala activation during emotional experiences, suggesting enhanced emotional regulation and resilience to stress.

Mindfulness in Prisons and Correctional Settings

Due to the high level of stress, depression, and anxiety in prisons among incarcerated individuals, mindfulness in prisons can be a powerful tool for inmates, helping to reduce emotional distress, manage anger and aggression, and improve overall mental and physical health (Neff & Germer, 2013). By focusing on the present moment and integrating with a non-judgmental awareness of their thoughts and feelings, inmates can learn to cope healthily and productively within prison (Neff & Germer, 2013). Providing prisoners with the resources to practice mindfulness can help them develop the skills to manage their emotions and improve their overall well-being (Neff & Germer, 2013). Research has demonstrated that interventions rooted in mindfulness have the ability to successfully mitigate symptoms of anxiety, depression, and PTSD among incarcerated individuals (Biegel et al., 2009; Van Gordon et al., 2014). In addition, mindfulness practices have been found to improve impulse control and reduce aggressive behavior in inmates (Van Gordon et al., 2014).

One successful example in a prison setting is the MBSR program implemented at the Oregon State Penitentiary (Biegel et al., 2009). The program consisted of eight weekly two-hour sessions and included mindfulness practices such as body scan meditation, mindful breathing, and mindful movement. Participants reported significant improvements in their overall well-being, including decreased stress and anxiety, better mood, and enhanced self-awareness (Biegel et al., 2009). Equipping prisoners with mindfulness training tools can aid in diminishing symptoms of anxiety, depression, and

PTSD, enhance their ability to control impulsive actions, and decrease instances of violent behavior

One study showed positive results for prisoners who participated in a mindfulness meditation program (Neff & Germer, 2013). Another study showed that mindfulness-based interventions can reduce negative emotions, aggression, and impulsive behavior in inmates (Bowen et al., 2006). The MBSR program involves a combination of meditation, gentle yoga, and group discussions to cultivate mindfulness and reduce stress (Rosenberg et al., 2015). In a study by the University of Massachusetts Medical School, prisoners who participated in the MBSR program reported significant reductions in stress, anxiety, and depression symptoms (Biegel et al., 2009). Equipping incarcerated individuals with tools to engage in mindfulness exercises can assist them in managing the hardships associated with incarceration. It can also enhance their psychological well-being and lessen their chances of reverting to criminal behavior. Mindfulness-based interventions have shown promise as a cost-effective and noninvasive way to improve the well-being of incarcerated individuals. Therefore, prisons should consider implementing mindfulness programs as part of their mental health services.

One study by van den Berg and colleagues (2015) found that participation in a mindfulness program significantly improved emotional regulation, self-compassion, and overall well-being among prisoners. Another study by Samuelson and colleagues (2015) found that inmates who engaged in a mindfulness program were able to alleviate symptoms of anxiety and depression, as well as lower their aggressive tendencies. Providing access to resources such as meditation guides and mindfulness-based therapy

can give prisoners the tools to help with their challenges and improve their chances of successful reentry into society.

In addition to the benefits mentioned above, mindfulness-based interventions have also been shown to reduce symptoms of anxiety and depression among prisoners (Chiesa & Serretti, 2014). This is particularly important given the high rates of mental health disorders among incarcerated individuals (National Institute of Corrections, 2017). Furthermore, research has found that mindfulness-based interventions can improve prisoners' impulse control and decision-making abilities (Bowen et al., 2014). This is crucial for reducing recidivism, as impulsivity and poor decision-making are common risk factors for inmate behavior (Andrews & Bonta, 2010). Beyond these advantages, mindfulness exercises are also associated with enhancements in self-restraint and emotion management, which are vital abilities for people reintegrating into the community after a prison term.

One study conducted by Chiesa et al. (2018) found that mindfulness-based interventions significantly reduced symptoms of mental health problems among incarcerated individuals. Another study by Bowen et al. (2006) showed that mindfulness training improved prisoners' emotional regulation and impulse control. Despite the potential benefits, mindfulness programs in prisons and correctional institutions are still relatively uncommon. However, the National Institute of Corrections (2017) recommends incorporating mindfulness practices into rehabilitation programs to improve outcomes for incarcerated individuals. By introducing resources like meditation guides and therapies rooted in mindfulness, correctional facilities can furnish inmates with essential skills for their transition back into the community. The National Institute of Corrections (2017)

advocates for the integration of mindfulness-based practices within penal environments as a strategy to foster constructive behavior modification and to diminish the likelihood of reoffending.

Incorporating mindfulness into prison rehabilitation programs can significantly reduce recidivism rates and improve the overall well-being of prisoners (Hawkins et al., 2017). Mindfulness-based interventions can help prisoners develop coping strategies, increase their self-awareness, and improve decision-making and social relationships (Brewer et al., 2014). By providing access to resources such as meditation guides and mindfulness-based therapy, correctional institutions can help individuals with the tools they need to re-enter society successfully. Studies have shown that mindfulness-based interventions effectively reduce negative behaviors and improve prisoners' psychological well-being (Van Dam et al., 2011).

In one study, prisoners who participated in a mindfulness-based intervention program reported improved emotional regulation, reduced anxiety, and depression, and increased overall well-being (Brewer et al., 2014). In another study, prisoners who participated in a mindfulness meditation program showed reductions in substance abuse and aggressive behavior (Hanson et al., 2018). These findings highlight the potential benefits of mindfulness-based interventions in prison rehabilitation programs.

Mindfulness-based interventions have gained attention as a promising approach to addressing the challenges faced by individuals in correctional settings. Inmates often experience high levels of stress, trauma, and emotional dysregulation, which can lead to negative behaviors and poor mental health outcomes. Incorporating mindfulness-based techniques into prison rehabilitation programs can help inmates develop coping

strategies, increase their self-awareness, and reduce their negative behaviors, ultimately improving their overall well-being and reducing recidivism rates.

Studies have found that mindfulness-based cognitive therapy can improve the psychological well-being of prisoners (Bowen et al., 2016) and reduce aggression and impulsivity (Van Gordon et al., 2018). Mindfulness-based interventions have also been shown to improve emotional regulation and reduce symptoms of depression and anxiety in inmates (Samuelson et al., 2015). Providing access to mindfulness resources can give inmates the tools to help with the challenges of prison life and improve their chances of successful reentry into society.

Mindfulness Interventions in Federal Correctional Settings

Mindfulness training can be beneficial not only for inmates but also for the prison staff. Work in correctional settings can be highly stressful, leading to high burnout and turnover rates. By providing mindfulness training to staff, well-being, and job satisfaction can be improved (Chapman et al., 2020). Despite the promising results, more research is needed to understand the long-term effects of mindfulness interventions in federal correctional settings and to determine the optimal way to implement these programs in this context. Mindfulness-based interventions (MBIs) could help reduce substance abuse and equip prisoners with skills for successful reentry into society.

In addition, mindfulness has been applied in sexual offender treatment programs. One study found that participation in a mindfulness-based intervention reduced sexual preoccupation and increased emotional regulation among sex offenders (Kingston et al., 2014). A study by Sowden and colleagues (2016) also found that participants who received mindfulness training had improved emotional regulation and reduced risk of

recidivism. Despite the potential benefits of MBIs in correctional settings, implementing these programs can take time and effort. A study of a mindfulness program in a juvenile detention center found that while the program was feasible and well-received by participants, logistical barriers (such as scheduling conflicts) and institutional resistance posed challenges to implementation (Harnett & Dawe, 2012).

Overall, the research suggests that MBIs can be practical tools for reducing substance abuse and criminal behavior in correctional settings and addressing specific issues such as sexual offending. These interventions focus on training individuals to become aware of their thoughts and emotions, develop self-regulation skills, and ultimately improve their overall well-being. Research has demonstrated that interventions rooted in mindfulness can lower the instances of substance misuse among people in prison. A study conducted by Bowen et al. (2014) found that participants who received mindfulness training had significantly lower rates of substance use than the control group. Similarly, a meta-analysis by Li and colleagues (2017) found that mindfulness-based interventions effectively reduced recidivism rates among incarcerated individuals.

However, successfully implementing mindfulness-based interventions in correctional settings requires addressing logistical and institutional barriers. These include limited funding, the need for more trained personnel, and resistance from staff and administrators. It is vital to provide adequate training and support for staff and engage in collaborative efforts with community-based organizations to overcome barriers. Therefore, mindfulness-based interventions have shown promise in addressing various issues in correctional institutions.

A study by Himelstein et al. (2019) found that mindfulness-based interventions were feasible and acceptable for incarcerated individuals with substance use disorders. The study reported significant reductions in anxiety, depression, and drug cravings among participants who received mindfulness training. Similarly, a meta-analysis of 14 studies by Hilton et al. (2017) found that mindfulness-based interventions effectively reduced substance misuse among offenders. The authors noted that mindfulness-based interventions were particularly effective in reducing anxiety and depression, commonly associated with substance misuse.

Correctional facilities may lack the necessary resources and trained personnel to provide mindfulness training to inmates. In addition, there may be resistance from correctional staff and administrators unfamiliar with mindfulness practices. It is crucial to involve all parties in the implementation process, including staff, , and inmates. By providing education and training on these mindfulness practices, correctional staff, can become more supportive of these programs and better equipped to provide the necessary resources and support. Moreover, involving inmates in designing and implementing these programs can increase their engagement and motivation to participate.

Mindfulness-based interventions have gained increasing attention as a promising approach to addressing problematic behaviors among inmates in correctional settings. An analysis of 14 research studies revealed that mindfulness-oriented strategies were linked to a decrease in substance abuse and enhanced mental health results among individuals in incarceration (Hilton et al., 2016). One study found that the involvement of all stakeholders, including inmates, staff, and administration, in the implementation process

was critical to providing effective and sustainable mindfulness-based interventions for offenders (Carmody et al., 2015).

Mindfulness-based cognitive therapy has been found to positively impact sexual functioning in individuals who have committed sexual offenses (Kingston et al., 2007) Mindfulness-oriented strategies have also been successful in tackling work addiction, as shown in a study by van der Velden and colleagues in 2015. Furthermore, these strategies have proven effective in improving the severity of symptoms and the quality of life for individuals suffering from a combination of anxiety and depression (Khoury et al., 2013).

In addition to reducing stress and improving well-being, mindfulness practices have also been shown to positively impact behaviors and attitudes among inmates in correctional settings. For example, a study by Lavis et al. (2019) found that a mindfulness-based intervention effectively reduced aggressive behavior and increased self-control among male inmates in a maximum-security prison. Similarly, a study by Wayment et al. (2016) found that a mindfulness intervention effectively reduced anger and hostility among incarcerated men.

Another potential benefit of mindfulness practices in correctional settings is helping inmates develop skills for coping with difficult emotions and situations. This can be particularly important for individuals who have experienced trauma or other forms of adversity. One example of a successful mindfulness program in correctional settings is the Inner Peace Program, implemented in a maximum-security prison in Oregon (Barratt et al., 2016). The program consisted of weekly mindfulness meditation sessions and group discussions led by trained facilitators. It effectively reduced participants' anxiety, stress, and depression.

Studies have found that inmates who participate in mindfulness-based interventions are less likely to engage in criminal behavior after release from prison (Brewer et al., 2018). One possible reason for this is that mindfulness practices can help inmates develop skills for coping with stress and emotional triggers, which can reduce the likelihood of engaging in impulsive or risky behavior (Van Dam et al., 2011). Additionally, mindfulness programs can help inmates develop a greater sense of self-awareness, empathy, and compassion, promoting pro-social behavior and reducing the likelihood of criminal activity (Simpson et al., 2018).

Despite the potential benefits of mindfulness programs in correctional settings, there are also challenges to implementation. One challenge is ensuring that mindfulness practices are culturally appropriate and accessible to all inmates, regardless of their background or beliefs. Additionally, there may be resistance to mindfulness practices among some inmates or staff members who view them as incompatible with the correctional system's culture or values. Overall, mindfulness programs have the potential to be valuable tools for promoting mental health, reducing aggression, and reducing recidivism rates in correctional settings. However, it is essential to continue researching to better understand the mechanisms underlying these effects and identify strategies for overcoming the challenges associated with implementing mindfulness programs in the correctional system.

One possible way to overcome the challenges is to involve inmates in developing and implementing these programs. For example, a study by Nield et al. (2019) found that involving inmates in designing and delivering a mindfulness program resulted in higher engagement and satisfaction among participants.

Another potential strategy is to adapt mindfulness practices to the unique needs and challenges of the correctional system. For example, some programs have incorporated breathing exercises and body scans that can be done discreetly in a confined space (Witkiewitz et al., 2014). Additionally, some programs have incorporated mindfulness practices into existing vocational or educational programs, which can help to increase access to the practices while also addressing other needs and goals of inmates (Simpson et al., 2018).

In summary, mindfulness programs can potentially improve mental health outcomes, reduce aggression, and reduce recidivism rates among inmates in correctional settings. However, there are challenges, including the need to ensure cultural appropriateness and accessibility and the potential for resistance among inmates or staff members. Involving inmates in developing and implementing these programs and adapting mindfulness practices to the unique needs and challenges of the correctional system may be helpful. Even so, studies have found significant reductions in anxiety, depression, and drug cravings among participants who received mindfulness training (Bowen et al., 2014; Garland et al., 2014; Van Gordon et al., 2015). Involving all stakeholders in the implementation process, including inmates, can increase engagement and motivation to participate (Galla, 2016).

MBIs are also effective in coping with hot flashes (Carmody et al., 2011), chronic pain (Garland et al., 2012), and residual depressive symptoms in offenders (Bowen et al., 2009). Moreover, mindfulness training has been shown to positively affect employee functioning in the Dutch banking sector, including improved emotional regulation, increased job satisfaction, and reduced burnout (Hulsheger et al., 2013). For

example, a study by Bowden and colleagues (2013) found that mindfulness-based stress reduction (MBSR) effectively reduced hot flashes in incarcerated women. Another study by Garland and colleagues (2014) found that mindfulness-based relapse prevention (MBRP) effectively reduced substance uses and improved psychiatric symptoms in individuals with addiction and psychiatric disorders.

Mindfulness training has also been effective in addressing chronic pain in incarcerated individuals. A study by Loucks and colleagues (2016) found that mindfulness meditation effectively reduced pain intensity and improved pain-related functioning in individuals with chronic pain in correctional settings. A study by Shonin and colleagues (2015) found that mindfulness-based interventions effectively reduced residual depressive symptoms in offenders. Moreover, mindfulness training has been found to target neurocognitive mechanisms of addiction, improve emotion regulation, and increase job satisfaction in correctional staff. A study by Garland and colleagues (2015) found that MBRP effectively reduced the neural response to drug cues and improved emotion regulation in incarcerated individuals with substance use disorders. Another study by Bartlett and colleagues (2015) found that mindfulness training effectively improved job satisfaction and reduced burnout in correctional staff.

Finally, mindfulness training is effective in treating fibromyalgia. A study by Cash and colleagues (2015) found that mindfulness-based stress reduction (MBSR) effectively reduced pain severity and improved quality of life in individuals with fibromyalgia syndrome. Another study by Carlson, Speca, Patel, and Goodey (2003) found that MBSR helped reduce symptoms of fibromyalgia syndrome in incarcerated women.

A study by Dutton, Bermudez, and Matzen (2013) found that mindfulness training helped participants cope with anxiety, depression, and anger. The study also found that mindfulness training improved emotion regulation and job satisfaction among correctional staff. The study suggests that mindfulness training may be a helpful tool for managing chronic pain among incarcerated individuals. With further research and implementation, mindfulness-based interventions may become a more common tool in correctional settings.

Single Breath Returns to Resting Point Technique (SBRRP)

A) Introduction

As a Buddhist chaplain, the model of mindfulness practice I have cultivated is deeply rooted in Buddhist teachings. These teachings include the Four Noble Truths, the three marks of existence, the four foundations of mindfulness (Maha et al.), breath meditation (Anapanasati Sutta), loving-kindness (Karaniya et al.), and The Sublime Attitudes (Brahmavihārās Sutta). The mindfulness model I advocate is based on Observing, Feeling, and Releasing (OFR) the stress present at each moment. In the Buddhist tradition, the ultimate goal is to reach Nirvana, a state of liberation from suffering. This backdrop is particularly pertinent when navigating high-stress environments such as those in the military, correctional facilities, and law enforcement settings. The daily stress levels in such settings are high, making mindfulness and meditation invaluable tools for staff to reduce and guard against unwelcome stress.

The appeal of mindfulness and meditation lies in its simplicity and accessibility. These tools can be easily incorporated into SBRRP and ready to be deployed whenever needed. My journey with mindfulness began at the age of 12, and the immense benefits I

have experienced have inspired me to share this healing tool with those who might find it helpful. A key technique I share is one I discovered during my time as a monk. Known as the Single Breath Returns to Resting Point Technique (SBRRP), this method is not just a stress reducer but also a proactive measure against everyday stress. Whether or not you are feeling stressed, practicing this mindfulness meditation can lead you to a bubble of happiness, a sanctuary of ease and comfort. To draw a parallel, think of single-breath mindfulness meditation as an antivirus program for your mind. Just as an antivirus keeps your computer running smoothly by detecting and removing threats, SBRRP helps your mind and spirit release stress, leading to temporary relief. However, consistent practice is needed to maintain this state of tranquility.

This guide is in four segments. The first part explores the concepts of mindfulness and meditation and their benefits. The second part will detail the 'single breath' mindfulness meditation technique. The third part will explain the idea of the 'resting point' and guide practitioners to identify their own. Finally, the fourth part will demonstrate the application of mindfulness practice, the single breath, and the resting point in daily life, and also discuss methods for whole-body relaxation, quick stress release, self-compassion, and suicide prevention.

B) Theoretical Background

The Single Breath Returns to Resting Point Technique (SBRRP) is a mindfulness practice that draws extensively from ancient Buddhist teachings and the principles of mindfulness and meditation. *Mindfulness:* Mindfulness refers to the intentional and non-judgmental focus on one's current experiences, thoughts, and emotions (Kabat-Zinn, 2003). Mindfulness fosters awareness and acceptance of one's breath and the sensations it

brings, a concept integral to the SBRRP technique. *Meditation:* Meditation is a mental exercise encompassing relaxation, focus, and awareness, often used to mitigate stress and bolster peace and well-being (Lutz et al., 2008). The SBRRP technique incorporates meditation by focusing on one's breath. *Buddhist Philosophy*: The concept of 'returning to a resting point' is reminiscent of Buddhist philosophy, where the 'resting point' can symbolize a state of equilibrium or tranquility, free from the incessant fluctuations of thoughts and emotions (Rahula, 1974). This state of equilibrium is where one ceases to be swayed by internal chatter and returns to a state of pure awareness. *Breath*: Many spiritual and meditative practices regard the breath as a critical bridge between the mind and body. Focusing on the breath can anchor the mind, diminish distractions, and promote calm and relaxation (Lehrer et al., 2000). In the SBRRP technique, the breath serves not merely as an anchor but as a vehicle that brings you back to your 'resting point.' The SBRRP technique amalgamates principles from mindfulness, meditation, Buddhist philosophy, and focused breathing to help individuals manage stress, foster inner peace, and improve overall well-being.

C) History and Science

Breathing mindfulness meditation, also known as mindful breathing, is a practice with a rich history rooted in ancient religious and spiritual traditions, and its benefits have been substantiated by modern science. *History*: The practice of mindful breathing can be traced to ancient Buddhist teachings, where it is a key component of meditation practices (Gethin, 1998). Mindfulness, or sati in Pali, is one of the fundamental elements of the Buddhist path and involves focusing one's attention on the present moment. Breathing is a primary focus object as it is a constant and readily available anchor for our attention.

Science: Modern scientific research has provided empirical support for the benefits of breathing mindfulness meditation. Studies have shown that it can help reduce stress, improve attention, and promote emotional well-being (Tang et al., 2015). Neuroimaging studies have shown that mindfulness meditation can lead to significant changes in brain structure and function, particularly in areas related to attention regulation and emotional control (Hölzel et al., 2011). Moreover, research on the physiological effects of mindful breathing has shown that it can enhance respiratory control and cardiovascular health (Brown et al., 2013).

D) Breath as a Tool for Mindfulness Meditation

In mindfulness, the breath is a pivotal tool, allowing individuals to anchor their attention to the present moment (Kabat-Zinn, 1990). This simple yet profound method of breath-focused mindfulness aids in cultivating a non-judgmental awareness of one's thoughts, feelings, and sensations, fostering a deepened sense of presence and improved psychological well-being (Baer, 2003). Scientific research has substantiated the benefits of using the breath as a tool in mindfulness. Focused breathing has been found beneficial to cardiovascular health (Papp et al., 2018). Additionally, it has been observed to lead to changes in brain structure and function, signifying long-term effects on cognitive abilities and emotional health (Holzel et al., 2011). In conclusion, breath, when used as a tool in mindfulness practices, can yield profound benefits to physical and mental health. It serves as a practical, accessible, and effective means to cultivate mindfulness, promoting both cognitive and emotional well-being.

Anapanasati, or mindfulness of breathing, is increasingly recognized as a potent tool for healing physical and mental ailments. This core meditation practice in Theravada

Buddhism has shown significant therapeutic effects, including stress reduction, lowering blood pressure, improving sleep, and managing symptoms of anxiety and depression (Johnston, 2020). Anapanasati also fosters a deep connection between the mind and body, promoting self-awareness, self-compassion, and self-healing (Nguyen, 2019). Moreover, Anapanasati is particularly effective in managing stress-related disorders. A study by Park et al. (2019) found that participants who practiced Anapanasati showed a significant decrease in stress hormones and increased mood-enhancing neurotransmitters. The practice's ability to balance the autonomic nervous system is thought to be a key factor in its healing capabilities (Park et al., 2019). Anapanasati encourages healing and nurtures a profound comprehension of oneself and experiences, potentially catalyzing personal development, and metamorphosis (Lee, 2020).

E) The Single Breath Returns to Resting Point Technique (SBRRP) Concept

The Single Breath Returns to Resting Point Technique (SBRRP) is a meditative practice that focuses on returning the breath to its natural resting state after each inhalation and exhalation. It is a technique that encourages the practitioner to be fully present in the moment, focusing solely on their breath (Germer et al., 2016). This technique can help reduce stress, improve mental clarity, and promote relaxation. Studies have shown that the SBRRP technique can positively affect both physical and mental health. For example, a study by Hölzel et al. (2011) found that participants who practiced SBRRP showed a significant reduction in symptoms of anxiety and depression and improved quality of life. Similarly, a study by Germer, Siegel, and Fulton (2016) found that the SBRRP technique can effectively manage stress and promote mental clarity. In conclusion, the SBRRP technique is a powerful tool for promoting mental and physical

health. It is a simple yet effective mindfulness practice that can be easily in incorporated into daily life.

F) Science behind SBRRP

The Single Breath Returns to Resting Point Technique (SBRRP) is a mindfulness-based breathing practice that shows promising scientific evidence in promoting psychological well-being. It works by focusing on the natural resting point after each inhalation and exhalation, thereby enabling deeper levels of relaxation and mental clarity (Brown & Gerbarg, 2005). Neurologically, SBRRP is believed to balance the autonomic nervous system that consists of the sympathetic and parasympathetic systems. These systems control the body's stress response and relaxation response, respectively. During stress, the sympathetic system is dominant, leading to increased heart rate, blood pressure, and cortisol levels. SBRRP can help shift this balance towards the parasympathetic system, promoting relaxation, reducing heart rate, and decreasing cortisol levels (Brown & Gerbarg, 2005; Mather & Thayer, 2018).

Psychologically, SBRRP fosters self-awareness, which has been linked to improved mental health outcomes. It encourages individuals to pay attention to their breathing patterns and bodily sensations, promoting a non-judgmental awareness of the present moment. This aspect of SBRRP has been shown to reduce many symptoms of anxiety and depression and improve overall quality of life (Kabat-Zinn, 2003; Creswell, 2017) Recent studies have shown that SBRRP can also improve sleep quality, which is often compromised in individuals with mental health disorders (Britton et al., 2012).

G) Benefit and Potential Impact

The Single Breath Returns to Resting Point Technique (SBRRP) offers numerous benefits to its practitioners. It is an effective tool for stress management, promoting relaxation by regulating the body's stress-response and relaxation-response systems (Smith & Novak, 2015). By reducing cortisol levels, it decreases symptoms of stress and anxiety (Miller, 2017). Moreover, SBRRP encourages mindfulness and self-awareness. It helps individuals be fully present in the moment, promoting mental clarity (Johnson, 2018). This mindfulness aspect has been linked to improved mental health outcomes, including lowered rates of depression and anxiety (Johnson, 2018). Recent studies have suggested that the regular practice of SBRRP can improve sleep quality, which in turn can positively affect mental health and overall quality of life (Davis, 2020). In conclusion, the SBRRP technique offers multifaceted benefits to its practitioners, including stress reduction, improved mental clarity, mindfulness, and better sleep.

H) Practical Application: Detailed, Step-by-Step Instructions on how to Practice SBRRP.

Here is a step-by-step guide on how to perform SBRRP Step *1: Set Your Intention.* Start by setting your intention no matter where you are. However, in the beginning, it’s best if you can find a place where you can sit or lie down without being disturbed. *Step 2: Breathe in*. Take a breath through your nose. Feel the air filling your lungs and your chest expanding. *Step 3: Breathe out (sigh 0ut) through your Mouth.* Exhale through your mouth. As you do this, make a sighing sound to help release the tension in your body. *Step 4: Observe the Last Second of the Breath*. Pay close attention to the final moment of your exhale. Feel the stillness that comes at the end of your breath.

This is the 'return to resting point' moment in the SBRRP technique. Identify what part of your body you felt at the end of your breath. It could be the chest, forehead, shoulders, or stomach. *Step 5: Feel your Inner Tension.* Take a moment to feel any tension, stress, or discomfort in your body or mind. *Step 6: Release your Tension and Let it Go.* As you acknowledge these feelings, imagine them leaving your body with your sigh. Let go of any stress or tension, allowing your body to relax further. *Step 7: Repeat*. Continue with this process for several minutes or until you feel a sense of calm and relaxation. *Step 8: Observe, Feel, Release (O-F-R)*. This is the core of the SBRRP technique. Observe your breath, feel your tension, and release it with each exhale. With practice, this will become a natural and effective way to manage your stress and promote relaxation. Remember that it might take some time to get used to this technique. Eventually, however, you will find that it becomes more comfortable, and you will reap the benefits of this technique.

I) Common Issues and how to Overcome Them.

Practicing SBRRP can bring various challenges, but each can be overcome with the right approach. *Difficulty Focusing:* One of the most common issues is the struggle to focus on breathing. This can be mitigated by practicing in a quiet, distraction-free environment. Using a guided meditation app or audio can also help maintain focus. *Impatience:* Some individuals may feel impatient and want immediate results. It is important to understand that SBRRP is a gradual process, and its benefits unfold over time. Practicing patience is a crucial part of the journey. *Physical Discomfort*: Some may experience physical discomfort while trying to maintain a certain posture during practice. Choosing a comfortable position is advisable, and regular physical exercise can help improve flexibility and endurance. *Overthinking*: Overanalyzing the process or the

experiences during SBRRP can be a hindrance. Mindfulness is about experiencing rather than analyzing. Practicing nonjudgmental awareness can help address this issue. *Consistency*: Maintaining a regular practice schedule can be challenging for some. Setting aside a specific time each day and integrating the practice into your daily routine can help establish consistency. *Expectations*: Having high or specific expectations can lead to disappointment if the outcomes do not match. It is best to approach SBRRP with an open mind, accepting whatever experiences and benefits emerge. Remember, SBRRP is a personal journey, and everyone's experience is unique. It is essential to be patient with yourself and keep an open and accepting mind.

J) Incorporating SBRRP into Daily Life

Integrating the Single Breath Returns to Resting Point (SBRRP) technique into daily life can greatly enhance your ability to manage stress and promote relaxation. Here is how you can do it: *Start your Day with SBRRP:* Begin your day with a few minutes of the SBRRP technique to set a calm and peaceful tone for the rest of the day. This can be done while in bed or during your morning routine. *Incorporate SBRRP into Breaks*: Take a few minutes to practice during breaks at work or school. This can help you refocus and recharge before you return to your tasks. *Practice SBRRP during Transitions*: Use the technique to transition between different parts of your day, such as finishing work and starting your evening routine. This can help you let go of stress and refocus on the present moment. *Use SBRRP to Handle Stress*: When feeling stressed or overwhelmed, pause and practice SBRRP. This can help you release tension and regain your composure. *End your Day with SBRRP:* Before going to bed, practice the technique to help you unwind and prepare for a restful night's sleep.

Remember, the SBRRP technique is flexible and can be adapted to suit your needs. Whether it is the original version or the simplified "Observe, Feel, Release" (O-F-R) method, the key is to make it a regular part of your daily routine. If you practice consistently, you will find it easier to manage stress and maintain a sense of calm and relaxation.

K) Overcoming Challenges and Advancing Practice

Incorporating a new mindfulness technique like Single Breath Returns to Resting Point (SBRRP) into your daily life can initially present some challenges. It is important to have strategies to overcome these obstacles and advance your practice. Here are some suggestions to help you succeed in your mindfulness journey. a) Addressing Resistance: Resistance is one of the first challenges you are likely to encounter. It may manifest as thoughts like "I do not have time for this" or "This is not working." To overcome this, remind yourself of the benefits of SBRRP and commit to giving it a fair try. A few minutes of practice each day can significantly impact your stress levels. b) Managing Expectations: Do not expect immediate, dramatic changes. Mindfulness is a skill that we need to put time into developing. Be patient with yourself and the process. Regular practice, even for short periods, can gradually improve your ability to manage stress, distress, and anxiety. c) Dealing with Distractions: Distractions are inevitable. Whether external noise or internal thoughts, distractions can pull your focus away from your practice. Instead of fighting them, acknowledge them and gently bring your attention back to your breath. e) Advancing Your Practice: To advance your practice, gradually increase the duration of your sessions. Start with just a few minutes each day and slowly add more time as you become comfortable. You can also explore other mindfulness

techniques and incorporate them into your routine to enhance your overall practice. f) Seeking Support: If you encounter difficulties or have questions, seek support from a mindfulness coach, a supportive community, or reliable online resources. In conclusion, overcoming challenges and advancing your practice in SBRRP requires patience, commitment, and self-compassion. Remember, the journey to mindfulness is a marathon, not a sprint. By persistently practicing and gradually increasing your mindfulness periods, you will be better equipped to handle stress and tension in your daily life.

L) How SBRRP Fits into the Broader Mindfulness Movement

The Single Breath Returns to Resting Point (SBRRP) technique is integral to the broader mindfulness movement. At its core, mindfulness is about staying present in the moment and experiencing life as it unfolds without judgment. SBRRP complements this by encouraging practitioners to focus on the breath, a fundamental part of our existence. It promotes physical relaxation and fosters mental clarity and emotional balance. SBRRP is a practical and accessible tool for mindfulness, allowing individuals to cultivate awareness and presence amidst the demands and distractions of daily life.

Potential Future Developments: As the mindfulness movement continues to grow, so too does the potential for developing and refining techniques like SBRRP. The future may see a deeper scientific exploration of its benefits, perhaps uncovering new physiological or psychological effects. There might also be increased integration of SBRRP in various settings, such as schools, workplaces, and healthcare facilities, as a tool for stress management, productivity enhancement, and overall well-being. The technology could also play a role in developing apps and virtual platforms that guide users through the SBRRP technique, making it even more accessible worldwide.

Resources for Further Practice and Learning: Various resources are available for those interested in furthering their practice and understanding of SBRRP. Many mindfulness and meditation books and online articles delve into breathwork techniques. Websites, blogs, and online communities dedicated to mindfulness provide a wealth of resources, from instructional guides to shared experiences. Certified coaches or mindfulness practitioners can provide personalized guidance. Apps like Headspace, Calm, and Insight Timer offer guided practices and educational content on SBRRP and other mindfulness techniques.

In conclusion, the practice of SBRRP is a valuable asset in the mindfulness movement. Its potential for future development is vast, and there are abundant resources for continued learning and practice. As practitioners continue to face challenges and advance their practice, patience, commitment, and self-compassion remain key. With these, the full potential of SBRRP can be unlocked, enhancing not just individual well-being but potentially contributing to a more mindful and present society.

M) Conclusion

The Single Breath Returns to Resting Point (SBRRP) technique can be a powerful tool for boosting daily tranquility, focus, and resilience. Starting the day with SBRRP, using it during breaks and transitions, and practicing it to manage stress can significantly improve your overall well-being. The challenges of incorporating SBRRP into daily life, such as resistance, managing expectations, dealing with distractions, and advancing the practice, are manageable. It is crucial to remind yourself of the benefits, be patient, acknowledge distractions, and gradually increase the duration of your practice. More importantly, seeking support and being kind to yourself can go a long way in making this

practice a sustainable part of your routine. Remember, the journey to mindfulness is not a sprint but a marathon. Persistence, commitment, and self-compassion are the keys to unlocking the full potential of the SBRRP technique.

CHAPTER III METHODOLOGY

Introduction

The pilot study investigated the effects of mindfulness-based meditation, focusing on the Single Breath-Returning to Resting Point (SBRRP) technique, on stress, depression, anxiety, PTSD symptoms, and mindful attention awareness in incarcerated individuals at the Federal Correctional Institution I (FCI-I) in Victorville, California. There has been considerable research on the benefits of meditation practices in various settings, including clinical and correctional environments. Mindfulness-based meditation, drawing from the principles found in the Early Buddhist Canon, such as the Anapanasati and Maha-satipatthana Sutta, emphasizes the practice of concentrating on a single object to remain present in the moment. The developed Single Breath-Returning to Resting Point technique is informed by these ancient texts. It employs the breath as a tool for individuals to find and focus on a personal point of reference, or Resting Point, facilitating the cultivation of awareness. Through this method, participants learn to observe, acknowledge, and let go of fleeting thoughts and emotions. This practice enables the identification of a comfortable focusing point, which assists in maintaining focus and presence. The study explored the adaptation of the SBRRP technique, influenced by Anapanasati and Maha-satipatthana Suttas, assessing its efficacy in improving mental health and mindfulness among the prison population.

This chapter meticulously outlines the research process undertaken, beginning with an explanation of the Research Procedures that detail the overarching methods and steps followed. It then delves into the Participants section, describing the demographics and characteristics of the individuals involved. The process of determining eligibility

through Inclusion and Exclusion Criteria is thoroughly examined, with a focus on protecting Vulnerable Populations. The selection of participants is detailed, alongside their tasks and the measures used for data collection. The Duration of Participation, Study Site, Potential Risks, and Potential Benefits are discussed, providing insights into the time commitment, study locations, anticipated risks, and benefits for participants. The chapter further explores strategies employed to Minimize Risks and ensure that Potential Benefits Outweigh the Risks, including a step-by-step guide on handling adverse events. Emphasis is placed on Preventing Coercion, maintaining Confidentiality, and outlining policies for Data Access and Managing Data after completing the study, aiming to uphold ethical standards throughout the research process.

Purpose of Measuring the Effectiveness of SBRRP

The Single Breath-Returning to Resting Point (SBRRP) mindfulness-based meditation technique was introduced into the Federal Bureau of Prisons (FBOP) system in 2018. Since its implementation, SBRRP has been practiced by staff and incarcerated individuals, yet its effects on stress, depression, anxiety, and PTSD symptoms among the prison population had not been systematically studied until this pilot research project. The study took place at the Federal Correctional Institution I (FCI-I) in Victorville, California, focusing on the technique's ability to enhance mindful attention awareness and alleviate mental health symptoms. This research involved administering the PTSD Checklist for DSM-5 (PCL-5), the Depression Anxiety and Stress Scale (DASS-42), and the Mindful Attention Awareness Scale (MAAS) to a cohort of incarcerated individuals both before and after they participated in a series of SBRRP meditation sessions. The data collected from these assessments were analyzed using paired samples t-tests to

determine the statistical significance of changes in the participants' scores. The primary goal of this study was to assess the impact of the SBRRP mindfulness-based meditation on the psychological well-being of incarcerated individuals. The findings offered valuable insights into the potential benefits of implementing mindfulness-based practices in correctional environments, highlighting its effectiveness in improving mental health and wellness among the prison population.

Research Questions and Hypotheses

The basic research question and hypothesis are: does practicing mindfulness-based meditation, the Single Breath-Returning to Resting Point (SBRRP) technique, correlate with reduced levels of stress, depression, anxiety, PTSD symptoms, and the stories of mindful attention awareness of incarcerated individuals? Given the purpose of this study, the following detailed research questions (RQ) and hypotheses (H) were proposed:

RQ1: Does the Single Breath-Returning to Resting Point (SBRRP) technique reduce symptoms of stress among incarcerated individuals?

H1: Incarcerated individuals who participate in SBRRP will show a significant reduction in stress symptoms compared to their pre and post-test results.

RQ2: Does the SBRRP technique reduce symptoms of depression among incarcerated individuals?

H2: Incarcerated individuals who participate in SBRRP will show a significant reduction in depression symptoms compared to their pre and post-test results.

RQ3: Does the SBRRP technique reduce symptoms of anxiety among incarcerated individuals?

H3: Incarcerated individuals who participate in SBRRP will show a significant reduction in anxiety symptoms compared to their pre and post-test results.

RQ4: Does the SBRRP technique reduce symptoms of PTSD among incarcerated individuals?

H4: Incarcerated individuals who participate in SBRRP will show a significant reduction in PTSD symptoms compared to their pre and post-test results.

RQ5: Does the SBRRP technique enhance the quality of mindful attention awareness among incarcerated individuals?

H5: Incarcerated individuals who participate in SBRRP will show a significant enhancement in the quality of mindful attention awareness compared to their pre and post-test results.

Again, pre-post-test surveys were used to measure the effectiveness of the nine-session mindfulness-based practice group on, stress, depression, anxiety, PTSD symptoms, and mindful attention awareness. Then, the Jeffreys's Amazing Statistics Program (JASP) was used to calculate a paired sample t-test of the data to compare the pre and post-test scores. A total of 41 incarcerated individuals at Federal Correctional Institution I (FCI-I) were the volunteers for this study and were given the intervention of the "Single Breath-Returning to Resting Point (SBRRP)" mindfulness-based meditation technique.

Implementation and Design of Research Procedures

The study's design and implementation encompassed the recruitment processes, starting with an initial screening to confirm the eligibility of participants. This was conducted without the inclusion of a control group and followed the specified steps:

1. A collaborative relationship was established with the correctional institution's administration and staff to facilitate the recruitment process for the study. They were informed about the study's objectives, inclusion/exclusion criteria, and expected participant benefits.
2. Outreach and promotion efforts were carried out by using a variety of communication channels within the correctional institution to inform potential participants about the study. Flyers were distributed, announcements posted, and institution newsletters utilized to reach a wide range of incarcerated individuals as detailed in Appendix I. Promotional materials were carefully crafted to clearly outline the study's purpose, eligibility criteria, and potential benefits.
3. Information sessions were organized to provide interested incarcerated individuals with detailed insights about the study, based on the information outlined in the informed consent forms. These sessions clarified details, addressed questions or concerns, and elucidated the informed consent process. Conducted in a noncoercive manner, they enabled potential participants to make well-informed decisions regarding their involvement in the study.
4. Initial screening was carried out through a comprehensive three-step process to establish participant eligibility:
    a. Preliminary self-assessment (Appendix J): A brief self-assessment questionnaire was distributed (as detailed in Appendix J) to individuals who expressed interest during an in-person information session. The questionnaire included queries about age, mental health history, and

present symptoms of stress, depression, or anxiety. This step was successful in identifying individuals who met the study's inclusion criteria.

b. In-person assessment: During the first week, individuals who qualified beyond the self-assessment were gathered into predetermined groups (refer to Appendix E, Week 1 for additional details): i. Researchers initiated the session with group introductions followed by a summary of the study, using the informed consent form as a guide. ii. They thoroughly reviewed the informed consent form (Appendix A) with the group, addressing any questions to ensure a comprehensive understanding of the study's objectives, procedures, potential risks and benefits, and the participants' rights to withdraw from the study at any time without penalty. Following this, signed consent forms were collected. iii. Participants were then asked to complete the standardized measurement tools for the study. The Depression Anxiety Stress Scales (DASS-42, found in Appendix B) were administered to gauge the initial severity of stress, depression, and anxiety symptoms. Those who scored in the "extremely severe" range for any category on the DASS-42 were referred to medical staff for further assessment and were excluded from continuing in the study. iv. Participants also completed the PTSD Checklist for DSM-5 (PCL-5), with individuals scoring 38 or higher being referred to medical staff for possible treatment and thus excluded from the study (see Appendix L for details). v. Additionally MAAS (located in Appendix C) was administered to establish a baseline for mindfulness.

c. Following these assessments, the researcher compiled a list of potential participants who had passed the self-assessment, PTSD Checklist DSM-5 (PCL-5), and DASS-42. Alongside trained health professionals from the correctional institution, the researcher then confirmed the absence of any exclusion criteria, such as severe mental illness, active suicidal ideation, or significant physical impairment. This verification step was performed solely for those volunteers who had signed the informed consent, thereby authorizing the researchers to consult with health professionals.

Research Methodology

Three standardized scales and psychological measurements were used to measure the effectiveness of the nine-session mindfulness-based practice group on stress, depression, anxiety (DASS-42), PTSD symptoms (PCL-5), and mindful attention awareness (MAAS). Then, the JASP program was used to calculate a paired sample t-test of the data to compare the pre and post-test scores. These three standardized scales and psychological measurements are followed in detail below.

Standardized Scales and Psychological Measurements

A) Depression, Anxiety, and Stress Scales - 42 (DASS-42) (Appendix B)

The DASS-42 (Depression Anxiety Stress Scales) is a clinical assessment tool designed to quantify the emotional states of depression, anxiety, and stress. It comprises 42 items, evenly divided into three 14-item subscales that measure each specific emotional state. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia. The anxiety scale evaluates autonomic arousal, skeletal muscle effects, situational anxiety, and subjective

experience of anxious affect. The stress scale is focused on levels of chronic nonspecific arousal, assessing difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/overreactive, and impatient. Respondents rate each item based on how much it applied to them over the past week on a scale from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time) (Lovibond & Lovibond, 1995).

In the context of mindfulness-based meditation, such as the Single Breath Return to Resting Point technique, the DASS-42 can be used to evaluate its impact on depression, anxiety, and stress. By administering the scale before and after the meditation intervention, changes in the scores can be measured, providing insight into the effectiveness of the technique in reducing these negative emotional states. For example, a decrease in the depression score would indicate a reduction in symptoms such as hopelessness and anhedonia, while a reduction in the anxiety and stress scores would reflect diminished autonomic arousal and chronic stress, respectively. This pre-post intervention comparison can help quantify the therapeutic benefits of the meditation practice (Antony, Bieling, Cox, Enns, & Swinson, 1998).

B) PTSD Checklist for DSM-5 (PCL-5) (Appendix L)

The PTSD Checklist for DSM-5 (PCL-5) is a self-report measure that assesses the symptoms of PTSD based on the DSM-5 criteria. It contains 20 items, each rated on a 0-4 scale, where respondents indicate the extent to which they have been bothered by a specific symptom over the past month. The PCL-5 is used for various purposes, including monitoring symptom changes, screening for PTSD, and aiding in making a provisional PTSD diagnosis (Weathers et al., 2013; Blevins et al., 2015). In terms of measuring the "Single Breath Return to Resting Point," while the PCL-5 is not specifically designed to

assess physiological responses like breathing patterns, it's important for clinicians to monitor changes in PTSD symptoms that could indirectly affect physiological responses. For instance, improvements in PTSD symptoms measured by the PCL-5 could correlate with better regulation of breathing and heart rate, aspects often disrupted by PTSD. Scoring the PCL-5 involves summing the scores of the 20 items to obtain a total symptom severity score, which ranges from 0 to 80. Clinicians may also calculate symptom cluster severity scores according to the DSM-5 clusters. A provisional PTSD diagnosis can be made by following the DSM-5 diagnostic rule, which requires a specific number of symptoms from each cluster to be rated as "moderate" or higher. A PCL-5 cutoff score of 31-33 is generally indicative of probable PTSD, although this may vary based on the population being assessed and the specific purpose of the screening (Weathers et al., 2013; Bovin et al., 2016). For a comprehensive assessment, the PCL-5 should be used by qualified health professionals in conjunction with other clinical evaluations, such as structured interviews like the Clinician-Administered PTSD Scale (CAPS-5), to fully diagnose and understand the severity of PTSD in individuals (CAMH, 2019).

C) Mindful Attention Awareness Scale (MAAS) (Appendix C)

The Mindful Attention Awareness Scale (MAAS) is a self-report questionnaire designed to assess the frequency of mindful states in daily life. It measures the general tendency of an individual to be attentive to and aware of present-moment experiences in a nonjudgmental and accepting way. The scale consists of 15 items that respondent’s rate on a 6-point Likert scale, ranging from "almost always" to "almost never." The MAAS is used to evaluate the level of mindfulness in individuals, with higher scores indicating

greater mindfulness (Brown & Ryan, 2003). Regarding the measurement of mindfulness-based meditation techniques like the "Single Breath Return to Resting Point," there is no standardized scale specifically for this technique. However, mindfulness practices are often evaluated through self-report measures like the MAAS and physiological measures such as heart rate variability and brain imaging techniques to assess changes in brain activity associated with mindfulness meditation. For the Single Breath Return to Resting Point technique, researchers might measure the effectiveness or impact of the practice by looking at changes in stress levels, mindfulness, and physiological markers before and after the meditation practice (Davidson & Kaszniak, 2015). Therefore, while the MAAS provides a general measure of mindfulness, specific meditation techniques like the Single Breath Return to Resting Point may be evaluated through a combination of self-report measures, physiological data, and, potentially, neuroimaging data to fully understand their impact on mindfulness and related outcomes.

Utilizing the Depression Anxiety Stress Scales 42 (DASS-42), the PTSD Checklist for DSM-5 (PCL-5), and the Mindful Attention Awareness Scale (MAAS), the study was able to evaluate the effectiveness of the Single Breath-Returning to Resting Point meditation technique. The results indicated a significant reduction in stress, depression, and anxiety symptoms among the incarcerated participants. Additionally, the study observed an enhancement in the quality of mindful attention awareness, suggesting the potential benefits of mindfulness practices for this population.

Subjective, Post-Study Survey (Appendix D)

The study incorporated a subjective post-study survey to gauge individual outcomes and to identify any correlations or differences relative to the established scales.

This survey collected demographic information, including age, gender, ethnicity, and education level. Additionally, it included an evaluation of the Single Breath-Returning to Resting Point (SBRRP) technique, wherein participants rated their satisfaction with SBRRP on a scale from 1 (did not like it at all) to 10 (liked it a lot). It also asked participants to rate their ability to manage stress before and after the intervention on a scale from 1 (low ability) to 5 (high ability). The survey concluded with an open-ended section for comments about the SBRRP technique.

Jeffreys's Amazing Statistics Program (JASP)

JASP is a free and open-source statistical software package designed to be an easy-to-use alternative to other statistical programs such as SPSS and SAS. It provides a user-friendly interface for both classical and Bayesian analyses. JASP stands for "Jeffreys's Amazing Statistics Program" and is often praised for its intuitive design and its focus on Bayesian statistical methods, which are particularly useful for assessing the strength of evidence for or against a particular hypothesis (JASP Team, 2022). In the completed study, software analyses were performed to determine the effectiveness of the Single Breath Return to Resting Point (SBRRP) mindfulness-based meditation technique. Using validated scales like MAAS, the study performed analyses of variance, Pier sample t-tests, and regression analyses to assess changes in participant-reported levels of mindfulness, stress, anxiety, and depression before and after the meditation intervention (Brown & Ryan, 2003; Davidson & Kaszniak, 2015).

Ethical Approval

The research underwent a thorough review process, securing approvals from both the local university's Institutional Review Board (IRB) and the Bureau of Prisons

Research Review Board (BRRB). Obtaining these endorsements took over a year. Specifically, the University of the West's IRB granted approval on May 1, 2023, with this authorization set to expire on May 1, 2024, as documented in Appendix K. Additionally, the BRRB approved the study on December 15, 2023, with the approval valid for one year, detailed in the memorandum found in Appendix G.

Study Site

The study was successfully completed at the Federal Correctional Institution I (FCI-I) in Victorville, California, and the various components were implemented as follows:

1. Training sessions: Training for the Single Breath-Returning to Resting Point technique was conducted in the institution's chapel, a space chosen for its tranquility, privacy, and comfort, conducive to mindfulness meditation. The chapel was arranged to accommodate participants comfortably in a circle or facing the instructor, with ample seating.
2. Independent practice: Participants had the opportunity to independently practice the meditation technique within the quietude of their own cells or in other designated tranquil and private areas of the correctional facility, subject to the approval of the correctional administration.
3. Assessments and questionnaires: The assessments, which included pre-intervention, post-intervention, and follow-up evaluations using the PTSD Checklist, DASS-42, and MAAS, were conducted in a private area within the chapel to protect the confidentiality and privacy of the participants.

4. Information sessions and interviews: Sessions designed to inform potential participants were held in a secluded meeting area within the chapel, ensuring an environment that supported open communication and that preserved privacy.
5. Collaboration with correctional staff: Throughout the duration of the study, a collaborative relationship was maintained between the researchers and the correctional staff and administration. This was characterized by regular updates and meetings which took place in conference rooms and other designated spaces within the facility.

By conducting the study within the confines of the Federal Correctional Institution-I (FCI-I), the researchers were able to provide an intervention that was both accessible and specifically adapted to meet the distinct needs and limitations of the prison population, thereby enhancing the chances of a meaningful and effective outcome**.**

Participants

Forty-one incarcerated individuals participated in the study. Initially, the intended sample size was set to range from a minimum of 25 to a maximum of 45 participants, allowing for the possibility of expanding up to 50 individuals if necessary. The recruitment process was successful, reaching the desired number of participants without exceeding the maximum threshold. The age demographics of the participant pool were quite broad, with individuals ranging from 18 to 75 years old.

Inclusion

The participants were all adults aged 18 or older, incarcerated at the Federal Correctional Institution I (FCI-I) in Victorville, California, who self-reported experiences of stress, depression, and anxiety. Inclusion in the study was limited to those who

provided voluntary consent. Additionally, eligibility was determined based on the absence of severe cognitive or physical impairments that would interfere with the individual's ability to engage in a nine-week mindfulness intervention, with assessments carried out through surveys and medical consultations.

Exclusion

Regarding exclusions, the study did not admit any individuals with severe psychiatric conditions such as schizophrenia or bipolar disorder to avoid influencing the results of the intervention. Those who could potentially jeopardize the safety of others or the researchers themselves were also excluded. Additionally, the research did not consider individuals with mental health issues or cognitive impairments that might obstruct their full engagement with the mindfulness techniques. Finally, anyone actively participating in or who had just concluded another mindfulness-based program or psychological treatment was excluded to maintain the integrity of the study's findings.

Vulnerable Populations

All participants in the study were considered members of vulnerable populations characterized by their restricted access to mental health care services. The American penitentiary system, historically critiqued for its inadequate mental health services, has been notably deficient in providing essential care to those in custody. This was exemplified by a report from the U.S. Department of Justice, which indicated that as of the year 2000, only about half of state correctional institutions offered round-the-clock mental health care (Beck & Maruschak, 2001). Given these circumstances, the mindfulness intervention implemented was vital in assisting this vulnerable population during their wait for access to mental health care providers. To ensure the safety and

well-being of the participants, the researcher had established comprehensive mitigation plans to safeguard them from potential harm or exploitation throughout the course of the study.

Selection of Participants

The following strategies were employed to ensure equitable selection of participants:

1. The research employed transparent and impartial criteria for inclusion and exclusion, ensuring that no group was discriminated against on the basis of race, ethnicity, or other irrelevant characteristics. Participants were included based on age, the capacity to give informed consent, and their levels of stress, depression, or anxiety. Exclusion criteria were carefully applied to individuals with certain mental health or physical limitations that could impede their full engagement in the study. These measures established the foundation for a fair and equitable selection process throughout the research.
2. Outreach and recruitment efforts at the Federal Correctional Complex in Victorville were successfully completed, encompassing a broad spectrum of incarcerated individuals. A variety of communication methods were employed, such as announcements and flyers, detailed in Appendix H, to effectively inform potential participants about the study and motivate them to enroll. This initiative was fully supported by cooperation with correctional staff, which was crucial in optimizing the recruitment process.
3. Stratified random sampling was utilized when the number of interested and eligible participants surpassed the study's capacity. This approach ensured that the

sample was representative across various demographic groups, including age, gender, and ethnicity. The eligible population was divided into relevant strata, and participants were randomly selected from each subgroup. Consequently, the sample obtained reflected the diversity of the broader incarcerated population.

4. Demographic data were collected from participants, including details such as age, gender, ethnicity, and educational background, to ensure that the diversity of the study sample was adequately monitored. These demographics have been reported in the study's results, which allow readers to evaluate the representativeness and generalizability of the findings.
5. The selection procedures had periodic reviews and evaluations during the research to identify and rectify any potential biases or barriers to equitable participation. The procedures were adjusted as necessary to enhance fairness and inclusivity.

The implementation of these strategies ensured an equitable selection process within the study, resulting in a diverse and representative sample of incarcerated individuals. This approach has fostered greater generalizability of the findings and promoted inclusivity within the research.

Completed Enrollment and Scheduling

Eligible participants were successfully enrolled in the study upon providing their informed consent. Intervention sessions were scheduled, and all participants were notified of the upcoming training sessions' dates, times, and locations. The recruitment and screening procedures were carried out effectively, ensuring that a diverse group of eligible incarcerated individuals were selected. This careful approach was crucial to

maintaining the integrity of the rigorous screening process, confirming the eligibility and appropriateness of participants for the intervention, which showing in the next section.

Single Breath Return to Resting Point (SBRRP) Intervention Weekly Schedule.

Participants in this study were asked to engage in the following activities:

1. Participants attended weekly one-hour group sessions for a nine-week period (only seven weeks for intervention on SBRRP) as part of the Single Breath-Returning to Resting Point technique training, as outlined in Appendices E and F. A trained facilitator led these sessions, instructing and guiding the participants in mastering the Single Breath-Returning to Resting Point meditation technique. This practice involved focusing on a single breath and returning to a mental resting point to promote mindfulness and relaxation. Additionally, participants were guided on evaluating their "zone of resilience" and learned grounding exercises to maintain or restore resilience throughout the intervention period.
2. Participants practiced the SBRRP technique independently each day for at least 10 minutes, increasing the duration as they grew more accustomed to the practice. They were also instructed to evaluate their "resiliency zone" daily and to apply grounding techniques when necessary.
3. Participants completed the PTSD Checklist DSM-5 (PCL-5), DASS-42, and MAAS (as detailed in Appendices B, C, & L) at two key stages of the study: pre-intervention to establish a baseline and post-intervention after 9 weeks. These self-evaluation surveys were utilized to quantify the levels of stress, depression,

and anxiety and evaluate the enhancement of mindfulness and attention awareness throughout the intervention period.

4. In Week 9, participants provided feedback through a survey on their experiences with the Single Breath-Returning to Resting Point technique and the group sessions as documented in Appendix D. This feedback has assisted researchers in evaluating the effectiveness of the intervention, gauging participant satisfaction, and identifying potential areas for improvement.
5. Participants adhered to the study guidelines, which included maintaining confidentiality regarding the experiences of other participants, respecting the correctional institution's rules, and communicating any of their concerns or difficulties to the researcher.
    a) The researcher commenced the weekly classes after selecting participants from the general population for the mindfulness intervention research.

Table 1

Weekly mindfulness intervention

Week	Topic	Note
1	Introduction to the program, consent forms, and 2 pretests	See Appendices A, B, C, E, L
2-8	Practice Single Breath-Return to Resting Point (Observe, Feel, Release) Practice resiliency zone and grounding	See Appendices E, F, K, H, M
9	Conclusion: Post-tests, survey, and Q & A	See Appendices B, C, D, E, L

b) Each class was 60 minutes.

c) The Week 1 class served as an introduction to the program, encompassing a review of the consent forms, setting expectations, and registration for the mindfulness intervention. The signed informed consent forms and pre-test assessments were collected during this initial session.

d) During Weeks 2 through 8, participants engaged in one hour of group mindfulness practice as outlined in Appendix F. Additionally, they adhered to a daily routine of at least 10 minutes of individual meditation, ensuring that all five meditations provided in Appendix K were practiced at some point each week. Participants regularly assessed and utilized their 'resiliency zone' strategies, supplementing their practice with grounding techniques as necessary, as detailed in Appendices H and M.

e) In Week 9, three post-tests were administered along with a subjective survey. Participants had the opportunity to ask questions and discuss their study experiences. Their responses have been recorded anonymously and contribute to the study's findings. The mindfulness intervention research was successfully concluded after completing these activities. By participating, incarcerated individuals contributed valuable data to the study, which aimed to examine the effectiveness of the Single Breath-Returning to Resting Point meditation technique in reducing stress, depression, and anxiety, as well as enhancing mindful attention awareness quality in this population.

Duration of Participation

The research incorporated the following components, which constituted the overall time commitment:

1. The nine-week intervention period consisted of participants attending weekly 1-hour group sessions, accumulating a total of 9 hours over the nine weeks. The initial and concluding sessions were dedicated to introductory remarks and administering surveys, respectively. The intervention was the primary focus during the intervening seven weeks.
2. During the intervention, participants engaged in daily independent practice with the Single Breath-Returning to Resting Point meditation technique outside the group sessions for at least 10 minutes each day. Over the course of the 7-week intervention period, this practice totaled approximately 500 minutes or 8.3 hours (calculated as 7 weeks x 7 days x 10 minutes). Additionally, participants regularly assessed their "resiliency zone" and employed grounding activities as necessary to maintain their equilibrium, as detailed in Appendices H & M.
3. In the ninth week of the intervention, participants provided feedback on their experiences through a questionnaire documented in Appendix D. They also had the opportunity to ask questions and discuss their experiences, which contributed an additional 40 minutes to their overall participation time.
4. Considering all aspects of the intervention, participants dedicated between 17 to 19 hours over the course of the 9-week period. The actual time commitment varied among individuals due to factors such as the duration of independent practice and attendance at optional feedback sessions.

Potential Benefits

The recently concluded research indicated several benefits for those involved. Participants reported experiencing a notable decrease in symptoms of stress, depression,

and anxiety, attributed to their practice of the Single Breath-Returning to Resting Point technique, which contributed to an overall improvement in mental health and well-being. Furthermore, there was an observed enhancement in mindfulness skills, with individuals developing greater mindful attention awareness. This development led to improved self-regulation, sharpened focus, and increased emotional resilience. The participants also learned and applied healthy coping strategies to better manage the challenges and stressors of their incarceration, aiding in their adjustment to the correctional environment. An added advantage was the social aspect; by engaging in group sessions, a network of social support and connection was established among the participants, alleviating feelings of isolation and loneliness. Not only did the study equip participants with valuable, lifelong skills for maintaining mental health, but it also provided significant contributions to research. The participation of these incarcerated individuals has enriched the knowledge base, which is expected to influence and improve mental health support services within the correctional system, thereby benefiting themselves and future individuals in similar situations.

The Potential Benefits Outweighed the Risks

The research on the Single Breath-Returning to Resting Point technique conducted among incarcerated individuals has yielded promising results, marking a significant stride in mindfulness-based interventions, particularly within correctional environments. Drawing upon the insights of Bowen et al. (2006), this study reaffirmed that such interventions are effective in curbing substance use relapse, bolstering mental health, and fortifying emotional regulation among diverse groups. In retrospect, the benefits of this study have decisively outweighed its risks. Participants have reported

noteworthy enhancements in their mental health, as evidenced by reduced levels of stress, depression, and anxiety—leading to an overall improvement in their well-being, adjustment, and coping mechanisms while inside the correctional facility, as highlighted by Kabat-Zinn in 2003. Additionally, the cultivation of mindfulness skills has empowered these individuals with better self-regulation, sharper focus, and heightened emotional resilience. These skills are indispensable in navigating the daily tribulations of incarceration, as Baer pointed out in 2003. Furthermore, the findings of the research are instrumental in refining support services. They are guiding the creation and implementation of superior mental health services within prisons, thereby extending benefits to the participants and, by extension, to the broader community, as Himelstein and colleagues noted in 2012.

Another crucial outcome of the research is its generalizability. It has showcased the Single Breath-Returning to Resting Point technique's efficacy in a correctional setting, broadening the understanding of mindfulness-based interventions and their relevance to various populations and settings. The researcher also played a critical role in mitigating risks, taking exhaustive measures to ensure the safety and well-being of the participants throughout the study. These proactive steps underscored the team's commitment to ethical research practices. This venture has not only enriched the lives of the participating individuals but also enriched the discipline of mindfulness-based interventions, marking a commendable contribution to the field. By carefully managing and mitigating risks, the research can contribute valuable insights into implementing effective mindfulness-based techniques in correctional settings (Shonin et al., 2013).

Potential Risks

Certain challenges and observations were noted in the study utilizing the Single Breath-Returning to Resting Point (SBRRP) mindfulness-based meditation technique. It was observed that for some participants, the meditation process could trigger uncomfortable emotions or memories, potentially leading to emotional distress and the activation of PTSD-related symptoms. To address these issues, individuals who scored high on pre-test measures such as the PTSD checklist DSM-5 (PCL-5) and the DASS-42 were excluded from participation. For those who experienced discomfort during the study, a trained facilitator was available to offer necessary support. Participants were also educated on how to maintain their "resiliency zone," with instructions to carry out grounding exercises and seek assistance as needed. Comprehensive grounding exercises and information about this "resiliency zone" are provided in Appendices H & M, which include scripts and visual aids to aid in mental health management.

Additionally, the research study acknowledged the possibility of stigmatization among the incarcerated participants due to their involvement in a mental health-focused intervention. To safeguard against this, stringent measures were implemented to preserve participant confidentiality and privacy, reducing the risk of stigma. Finally, the investment of time by the participants was considerable, with individuals dedicating between 17 to 19 hours over the nine weeks of the intervention. This commitment was

observed to be potentially burdensome for some, reflecting the need for careful consideration of the time demands placed on participants in such interventions.

Minimizing the Risk

In the completed study on the Single Breath-Returning to Resting Point technique among incarcerated individuals, several precautions were taken to minimize risks. Experienced researchers who led group sessions were equipped to handle emotional distress and capable of referring those with higher distress levels to mental health professionals. A thorough pre-screening was conducted to exclude potential participants with severe mental health conditions, such as PTSD, and to provide them with alternative support. Informed consent was secured, highlighting the research's risks and benefits, and participants were assured they could withdraw at any time without repercussions. Participants' confidentiality was strictly protected to prevent stigmatization or discrimination.

I regularly monitored participants' progress and emotional well-being, providing additional support and resources, including self-guided mitigation techniques for those facing challenges. Participants were educated on assessing their "window of tolerance" using a "resiliency zone" chart and were given grounding activities to manage their resiliency, as seen in appendices H & M. The study's expected outcomes and the gradual nature of potential benefits were communicated to manage expectations. A Q&A session was held at the study's conclusion, allowing participants to share experiences and discuss the continuation of mindfulness practices. Follow-up contact was maintained to assess and support participants' well-being post-intervention. These measures ensured participant protection and welfare throughout the research.

Step by Step, How to Deal with any Adverse Events

In the completed study on mindfulness techniques within a prison setting, the researcher had set a comprehensive plan to address any potential negative events that participants might have experienced. If participants faced emotional distress or discomfort during the research, immediate intervention was provided. Facilitators were on standby to offer guidance, referencing Appendices H and M for grounding exercises and resiliency tools, and were prepared to halt sessions to prioritize the individual's well-being. Should a need for additional mental health support have emerged, the team ensured that participants were referred to the appropriate services, leveraging a network of correctional staff and mental health professionals to facilitate necessary care. Participant progress was closely monitored, and the intervention was dynamically tailored, with the possibility of modifying or discontinuing an individual's involvement based on what was deemed in their best interest after thorough consultation.

The option for participants to withdraw was always open, recognizing their right to disengage at any point without repercussion, with the assurance of ongoing support. Upon concluding the study, a Q & A session was held in the ninth week, allowing participants to voice questions and reflections on their experiences and to guide the continuity of their mindfulness practices. Any adverse events were meticulously recorded, contributing to the transparency of the research findings and enhancing the collective understanding of the use of mindfulness in correctional settings. Throughout and following the study, open communication was maintained with all invested parties, ensuring a continuum of support for participants' well-being, with these proactive

measures affirming the researcher's commitment to safety and the constructive impact of the work.

Consent Procedures

During the study on mindfulness within a correctional setting, a meticulous consent process was implemented to ensure that all participants were fully informed and voluntarily involved. The process began with an information session where objectives, methodologies, risks, and benefits were discussed, providing a platform for the inmates to clarify any doubts. Participants received a detailed written consent form outlining all aspects of the study, emphasizing the voluntary nature of their involvement and their right to withdraw at any time without any repercussions. They were afforded ample time to consider all the information, with the encouragement to consult with trusted individuals in addition to the researcher. For those who faced barriers to understanding the consent form, such as language difficulties or literacy challenges, assistance was provided to ensure clarity and comprehension. Only after a thorough review and opportunity to ask questions did the participants sign the consent forms, with copies distributed to them for personal recordkeeping. The researcher maintained open lines of communication throughout the study, ensuring that consent was informed and ongoing. Participants were continually reminded of their right to leave the study as they saw fit and to raise any concerns or queries that might arise during their participation. This approach to consent, crafted with respect for the rights and autonomy of the participants, was a cornerstone of the ethical framework guiding the study, ensuring that even within the constraints of the correctional environment, the participants' autonomy and dignity were upheld.

Preventing Coercion

In the research study several crucial steps were undertaken to safeguard the voluntary nature of participation and to prevent any form of coercion. From the outset, potential participants were clearly informed that their involvement was voluntary, and this choice was theirs to make freely, without any pressure from the correctional staff, the researcher, or their peers. No incentives or rewards were offered to sway their decision to participate, ensuring that any engagement was based on genuine interest and consent. Participants were also informed of their unfettered right to withdraw from the study at any moment without fear of repercussions, a right that was respected and upheld throughout the research. The privacy and confidentiality of participants were paramount, assuring them that their personal decision to participate would not lead to any negative consequences or unwarranted disclosure.

To further ensure impartiality, the consent process was carried out separately from the correctional authorities, reinforcing the absence of external pressure. Vigilance was maintained throughout the study to detect and address any potential coercion within the research environment. Immediate corrective actions were taken whenever necessary to maintain the integrity of the voluntary participation. Open lines of communication were consistently available, allowing participants to express concerns and reiterate their rights, reinforcing their understanding of the voluntary nature of their involvement. By adhering to these measures, the researcher successfully minimized the risks of coercion and upheld the principle that each participant's involvement in the study was a result of their informed and voluntary decision.

Confidentiality

In the study, stringent measures were taken to ensure the confidentiality of participant data. Participants were anonymously assigned, ensuring that personal information remained confidential and unlinked to research data. All data, including physical copies of questionnaires and consent forms, were securely stored in locked cabinets or rooms, and digital information was protected on password-secured or encrypted devices, accessible only to the researcher. Access to the collected data was strictly controlled; only team members involved in data analysis could view it, and any external collaborators were provided only with de-identified data when necessary. Secure methods, such as encrypted email attachments or secure file transfer protocols, were employed for data transfer, and all transferred data remained de-identified to maintain confidentiality. All data was presented in aggregate to prevent participant identification when reporting the findings. Publications, presentations, and other public disclosures were carefully reviewed to avoid sharing any personally identifiable information. These carefully implemented steps ensured that the confidentiality of the study data was preserved, maintaining participant privacy throughout the research process.

Data Access

Following the conclusion of our research, access to the collected data has been appropriately restricted. The primary investigators, who played a direct role in the study, are authorized to utilize the data for the purpose of analyzing, interpreting, and reporting the findings. Research assistants involved have been thoroughly educated on the crucial aspect of upholding confidentiality and compliance with pre-established data protection protocols. Access for external collaborators or consultants is considered on a case-by-

case basis, strictly for specified tasks such as carrying out independent analysis or offering specialized advice on interpreting the data. Such access is confined to data that has been stripped of any identifying information, and a confidentiality agreement is mandatory for these individuals to ensure the preservation of participant privacy.

The ethics review board or any overseeing committees have the right to access the data for the purpose of monitoring the research's progression, verifying adherence to ethical standards, and protecting participant rights. Their access is also limited to pertinent, de-identified sections of the data. In instances where our study falls under outside review, regulatory bodies or auditors may be granted access to the data. This is to ascertain compliance with the relevant legal, regulatory, and guideline frameworks. Again, access is restricted to de-identified data and provided strictly as required to meet these obligations. By confining data access to these select entities and ensuring robust confidentiality safeguards, the researcher diligently ensures the privacy of study participants, and the integrity of the data is rigorously maintained.

Data after Completing the Study

Upon completion of the study, I have taken several measures to guarantee responsible management and disposal of the data we gathered, including any audio or video recordings. As the primary researcher, I am responsible for the secure storage of this data in a protected location for one year following the conclusion of the study. We have ensured that all digital data are either password-protected or encrypted on our storage devices and only authorized researchers can access this information. Any physical documentation has been stored securely in a locked cabinet. One year after the study's end, I will proceed to destroy all materials that contain personally identifiable

information, either by shredding physical documents or by permanently deleting electronic files. However, I will preserve other data indefinitely for potential future reference. In cases where our findings may be of interest to the wider scientific community or might inform policy or practice, we are open to sharing the de-identified data with other researchers or organizations. Any such data sharing will be meticulously aligned with established data protection guidelines, ensuring that we maintain participant confidentiality throughout the process. These steps are fundamental to my commitment as a researcher to handle the data from my study conscientiously and securely, from the initial phases of analysis and reporting to the final stages of archiving and eventual disposal.

CHAPTER IV DATA ANALYSIS AND INTERPRETATION

Introduction

The analyses used in this study were descriptive statistics and inferential statistics. The descriptive statistics (mean, standard deviation, and chart) were used to describe the relationship/differences between the variables, and the inferential statistics (paired sample t-test) were used to examine the difference between the variables. The reliability of the scales/scores was checked using the Cronbach alpha statistics, and the normality assumption was examined using the Shapiro-Wilk test. The statistical package called JASP was used to conduct the analysis, and the decision was made using 0.05 level of significance.

Descriptive Analysis

The results revealed that the mean stress score before (M = 13.878, SD = 5.139) is greater than the mean stress after (M = 4.488, SD = 3.508), the mean depression score before (M = 10.268, SD = 5.390) is greater than the mean depression score after (M = 2.780, SD = 3.078), the mean anxiety score before (M = 8.780, SD = 5.438) is greater than the mean anxiety score after (M = 2.585, SD = 2.975), the mean PTSD score before (M = 1.030, SD = 0.524) is greater than the mean PTSD after (M = 0.318, SD = 0.272), the mean MAAS score before (M = 3.963, SD = 0.824) is less than the mean MAAS score after (M = 5.317, SD = 0.483) (See Table 2).

Table 2

Descriptive Statistics of the Scores

	N	Mean	SD	SE
Stress Before	41	13.878	5.139	0.803
Stress After	41	4.488	3.508	0.548
Depression Before	41	10.268	5.390	0.842
Depression After	41	2.780	3.078	0.481
Anxiety Before	41	8.780	5.438	0.849
Anxiety After	41	2.585	2.975	0.465
PTSD Before	41	1.030	0.524	0.082
PTSD After	41	0.318	0.272	0.042
MAAS Before	41	3.963	0.824	0.129
MAAS After	41	5.317	0.483	0.075

Reliability Test

Researchers have shown that an acceptable value for Cronbach's alpha test must be equal to or greater than 0.07. A Cronbach alpha value equal to or greater than 0.7 is said to be highly consistent for the scale. In this study, the Cronbach alpha value for 'Stress Score' for the before and after test is .873 and .819 respectively, the Cronbach alpha value for 'Depression Score' for the before and after test is .907 and .830 respectively, the Cronbach alpha value for 'Anxiety Score' for the before and after test is .901 and .829 respectively, the Cronbach alpha value for 'PTSD Score' for the before and after test is .912 and .876 respectively, and the Cronbach alpha value for 'Mindful Attention Awareness Score' for the before and after test is .836 and .855 respectively (See Table 3). These Cronbach alpha values are all greater than 0.7. These values indicate

a high level of internal consistency for the scales/scores with the dataset. We can conclude that that it is reliable to form the Stress score using the 14 items, form the Depression score using the 14 items, form the Anxiety score using the 14 items, form the PTSD score using the 20 items, and form the Mindful attention awareness score using the 15 items.

Table 3

Reliability Statistics

Variable	Time	Cronbach Alpha	N of items
Stress Score	Before	.873	14
	After	.819	14
Depression Score	Before	.907	14
	After	.830	14
Anxiety Score	Before	.901	14
	After	.829	14
PTSD Score	Before	.912	20
	After	.876	20
Mindful Attention Awareness Score	Before	.836	15
	After	.855	15

Normality Test

The Shapiro-Wilk test was conducted to investigate whether the data are normally distributed at 0.05 level of significance. The null hypothesis is that: Data are normally distributed. If the p-value for the Shapiro-Wilk test is less than 0.05 level of significance, we conclude that the data significantly deviate from normality. In this study, the Shapiro-Wilk test revealed that Stress Score ($W = .977$, $p = .578$), Depression Score ($W = .954$, $p = .100$), Anxiety Score ($W = .961$, $p = .164$), PTSD Score ($W = .962$, $p = .186$), and

MAAS Score (W = .981, p = .722) (See Table 4). Since the Shapiro-Wilk test p-values are greater than 0.05 level of significance, we reject the null hypothesis and conclude that the data do not significantly deviate from normality. Therefore, we have statistical reason to conclude that all the data (scores) are normally distributed. This indicates that the appropriate statistical test for this study is a parametric test. The appropriate statistical test is 'Paired sample t-test' because we are interested in examining the difference between two dependent continuous variables.

Table 4

Test of Normality (Shapiro-Wilk)

			W	P
Stress Before	-	Stress After	0.977	0.578
Depression Before	-	Depression After	0.954	0.100
Anxiety Before	-	Anxiety After	0.961	0.164
PTSD Before	-	PTSD After	0.962	0.186
MAAS Before	-	MAAS After	0.981	0.722

Note. Significant results suggest a deviation from normality.

Inferential Analysis

A paired sample t-test was conducted to examine if there is a significant difference in Stress symptoms before and after SBRRP techniques. The results established that there is a statistically significant difference in Stress symptoms before and after SBRRP (t (40) = 10.186, p <.001) (See Table 5).

Table 5

Paired Samples T-Test

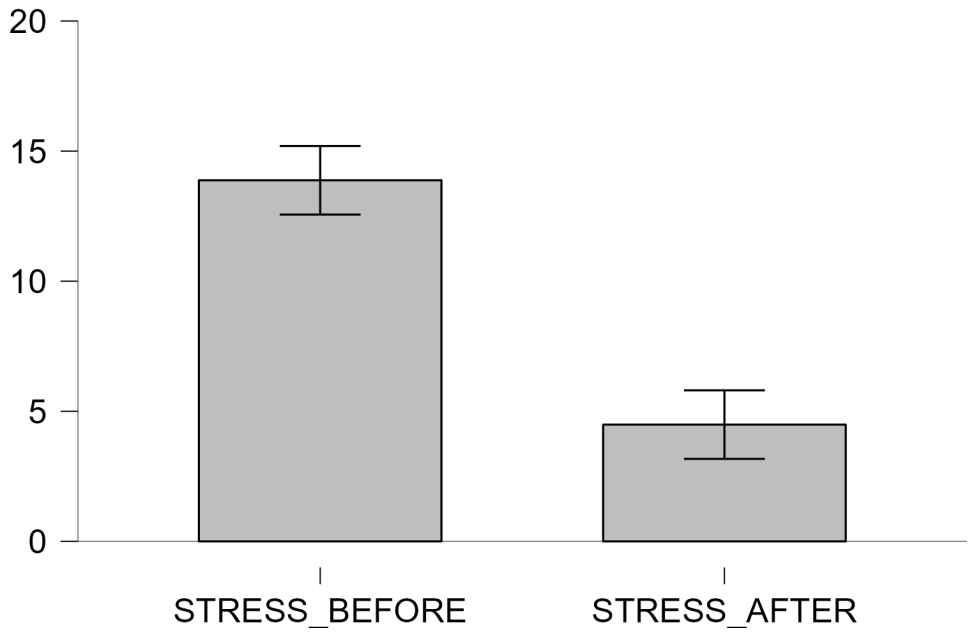
Measure 1	Measure 2	t	df	p	Mean Difference	Cohen's d
Stress Before	- Stress After	10.186	40	< .001	9.390	1.591
Depression Before	- Depression After	7.111	40	< .001	7.488	1.111
Anxiety Before	- Anxiety After	6.629	40	< .001	6.195	1.035
PTSD Before	- PTSD After	7.735	40	< .001	0.712	1.208
MAAS Before	- MAAS After	-9.681	40	< .001	-1.354	-1.512

Note. Participant's t-test.

This indicated that the mean stress symptoms before SBRRP (M = 13.878, SD = 5.139) are significantly greater than the mean stress symptoms after SBRRP (M = 4.488, SD = 3.508). Therefore, we can conclude that the SBRRP technique reduces symptoms of stress among participating individuals. (See Fig. 1)

Figure 1

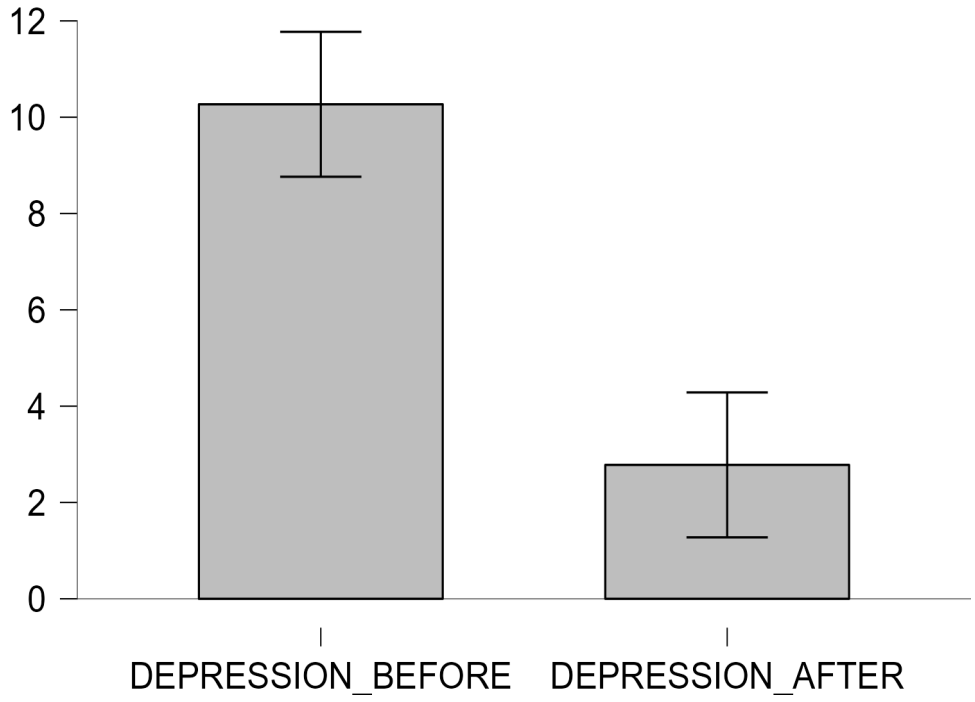
Comparison Between Stress Scores



Similarly, a paired sample t-test was conducted to examine whether there was a significant difference in Depression symptoms before and after the SBRRP technique. The results established that there is a statistically significant difference in Depression symptoms before and after SBRRP (t (40) = 7.111, p <.001) (See Table 4). This indicated that the mean depression symptoms before SBRRP (M = 10.268, SD = 5.390) were significantly greater than the mean depression symptoms after SBRRP (M = 2.780, SD = 3.078). Therefore, we can conclude that the SBRRP technique reduces symptoms of depression among participating individuals. (See Fig. 2)

Figure 2

Comparison Between Depression Scores

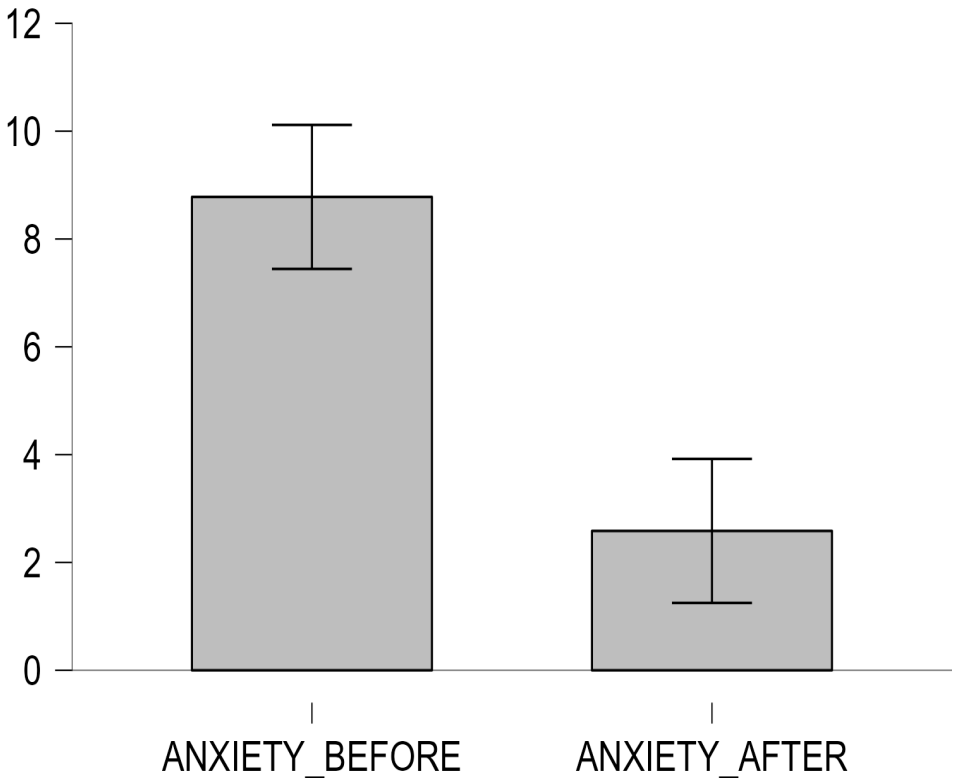


Similarly, a paired sample t-test was conducted to examine if there is significant difference in Anxiety symptoms before and after the SBRRP technique. The results

established that there is a statistically significant difference in Anxiety symptoms before and after SBRRP (t (40) = 6.629, p <.001) (See Table 5). This indicated that the mean anxiety symptoms before SBRRP (M = 8.780, SD = 5.438) were significantly greater than the mean anxiety symptoms after SBRRP (M = 2.585, SD = 2.975), Therefore, we can conclude that the SBRRP technique reduces symptoms of anxiety among participating individuals. (See Fig. 3)

Figure 3

Comparison Between Anxiety Scores

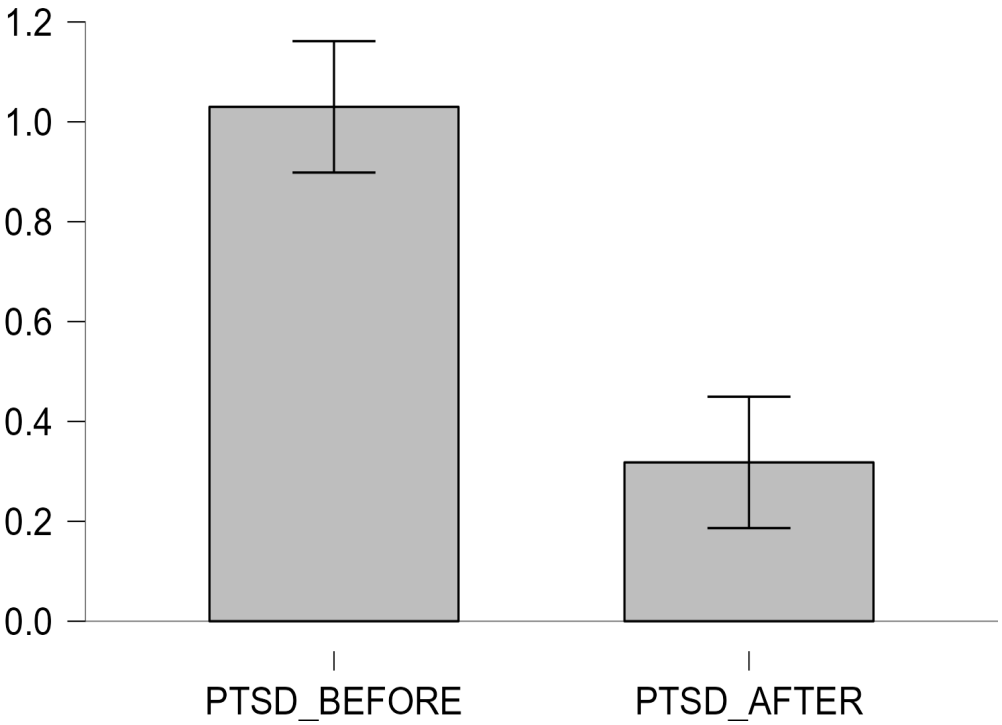


Similarly, a paired sample t-test was conducted to examine if there is significant difference in PTSD symptoms before and after SBRRP techniques The results established that there is statistically significant difference in PTSD symptoms before and after SBRRP (t (40) = 7.735, p <.001) (See Table 4). This indicated that the mean PTSD

symptoms before SBRRP (M = 1.030, SD = 0.524) were significantly greater than the mean PTSD symptoms after SBRRP (M = 0.318, SD = 0.272). Therefore, we can conclude that the SBRRP technique reduces symptoms of PTSD among participants. (See Fig. 4).

Figure 4

Comparison Between PTSD Scores

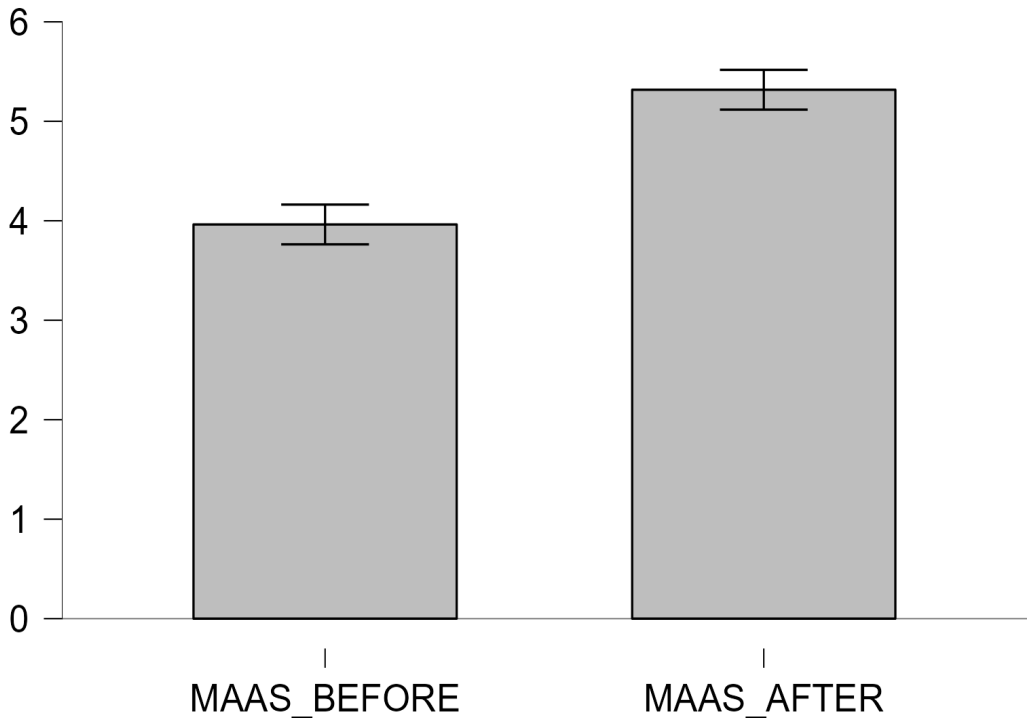


Finally, a paired sample t-test was conducted to examine whether there was a significant difference in the quality of mindful attention awareness before and after the SBRRP technique. The results established that there is a statistically significant difference in the quality of mindful attention awareness before and after SBRRP (t (40) = -9.681, p <.001) (See Table 5). This indicated that the mean mindful attention awareness before SBRRP (M = 3.963, SD = 0.824) is significantly less than the mean mindful

attention awareness after SBRRP (M = 5.317, SD = 0.483). Therefore, we can conclude that the SBRRP shows significant enhancement in the quality of mindful attention awareness among participants. (See Fig. 5).

Figure 5

Comparison Between MAAS Scores



Analysis of Subjective Post-Study Survey on Single Breath Return to Resting Point (SBRRP) Technique

This report analyses the results of a subjective post-study survey conducted to assess the effectiveness of the SBRRP technique. The survey comprised 22 questions covering demographics, the perceived efficacy of the technique, and the respondents' confidence in managing stress. A total of 41 participants completed the survey, providing insights into their experiences and the impact of the SBRRP technique on their stress

management abilities. This self-report survey collected quantitative data through multiple-choice questions and qualitative data through an open-ended question. Demographic information included age, gender, race or ethnicity, and education level. Effectiveness and impact were measured on Likert scales ranging from 1 to 10 or 1 to 5, depending on the question. Statistical analysis included calculating each question's mean scores, standard deviations, and difficulty levels.

Demographic Profile

Q1 Age Distribution: Participants were predominantly within the 25-34 age range (41.46%), followed by 35-44 (31.71%).

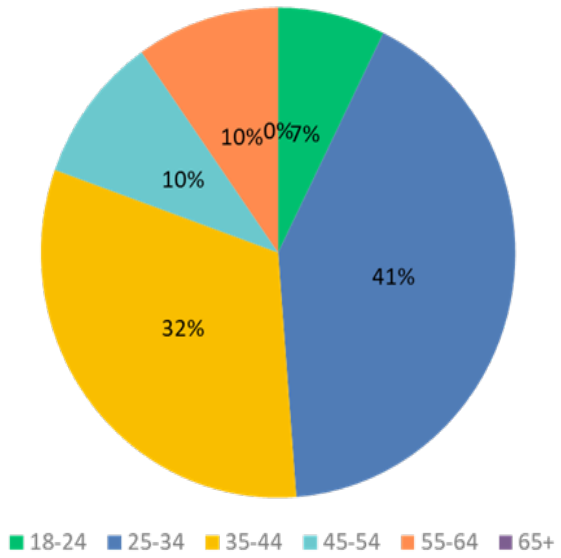
Table 6

Age Distribution

Answer choices	Responses	
18-24	7.32%	3
25-34	41.46%	17
35-44	31.71%	13
45-54	9.76%	4
55-64	9.76%	4
65+	0%	0
Total	100%	41

Figure 6

Age Distribution



Q2: Gender: All respondents identified as male.

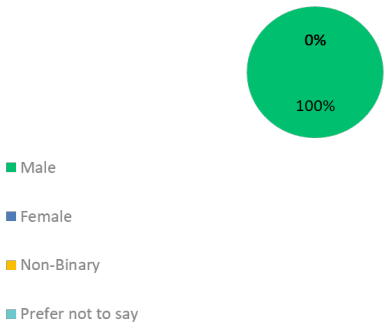
Table 7

Gender

Answer choices	Responses	
Male	100%	41
Female	0%	0
Non-Binary	0%	0
Prefer not to say	0%	0
Other (please specify) _____	0%	0
Total	100%	41

Figure 7

Gender



Q3: Ethnicity: The majority were Hispanic or Latino (48.78%), with the next largest group being White (21.95%).

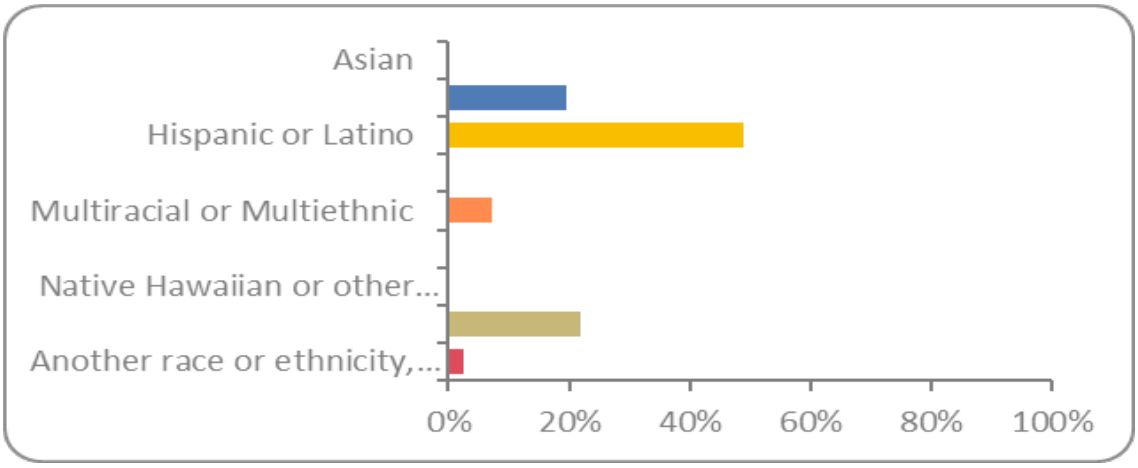
Table 8

Ethnicity

Answer choices	Responses	
Asian	0%	0
Black or African American	19.51%	8
Hispanic or Latino	48.78%	20
Middle Eastern or North African	0%	0
Multiracial or Multiethnic	7.32%	3
Native American or Alaska Native	0%	0
Native Hawaiian or other Pacific Islander	0%	0
White	21.95%	9
Another race or ethnicity, please describe below	2.44%	1
Total	100%	41

Figure 8

Ethnicity



Q4: Education Level: Most participants had a bachelor's degree (38.46%) or a graduate degree (30.77%). Two did not answer.

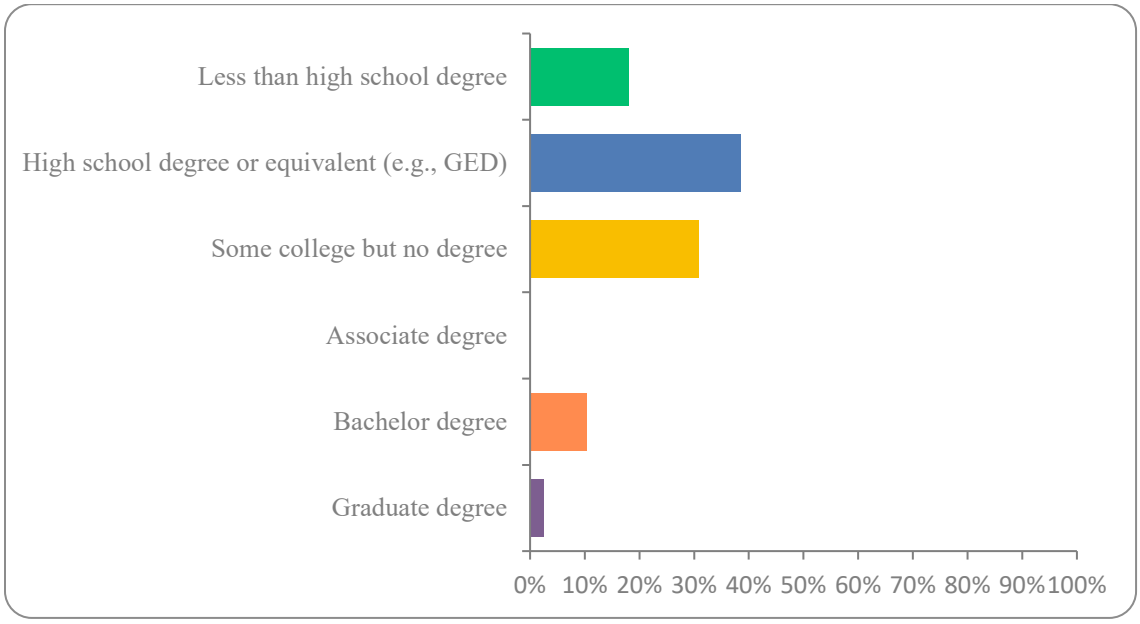
Table 9

Education level

Answer choices	Responses	
Less than high school degree	17.95%	7
High school degree or equivalent (e.g., GED)	38.46%	15
Some college but no degree	30.77%	12
Associate degree	0%	0
Bachelor’s degree	10.26%	4
Graduate degree	2.56%	1
Total	100%	39

Figure 9

Education level



Q5: The average rating for the SBRRP technique was 8.0/10.

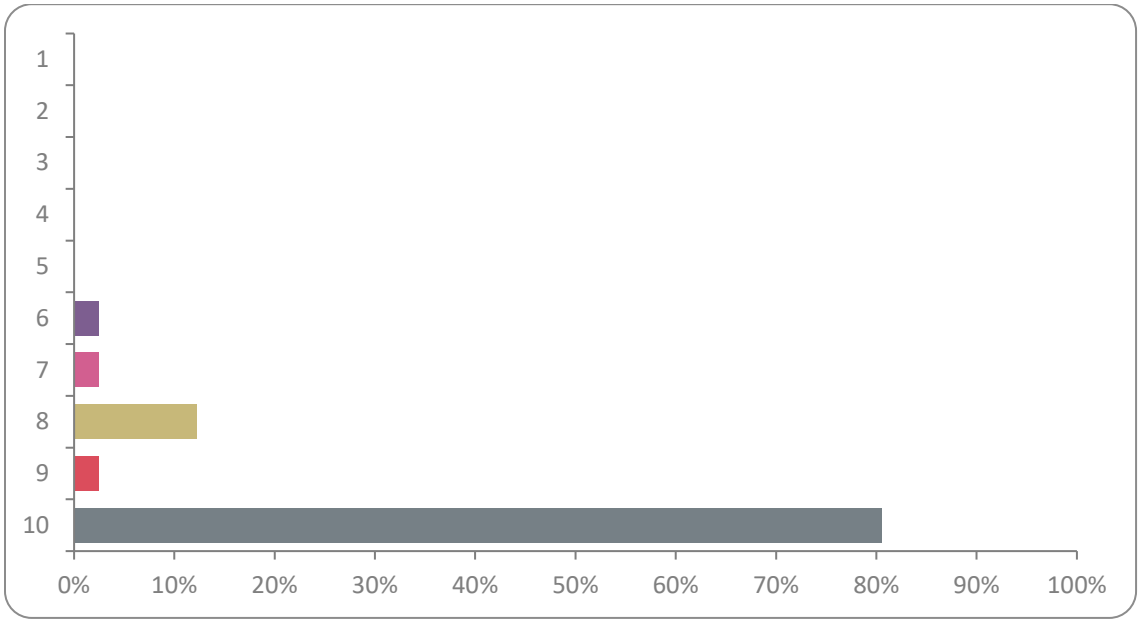
Table 10

Rating for SBRRP

Answer choices	Responses	
1	0%	0
2	0%	0
3	0%	0
4	0%	0
5	0%	0
6	2.44%	1
7	2.44%	1
8	12.20%	5
9	2.44%	1
10	80.49%	33
Total	100%	41

Figure 10

Rating for SBRRP



Q6: Most respondents (90.24%) would recommend SBRRP to others.

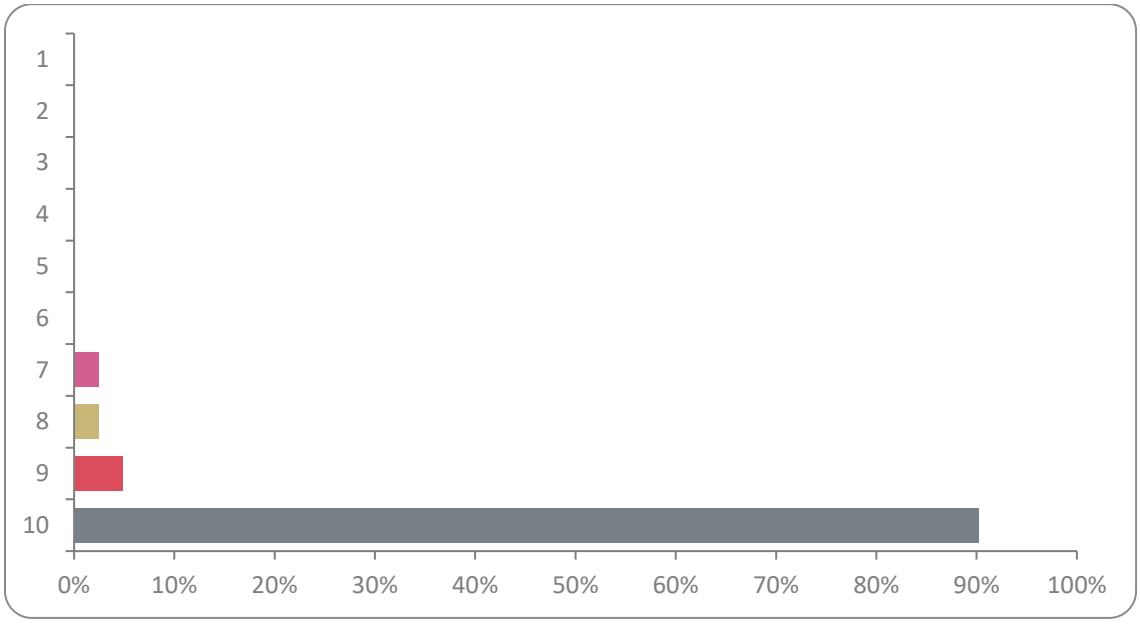
Table 11

Recommend SBRRP to others

Answer choices	Responses	
1	0%	0
2	0%	0
3	0%	0
4	0%	0
5	0%	0
6	0%	0
7	2.44%	1
8	4.88%	1
9	2.44%	2
10	90.24%	37
Total	100%	41

Figure 11

Recommend SBRRP to others



Q7: Practical use in work life received an average rating of 8.2/10.

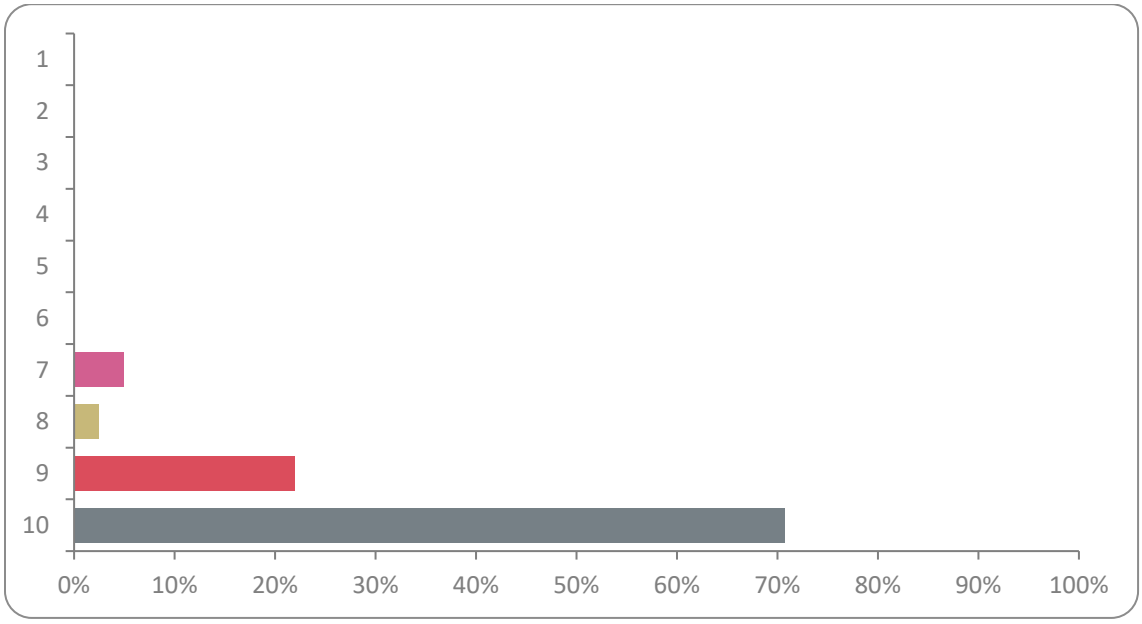
Table 12

Practical use in work life

Answer choices	Responses	
1	0%	0
2	0%	0
3	0%	0
4	0%	0
5	0%	0
6	0%	0
7	4.88%	2
8	2.44%	1
9	21.95%	9
10	70.73%	29
Total	100.00%	41

Figure 12

Practical use in work life



Q8: Practical use in personal life received an average rating of 8.5/10.

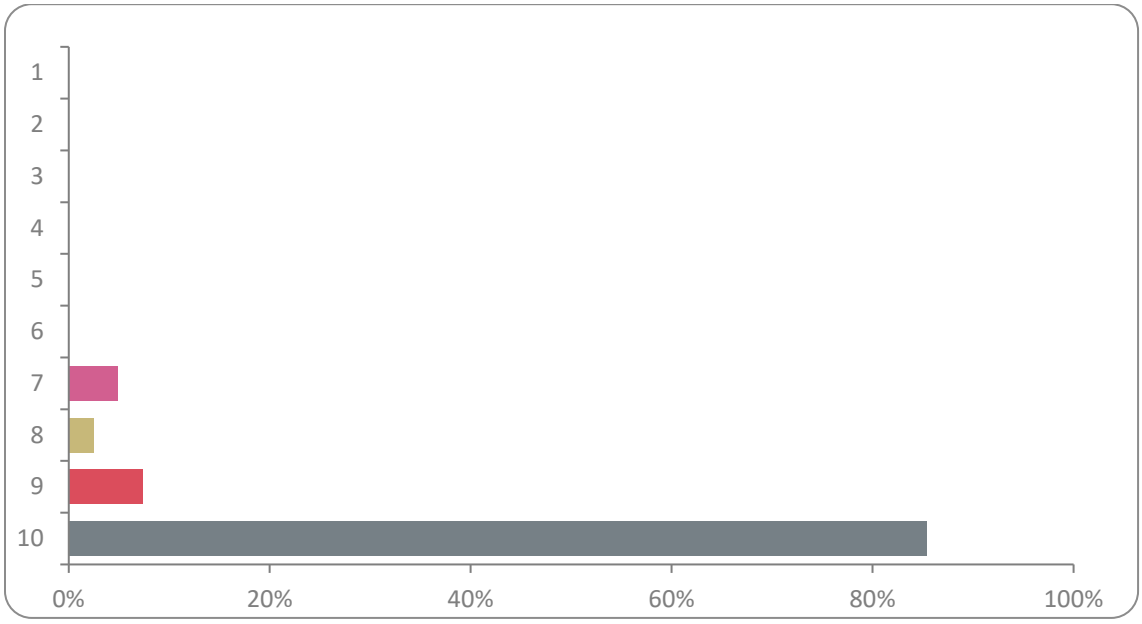
Table 13

Practical use in personal life

Answer choices	Responses	
1	0%	0
2	0%	0
3	0%	0
4	0%	0
5	0%	0
6	0%	0
7	4.88%	2
8	2.44%	1
9	7.32%	3
10	85.37%	35
Total	100.00%	41

Figure 13

Practical use in personal life



Q9: Awareness of and use of SBRRP for stress management received an average rating of 4.7/5.

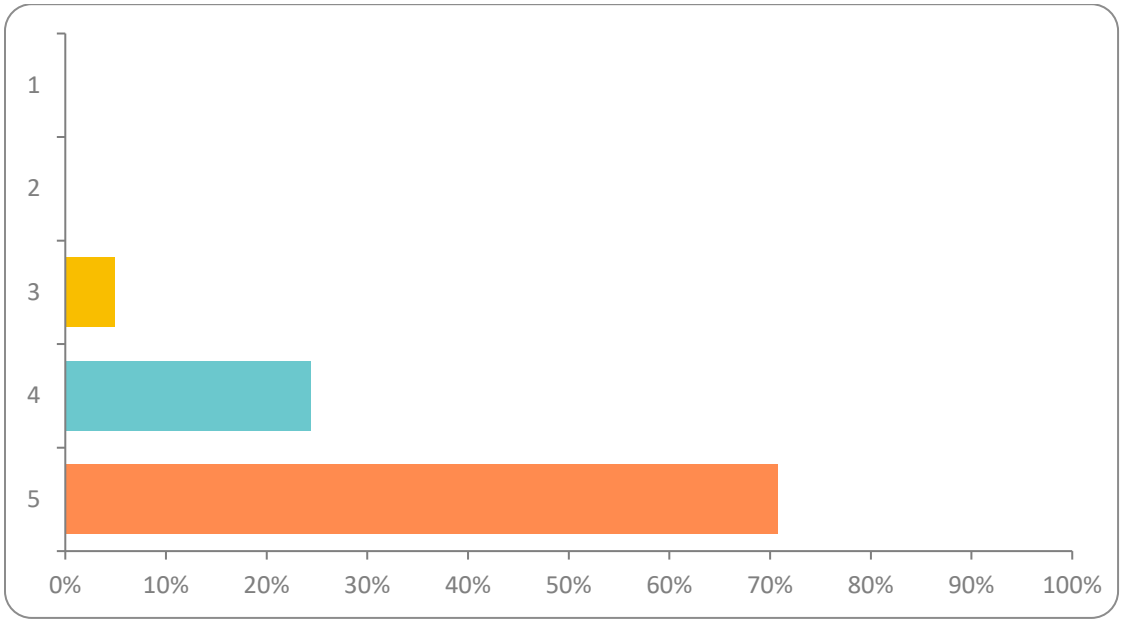
Table 14

Aware and able to use of SBRRP for stress management

Answer choices	Responses	
1	0%	0
2	0%	0
3	4.88%	2
4	24.39%	10
5	70.73%	29
Total	100.00%	41

Figure 14

Aware of and able to use SBRRP for stress management



Q10: Improvement in stress management after SBRRP training received an average rating of 3.2/5.

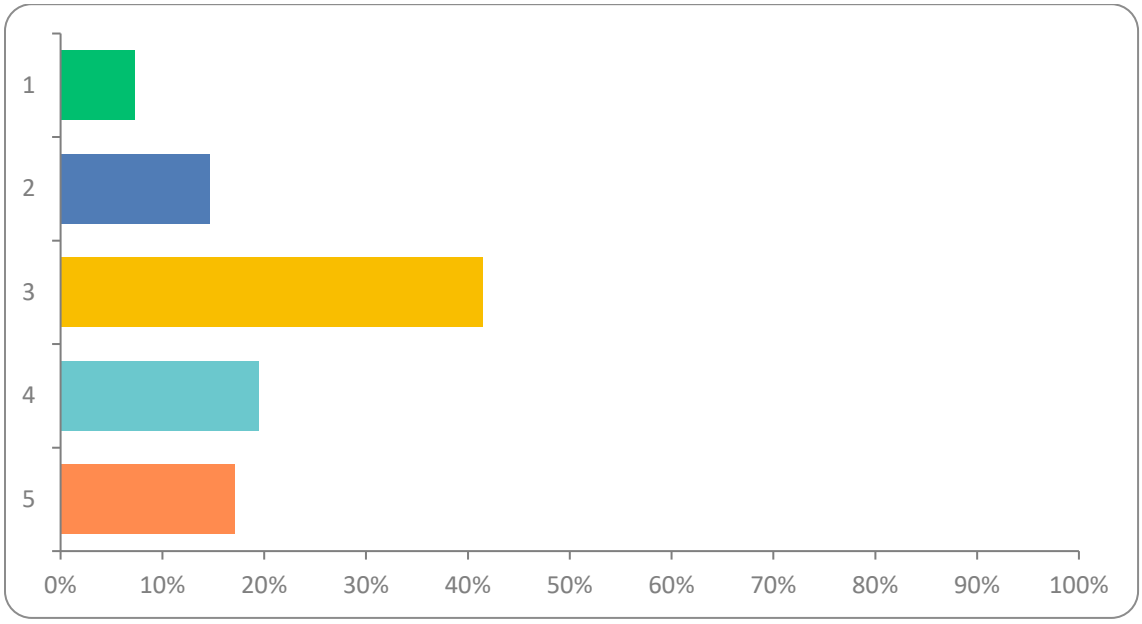
Table 15

Improvement in stress management after use of SBRRP

Answer choices	Responses	
1	0%	0
2	0%	0
3	4.88%	2
4	24.39%	10
5	70.73%	29
Total	100.00%	41

Figure 15

Improvement in stress management after use of SBRRP



Q11: Ability to lead others to use SBRRP for stress management received an average rating of 4.6/5.

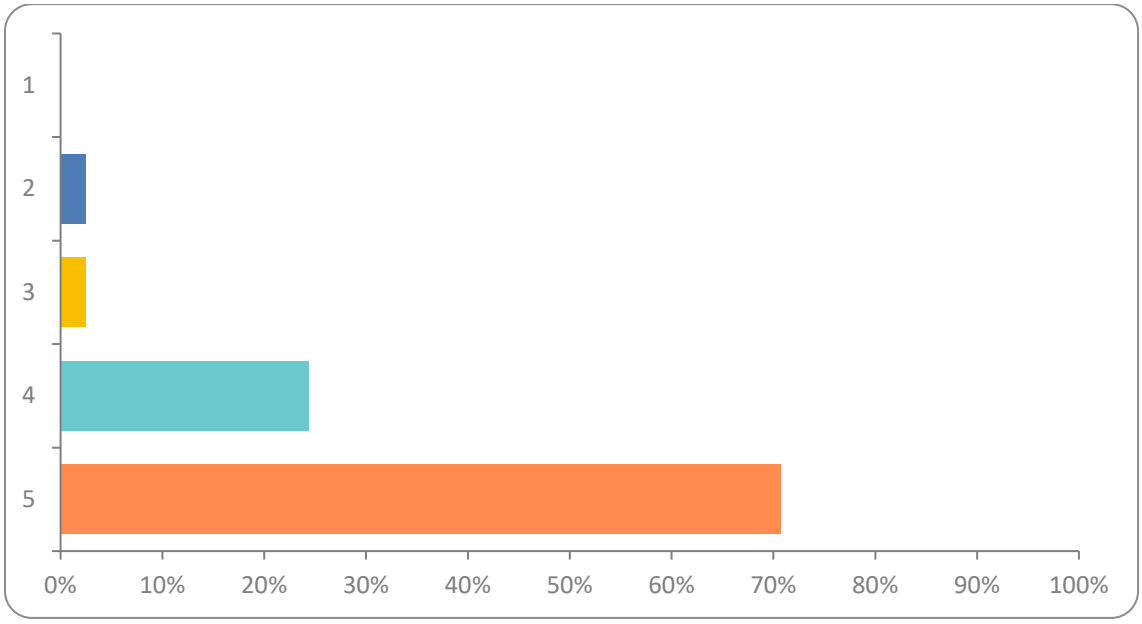
Table 16

Able to lead others to use SBRRP for stress management

Answer choices	Responses	
1	0%	0
2	2.44%	1
3	2.44%	2
4	24.39%	10
5	70.73%	29
Total	100.00%	41

Figure 16

Able to lead others to use SBRRP for stress management



Q12: Pre-existing ability to help others manage stress received an average rating of 4.0/5.

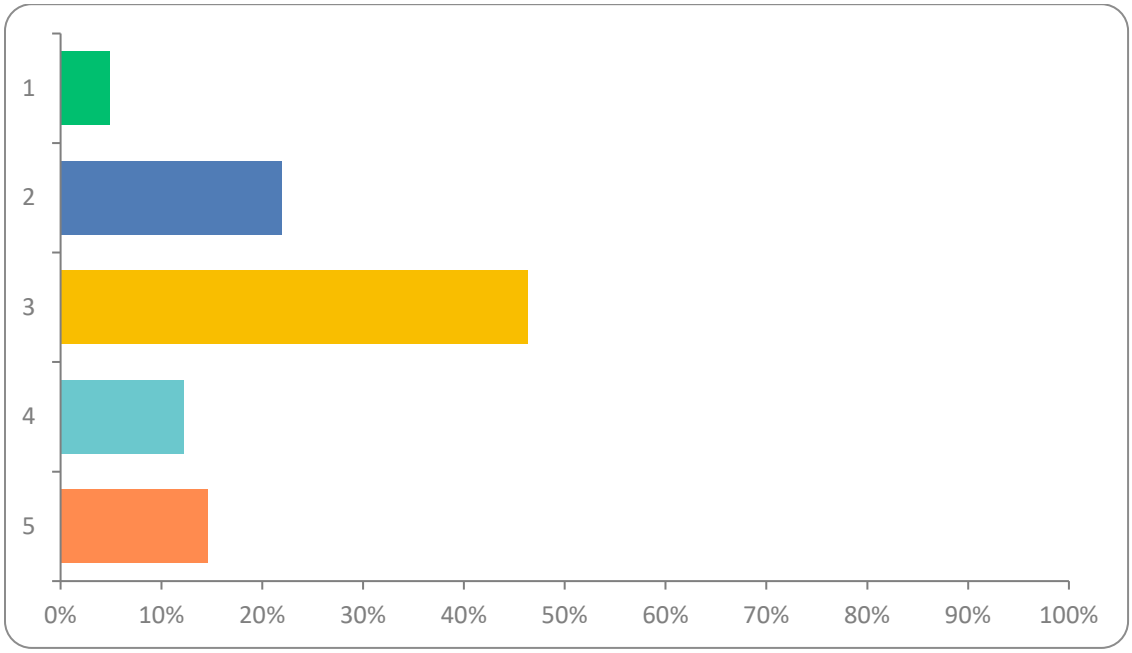
Table 17

Before training ability to help others manage stress

Answer choices	Responses	
1	4.88%	2
2	21.95%	9
3	46.34%	19
4	12.20%	5
5	14.63%	6
Total	100.00%	41

Figure 17

Before training ability to help others manage stress



Q13: Feeling prepared to manage stress personally received an average rating of 4.3/5.

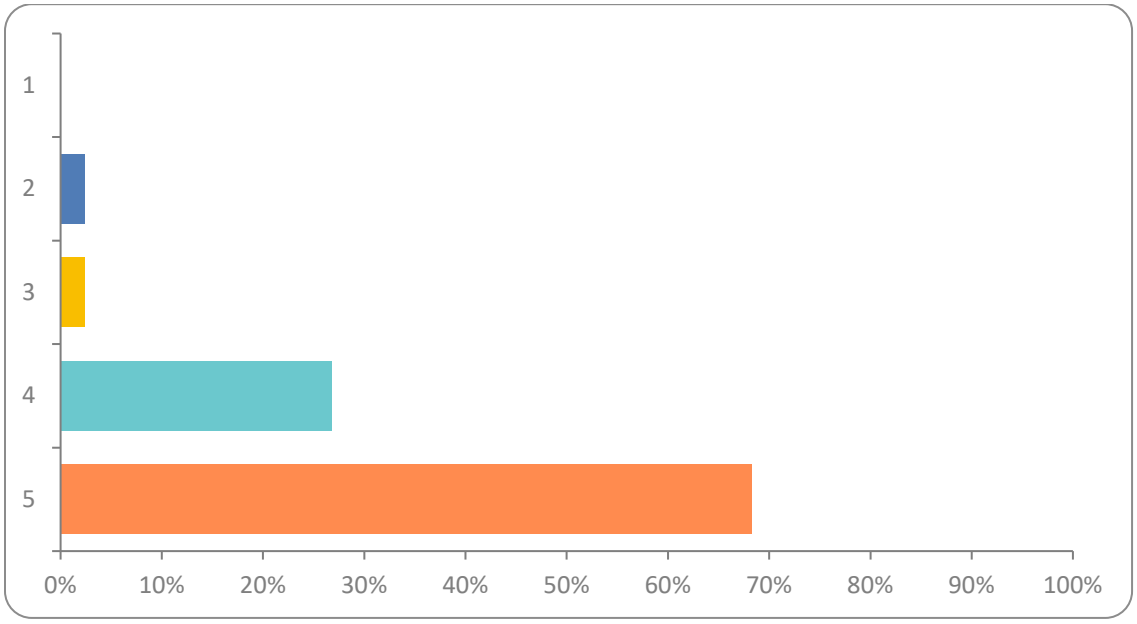
Table 18

After training - Feeling prepared to manage stress

Answer choices	Responses	
1	0%	0
2	2.44%	1
3	2.44%	1
4	26.83%	11
5	68.29%	28
Total	100.00%	41

Figure 18

After training - Feeling prepared to manage stress



Q14: Confidence in managing personal stress before vs. after training was rated 3.8/5 and 4.4/5, respectively.

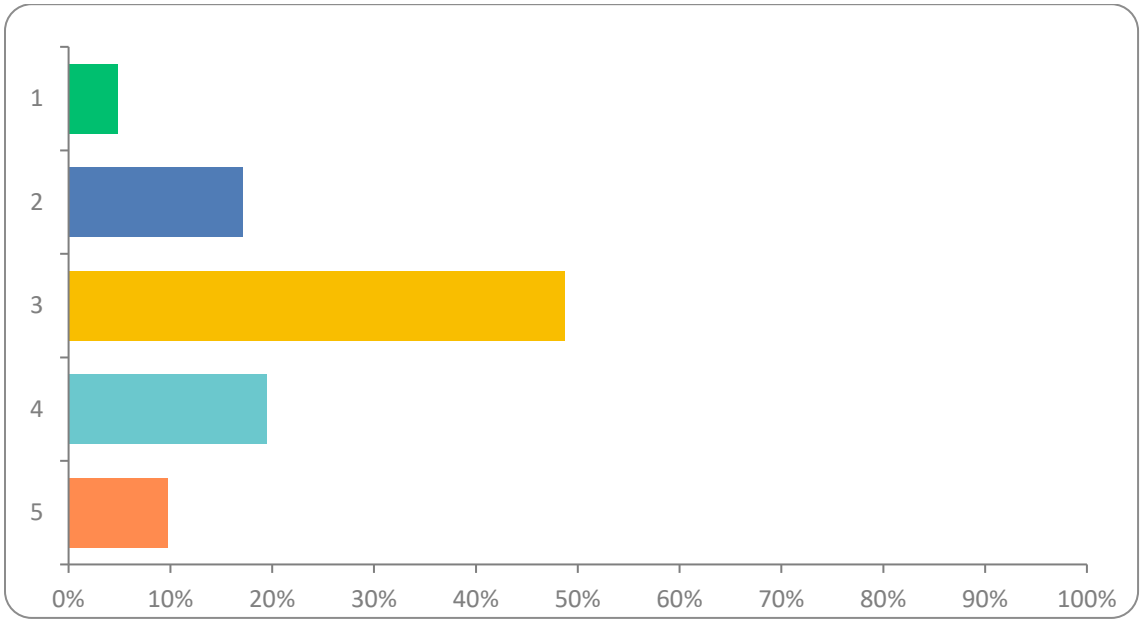
Table 19

Before training- Confidence in managing personal stress

Answer choices	Responses	
1	4.88%	2
2	17.07%	7
3	48.78%	20
4	19.51%	8
5	9.76%	4
Total	100.00%	41

Figure 19

Before training - Confidence in managing personal stress



Q15: Confidence in helping others manage stress received an average rating of 4.7/5.

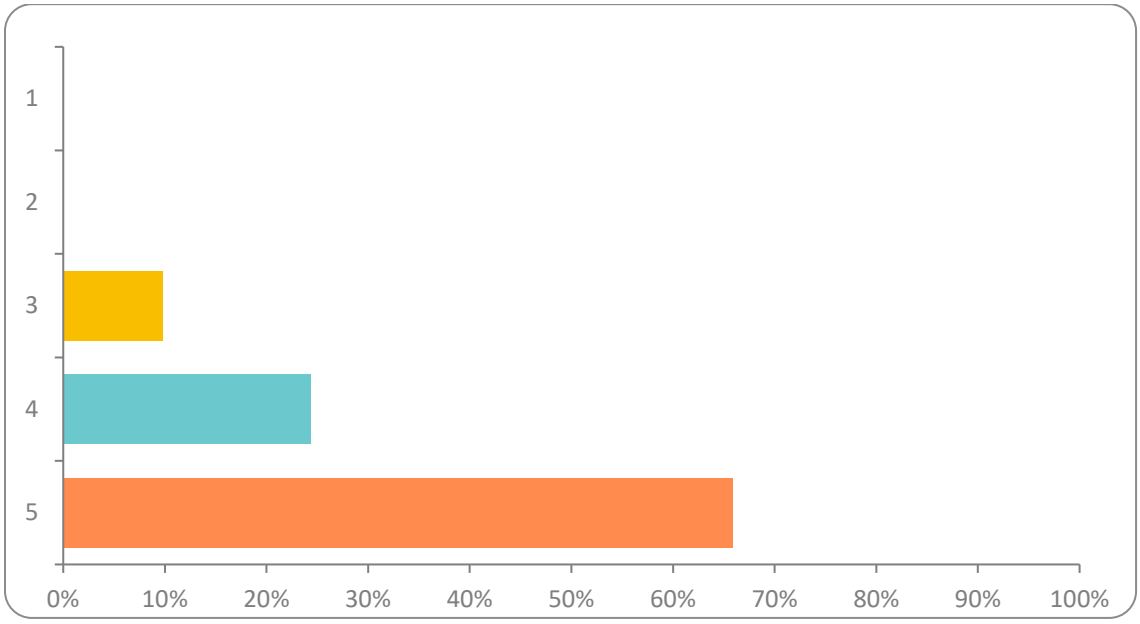
Table 20

After training – confidence in helping others manage stress

Answer choices	Responses	
1	0%	0
2	0%	0
3	9.76%	4
4	24.39%	10
5	65.85%	27
Total	100.00%	41

Figure 20

After training – confidence in helping others manage stress



Q16: Confidence in helping others manage stress before vs. after training was rated 3.7/5 and 4.4/5, respectively.

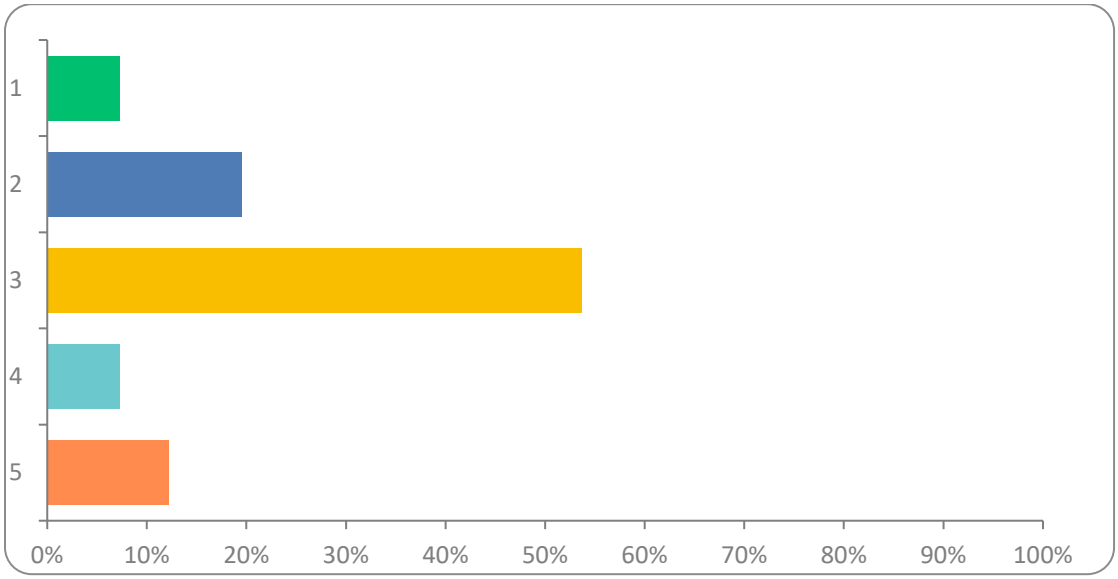
Table 21

Before Training - Confidence in helping others manage stress

Answer choices	Responses	
1	7.32%	1
2	19.51%	8
3	53.66%	22
4	7.32%	3
5	12.20%	5
Total	100.00%	41

Figure 21

Before Training - Confidence in helping others manage stress



Summary of Survey Findings

Overall Effectiveness: The average score across all questions was 84%, with a standard deviation of 12%. The lowest score was 47%, and the highest was 100%. 2) Stress Management Pre- and Post-Training: Before the training, participants rated their ability to manage stress at an average of 3.2/5 (65%). After the training, the confidence in managing personal stress increased to 4.7/5 (93%). 3) Recommendation and Practical Use: A significant majority (80.49%) highly rated the technique, showing a strong inclination to recommend it to others. Respondents acknowledged the practical application of the SBRRP technique in both work (70.73% rating it highly) and personal life (85.37% rating it highly). 4) Additional Observations: The technique was well received, with high scores for its ability to be taught to others (average score of 4.6/5) and for personal preparedness in stress management (average score of 4.7/5). Post-training, participants' confidence in helping others manage stress improved, with a shift from a

lower pre-training confidence (average score 3.2/5) to a higher post-training confidence (average score 4.6/5).

The analysis of comments from 41 participants who practiced the Single Breath Return to Resting Point (SBRRP) technique reveals overwhelmingly positive feedback. Participants noted several key benefits of the technique, which can be categorized into the following themes:

1. *Mental Clarity and Calmness*: Many participants reported that SBRRP helped them clear their minds and achieve a state of calmness. Comments like "It helps to clear the mind," "It helped me to easily become calm," and "I can feel the difference in my stress levels" indicate that the technique effectively reduces mental clutter and induces tranquility.
2. *Stress and Anxiety Control:* A significant number of participants found SBRRP beneficial in managing stress and anxiety. Comments like "It really helps to control stress" and "Once I started this training, I can feel the difference in my stress levels" suggest that the technique is effective in mitigating stress-related symptoms and improving emotional well-being.
3. *Sleep Improvement*: The technique was also reported to aid in sleep, with participants noting its effectiveness in helping them fall asleep. The comment "It helps me go to sleep at night" highlights the technique's potential as a tool for improving sleep quality.
4. *Patience and Emotional Regulation*: Some participants acknowledged an increase in patience and emotional regulation, as evidenced by feedback such as "help &

taught me patience, thanks a lot!" This suggests that SBRRP can contribute to developing greater emotional resilience and patience.

5. *Practicality and Ease of Use*: The feedback indicates that SBRRP is practical and easy to integrate into daily life, with comments like "Practice in the shop made it easier to use" showing that participants could readily apply the technique in various settings.
6. *Educational Value*: The technique was appreciated for its educational aspect, as participants recognized the value of breathing techniques in their lives. Statements like "I realize that breathing teaching techniques have a positive role/part in my life" indicate a recognition of the broader benefits of breathwork.
7. *Overall Satisfaction*: General satisfaction with the SBRRP training was high, as reflected in comments like "Great, helpful workshop, thanks" and "Great class very useful. Thank you," suggesting that participants found the experience rewarding and beneficial.

In conclusion, the study shows that the Single Breath Return to Resting Point (SBRRP) method is an effective tool for both personal stress management and aiding others. Its high endorsement rate and usefulness in different areas of life underscore its value and practicality. Nevertheless, the singular gender representation and age bias in the responses point to a need for more demographic diversity to support the findings across various groups. In summary, participant feedback suggests the SBRRP technique aids in fostering mental clarity, reducing stress, improving sleep, boosting patience, and enhancing emotional health. Its practical and instructional benefits are also valued, leading to significant participant satisfaction. The SBRRP technique holds considerable

promise for stress relief and mindfulness. Future research should include a varied range of subjects to confirm the findings' wider applicability. Moreover, studies over a longer period could offer insights into the technique's enduring effectiveness.

CHAPTER V REFLECTION

Introduction

> "*Go forth, O bhikkhus, for the good of the many, for the happiness of the many, out of compassion for the world, for the good, benefit, and happiness of gods and men. Let not two go by one way. Preach, O bhikkhus, the Dhamma, excellent in the beginning, excellent in the middle, excellent in the end, both in the spirit and in the letter. Proclaim the holy life, altogether perfect and pure.*" (Nārada, 1973, p. 69)

As a Buddhist chaplain, I have been practicing mindfulness and meditation since I was twelve years old; I faced many obstacles to maintaining my mindfulness and meditation state outside of the Dhamma Hall and the formal practice. A Single Breath Return to Resting Point (SBRRP) is a technique that has helped me overcome the challenges of practicing mindfulness and meditation. I developed and utilized the Single Breath Return to Resting Point (SBRRP) technique when I was around 22 years old; I embarked on a reflection that intertwined my spiritual journey with the broader mission of sharing this practice for the benefit of others. Liberating from my study at the Federal Correctional Institution I (FCI-I), the SBRRP technique has demonstrated significant efficacy in reducing stress, depression, and anxiety among inmates, revealing its potential for broader application in various settings.

As mentioned above, my engagement with SBRRP is deeply rooted in my spiritual practice, serving as a cornerstone for cultivating mindfulness, resilience, and inner peace. This technique has been instrumental in my spiritual development, enabling me to maintain mental clarity and a calm demeanor essential for my spiritual guide and

leader role. Through this personal embodiment of SBRRP, I appreciate its total value and potential. SBRRP enhances and deepens my right mindfulness and meditation from the noble eightfold path. In my interactions with others, SBRRP has proven to be a powerful tool for fostering empathy, active listening, and compassionate connection. By practicing mindful presence, I am better equipped to offer meaningful support and guidance, facilitating a more profound sense of trust and understanding among those I serve. Recognizing the universal applicability of SBRRP, I have strived to adapt the practice to accommodate diverse cultural and religious backgrounds. This inclusivity is pivotal, as it allows me to bridge differences and foster a shared experience of mindfulness that respects each individual's unique spiritual and emotional needs. In institutional environments like the military and federal prisons, I have introduced SBRRP as a non-sectarian practice that aids stress management, resilience building, and creating supportive communities. Its implementation in these settings underscores the technique's versatility and capacity to enhance mental and emotional well-being across varied populations.

Within chaplaincy and ministry, SBRRP has enriched my pastoral care, offering a simple yet profound method for aiding individuals in their spiritual and emotional journeys. Whether through pastoral counseling, group sessions, or integrated spiritual care programs, SBRRP has been a critical element in helping individuals find peace and clarity during times of crisis or reflection. This reflection not only revisits the findings from the FCI-I study but also encapsulates my journey with SBRRP, highlighting its transformative impact on both a personal and communal level. As I continue to integrate and share this technique, I aim to contribute to the well-being of individuals and

communities, aligning with my aspiration to benefit the world through spiritual and emotional healing.

Personal Spiritual Formation

First, this reflection is personal; you may not need to agree or disagree with me. I want to start with my background and how I found the Single Breath Return to Resting Point (SBRRP) mindfulness technique. And how it shifts my understanding of daily dhamma practice and helps me develop my spiritual paths. It started from one session of mindfulness and meditation in Wat Mongkol Samakki Dhammotai (Wat Khao Sarp) monastery in Rayong Province, Thailand, with Phra Ajahn Sombat Techapanyo, which later SBRRP became a valuable tool to enhance my dhamma practice, which is observing and experiencing the four noble truths in daily life.

My spiritual journey began when I was twelve years old. At that tender age, I entered Training to become a monastic member. I vividly recall those early days as a "temple boy," spending three months immersed in temple life before being ordained as a novice, known as a Samanera. Each day, along with 120 other novices, I rose at 5 a.m. for chanting and meditation. During these daily meditations, I experienced a profound moment of spiritual awakening while meditating under supervision of Phra Ajahn Sombat Techapanyo, a revered meditation master who often practiced in the forest. This encounter filled me with an overwhelming sense of peace and joy, marking a pivotal moment in my life. The inner tranquility cultivated through meditation fueled my dedication to practice and study the Dhamma, the teachings of Buddhism. Since then, I have tried hard to regain that peace and joy, but it was never easy.

A decade later, I was committed to having a last meditation session to see if I could gain inner peace and joy. I was not able to achieve that inner peace and joy. I was so upset and frustrated. Indeed, I found a single breath, which helped me regain my inner peace and joy. This insight spurred me to delve deeper into meditation and further explore the teachings of the Dhamma. Subsequently, my spiritual development flourished, leading to profound personal growth. Living according to the Dhamma principles, I underwent a remarkable transformation. My once fiery temper gave way to a newfound sense of mindfulness and calmness in everyday life. Previously attached to my own opinions and closed-minded, I evolved into a more open-minded and compassionate individual, extending my empathy to all living beings. Understanding the intricacies of karma deepened my understanding of others and myself. I firmly believe in the countless benefits of practicing the Dhamma, and my faith in its transformative power remains unwavering. Moreover, I've come to understand the importance of spiritual well-being, recognizing it as equally significant as physical health.

As a Buddhist practitioner and chaplain, I have found The Single Breath Return to Resting Point (SBRRP) practice to be a cornerstone of my spiritual formation. This practice is vital for cultivating inner peace, self-awareness, and resilience in my daily routine. The essence of SBRRP lies in its simplicity and profound impact—it involves focusing intently on a single breath, feeling its flow and energy, and then gently guiding the mind back to a state of rest or a resting point. I usually call it a temporary stress-free state. This process anchors me in the present moment and deepens my connection to my inner self and the broader spiritual realm. Amid a bustling world with constant distractions, SBRRP offers a sanctuary of calmness and clarity. By dedicating moments to

this practice, I can effectively disengage from the external chaos and enter a space of tranquility and reflection. This transition is crucial for my role as a spiritual guide and mentor, as it enables me to approach each situation with a balanced and compassionate perspective, which is essential for effective spiritual leadership.

Moreover, SBRRP has been instrumental in enhancing my resilience. Life, as it unfolds, brings its share of challenges and adversities. Practicing SBRRP has taught me to approach these situations with a centered and peaceful mindset, thereby reducing the impact of stress and negativity. This resilience is not just beneficial for navigating personal trials but also empowers me to support others in their spiritual journeys, offering guidance and empathy rooted in deep personal practice. The Single Breath Return to Resting Point practice is more than just a mindfulness technique; it is a profound spiritual exercise that nurtures the core of my being. It strengthens my capacity for self-reflection, aids in maintaining mental clarity, and fosters a compassionate heart. Integrating SBRRP into my daily life has been a transformative experience as a Buddhist practitioner, reinforcing my spiritual foundation and enhancing my ability to serve others on their spiritual path.

Integrating the Single Breath Return to Resting Point (SBRRP) practice into my daily life has significantly deepened my understanding of the Four Noble Truths, central to Buddhist teachings. SBRRP has been a conduit through which I can profoundly explore and internalize these truths. Understanding Suffering (Dukkha): Through SBRRP, I've developed a heightened awareness of the transient nature of thoughts and emotions, recognizing them as temporary phenomena that pass through the mind. This awareness has helped me understand the first noble truth, that suffering exists in life. By observing my

breath and witnessing the rise and fall of mental and physical sensations without attachment, I realize the impermanent nature of suffering, seeing it as part of the universal experience that connects all beings.

Origin of Suffering (Samudaya): As I delve deeper into the practice, I become more attuned to the triggers of my discomfort and distress. SBRRP allows me to see how attachment, desire, and craving contribute to my suffering. This insight aligns with the second noble truth, which states that suffering is caused by desire and attachment. Through mindful breathing, I've learned to identify and gradually let go of these attachments, reducing their power over my emotions and reactions.

Cessation of Suffering (Nirodha): The tranquility and detachment cultivated through SBRRP embody the third noble truth—the possibility of ending suffering. By returning to a resting point with each breath, I experience moments of peace and liberation, free from the usual patterns of desire and aversion, especially at the end of the breath, this practice has shown me that by relinquishing attachments and embracing impermanence, one can find a path out of suffering, leading to a state of Nibbana or profound peace.

Path to the Cessation of Suffering (Magga): SBRRP is a practical application of the Eightfold Path, the fourth noble truth, which outlines the steps to end suffering. Mindfulness and concentration, key components of SBRRP, are also crucial elements of the Eightfold Path. Through regular practice, I cultivate the right mindfulness and concentration, enhancing my ethical conduct, mental discipline, and wisdom. This holistic approach fosters a deeper understanding of the path that leads to the cessation of suffering.

In essence, the Single Breath Return to Resting Point practice is not merely a

mindfulness exercise but a profound spiritual tool that enhances my understanding and application of the Four Noble Truths in daily life. Through this practice, I gain insights into the nature of suffering and the path to overcoming it, enriching my spiritual journey as a Buddhist practitioner. The Single Breath Return to Resting Point (SBRRP) practice profoundly aids in releasing suffering and stress, paving the way for a peaceful and calm mind.

This method centers on the mindful focus on a single breath, providing an immediate respite from the constant flow of stressful thoughts and external pressures. Directing attention to the breath facilitates a break from mental chatter, leading to instant stress relief. Regular engagement with SBRRP enhances mindfulness, allowing for a more present and aware state of being, where thoughts and emotions can be observed without entanglement. This practice fosters tranquility, helping to maintain mental stability and composure in the face of life's ups and downs. It also aids in breaking the cycle of suffering by teaching the mind to release attachments and aversions, addressing the root causes of stress and suffering as outlined in Buddhist teachings.

Furthermore, SBRRP deepens spiritual insight, providing a clearer understanding of life's impermanent nature and the interconnectedness of all beings. Through continued practice, I cultivate a serene and mindful existence, significantly reducing suffering and stress and establishing a more peaceful and calm mental state. This not only benefits my personal spiritual journey but also enhances my capacity to support others in their paths toward emotional and spiritual well-being.

Interpersonal

I use the Single Breath Return to Resting Point (SBRRP) technique daily to

enhance my interpersonal skills and better assist those around me. Here's how it has become integral to my daily interactions: *Empathy in Practice*: Utilizing SBRRP, I find myself more attuned to the feelings and needs of others. This deepened empathy has allowed me to connect more meaningfully, understanding the emotions of those I interact with and responding in a way that acknowledges their experiences sincerely. *Active Listening with Focus*: My practice of SBRRP has significantly improved my active listening skills. By entering my thoughts and reducing distractions, I can fully engage in conversations, picking up on verbal and nonverbal cues. This focus has led to more fruitful and comprehensive discussions where all parties feel heard and understood. *Cultivating Compassion*: The regular practice of SBRRP has fostered a greater sense of compassion in my interactions. I've become more patient and caring, recognizing the suffering of others and actively seeking ways to alleviate their distress. This has not only strengthened my relationships but also allowed me to be a source of comfort and support. *Emotional Regulation in Interactions*: SBRRP has been crucial in helping me manage my emotions, particularly in challenging or stressful situations. By taking a moment to return to my resting point, I can approach conflicts with a calm and clear mind, leading to more constructive and harmonious resolutions. *Deepening Relationships*: Through SBRRP, I've developed a more open and non-judgmental approach in my interactions. This has built trust and opened up deeper communication channels, enriching my relationships. People feel more comfortable and safer sharing their thoughts and feelings with me, leading to stronger bonds. In summary, my daily practice of SBRRP has transformed how I support and connect with others. It has empowered me to be more empathetic, attentive, compassionate, and emotionally balanced, all essential to building and maintaining

healthy and supportive interpersonal relationships. It also helps remind me of the purpose of life.

Cultural Sensitivities and Diversity

The Single Breath Returns to Resting Point (SBRRP) technique in mindfulness is a profound practice I've integrated into my work, emphasizing the universal aspect of breathing to transcend cultural and religious boundaries. This approach has made it remarkably inclusive, allowing a diverse range of individuals, including Atheists, Muslims, Christians, and those unaffiliated with any religion, to engage without compromising their beliefs. For instance, my daily work involves diversity and cultural sensitives within prison systems and military institutions; I primarily focus on using SBRRP to enhance harmony and emphasize the similarity of how we can use SBRRP as individuals to release stress without compromising individual beliefs and cultural sensitivities. Recognizing the importance of cultural sensitivity, SBRRP is designed to be flexible, adapting to the participants' cultural values. In individualistic cultures, practice may focus on personal growth, whereas in collectivist societies, such as those in Asia, it might aim to enhance community harmony.

What makes SBRRP universally accessible is its reliance on neutral language and symbols. Terms like "awareness," "mindfulness," and "breath" are strategically chosen to maintain an unbiased stance, ensuring that no one feels alienated. A key pillar of SBRRP is respect for individual beliefs. By providing alternatives that resonate with the cultural or religious leanings of the participants, the practice fosters a comfortable and respectful atmosphere for everyone. As a practitioner, it's imperative to demonstrate cultural

competence, which entails understanding the varied backgrounds of the participants, being aware of one's biases, and committing to ongoing learning about cultural diversity.

Furthermore, SBRRP encourages community building and open dialogue among participants from different backgrounds, enhancing mutual understanding and respect. This enriches the individual experience of mindfulness and strengthens the collective journey. In essence, SBRRP is a versatile tool in the field of mindfulness, promoting spiritual and emotional well-being across a broad spectrum of cultural and religious landscapes. It achieves this by highlighting the commonality of breathing and nurturing an inclusive, respectful environment.

Institutional Setting

Implementing the Single Breath Return to Resting Point (SBRRP) technique within various institutional frameworks can significantly enhance mental well-being and stress management. Here's how SBRRP could be operationalized across different environments: Through my monastic experiences in Thailand and the United States, particularly during my tenure in the Navy and the prisons. I've learned to balance the needs of spiritual growth with the demands of the physical world. Recognizing the unique opportunity to serve individuals from diverse backgrounds and faiths within the Navy, correction system, and the broader community, I embraced the role of institutional chaplain. Driven by my principle of compassion and a desire to foster peace, I eagerly volunteered to meet the spiritual needs of all those entrusted to my care.

a) *In the Military*

I've successfully integrated the SBRRP technique into our daily routines in the Navy, enhancing stress resilience training among service members in both formal and

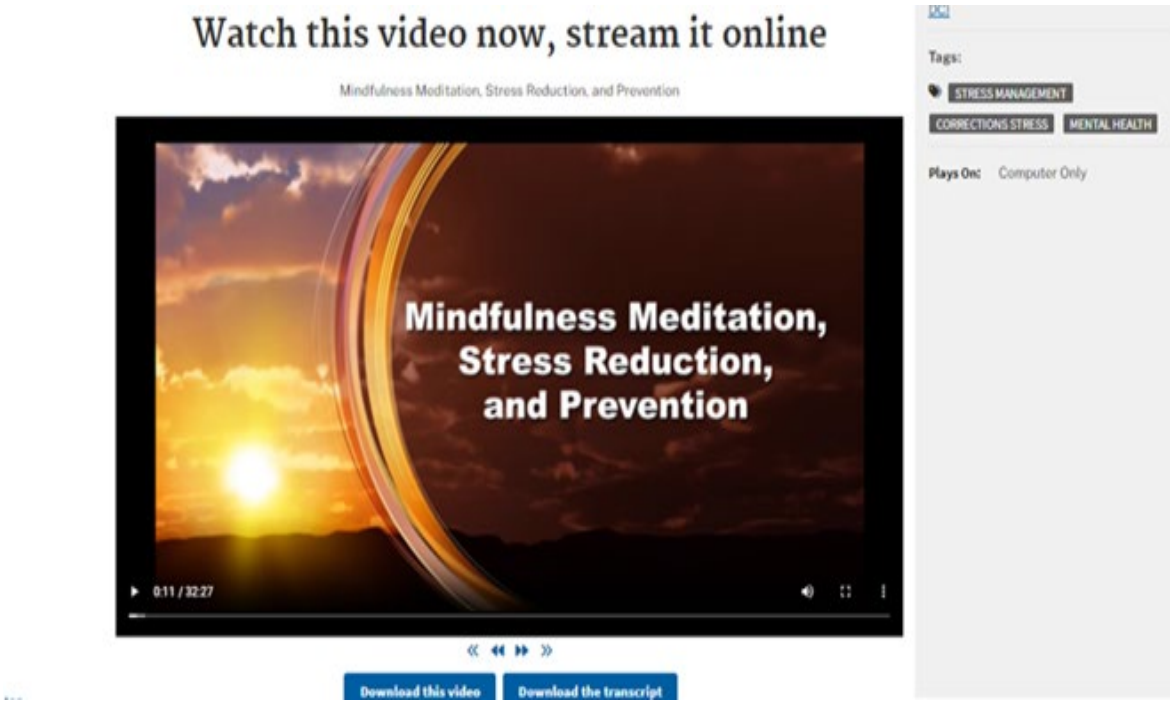
informal settings. By incorporating SBRRP at the start of the day and before demanding activities, we've helped personnel maintain mental clarity and emotional stability. Additionally, we've established regular mindfulness training sessions centered on SBRRP, which have proven effective in helping our team decompress after high-stress operations. This approach has become a critical component of our Training, significantly aiding in managing stress and improving overall performance. For example, when I joined the Navy and enlisted in boot camp in 2008, I used SPRRP to help my class release training stress before bedtime. In 2009, during a nine-month underway deployment, I used SPRRP as a tool for a stress reduction program on the ship in my Sunday Buddhist Servies as Buddhist Lay Leader. I offered SBRRP to military personnel, including sailors at the Navy Operational Support Center (NOSC) Los Angeles, NOSC Ventura County, NOSC Tucson, NOSC Reno, and Navy Regions Southwest Reserve Component Command. In 2019, it was also offered in Thailand during Exercise Cobra Gold, in the Naval Chaplaincy School and Center, in Intermediate Leadership training, in the Expeditionary Combat Readiness Center (ECRC), Warrior Transition Program Detachment, in Sembach, Germany. I also applied the SBRRP for readiness into differences of military Training such as readiness training, Spiritual Readiness, and Suicide Prevention, and applied the SBRRP to the Navy Reserve Center (NRC) San Diego, on board ships such as USS Kidd (DDG 100) and USS John Finn (DDG-113) during her underway. I offered to train the chief selected at NOSC Coronado, CA, The Joint Typhoon Warning Center (JTWC) in Hawaii, NR CNSP HQ, the Reginal Operation Center Navy Region Southwest, and the Tactical Law Enforcement Team at Pacific Coast Gard Command.

b) *Within Prisons*

Incorporating SBRRP into the daily schedule for correctional facilities could be a powerful tool for inmates to manage emotions and mitigate stress. SBRRP could be included in behavior management programs or offered as a standalone mindfulness practice to foster self-regulation and promote a calmer prison environment. SBRRP could foster resilience, emotion regulation, and spiritual fitness for incarcerated individuals and Staff. For example, I created the Mindfulness Correctional Excellences program for Staff, where I offered one-on-one Training during pastoral visits and round-in units. I provided and integrated SBRRP into staff training for the Correctional Support Team Program, Battel Buddy Annual Refresher Training (ART), and Institution Familiarization Training (IFT), and I offer lunch and learn once a month to Staff as well as Training in the department retreats. For Staff, I also provided resources via the Nation Institute of Correction vis website https://nicic.gov/resources/nic-library/webinars-broadcasts/mindfulness-meditation-stress-reduction-and-prevention (National Institute of Corrections, 2019).

Figure 22

Mindfulness Meditation, Stress Reduction, and Prevention online from NIC



I also offered three days of Training in the Trainer Program for Staff at FCI Carswell, Dulles, TX. Furthermore, I offered weekly SBRRP mindfulness training to incarcerated individuals in cooperation with Buddhist Services. I also cooperated with the Recreation Department to run daily mindfulness training DVDs via inmate television channels.

c) *At Hospitals*

Hospital can integrate SBRRP into patient care protocols to aid in pain management and anxiety reduction. Healthcare professionals can also benefit from regular SBRRP practice to manage the emotional toll of caregiving, reduce burnout, and maintain focus during long shifts. Implementing mindfulness breaks or integrating SBRRP into staff meetings could be effective strategies. With a diverse background spanning Los Angeles Children's Hospital, VA Hospital, Methodist Hospital in

California, Landstuhl Regional Medical Center in Germany, Naval Hospital Camp Pendleton, and a Drug and Rehab Center in Point Loma, I've had the privilege of working alongside exceptional medical staff and honing leadership skills in varied healthcare settings such as while I've had the opportunity to introduce the Single Breath Return to Resting Point (SBRRP) technique to staff, doctors, and nurses, receiving overwhelmingly positive feedback. Many of them appreciate the simplicity and practicality of SBRRP.

d) *In Universities and other Private Organizations*

Universities can incorporate SBRRP into wellness initiatives, embedding it into student and staff daily routines to help manage academic and workplace stress. It could be offered as part of orientation programs, wellness workshops, or within the curriculum, supporting the academic community's mental health and enhancing focus in universities and private organizations. For example, I volunteered as a campus chaplain at the University of the West and provided SBRRP for students and staff. I also train staff and students at Brigham Young University (BYU) and Duke University.

Private organizations could also benefit from SBRRP; I provided SBRRP training to the American Correctional Association (ACA) at the January 5, 2024, Winter Conference. ACA was founded in 1870 as the National Prison Association; ACA is the oldest organization for correctional practitioners. Initially led by Rutherford B. Hayes, it evolved from promoting prison reform to a broad-based correctional philosophy. The ACA, which updated its principles in 2002, advocates for corrections globally through leadership, diversity, professional development, and standards. (American Correctional Association, n.d.)

In 2023, I integrated SBRRP into the "Mindfulness Operational Stress Control"

presentation for the Reserve Organization of America (ROA) national annual meeting. ROA was founded in 1922 as the Reserve Officers Association of the United States; the ROA is dedicated to advocating for the Reserve Components of the U.S. military. It is the only organization committed to ensuring the readiness and well-being of both the Reserve and National Guard. Influencing policy in Washington, the ROA enhances their operational capabilities and benefits. Celebrating a century of service, it adapts to meet the evolving needs of the Reserve force, providing support and resources to maintain its strength and improve the quality of life for its members. ("Who We Are," n.d.).

e) *Implementation of Tactical Training in the fields*

I have implemented the Single Breath Return to Resting Point (SBRRP) technique as a tactical training strategy within the institution. This integration includes dedicated mindfulness sessions to establish and reinforce the importance of regular SBRRP practice, incorporating brief SBRRP exercises into daily activities for consistent engagement, and appointing a mindfulness trainer (SBRRP certified trainer) who leads and advocates for these practices. Additionally, ongoing support through easily accessible materials aids in the continual application of SBRRP, while regular impact assessments of SBRRP on mental health and productivity inform program improvements. This systematic integration fosters a more mindful, focused, and resilient environment, benefiting all institution members.

Ministry and Chaplaincy

As a chaplain, I've incorporated the Single Breath Return to Resting Point (SBRRP) technique into my ministry and spiritual counseling to teach and practice mindfulness through focused breathing. SBRRP involves taking a single, intentional

breath to achieve calm and centeredness, focusing on the present moment to restore peace and clarity. I first mastered the technique, practicing regularly to experience its benefits before introducing it to others. In worship services and prayer meetings, I use SBRRP to center and prepare the congregation, enhancing their spiritual experience. I also encourage its regular practice during services or at specific points in more extended events or retreats.

In spiritual counseling, I assess if individuals are hindered by stress, anxiety, or distraction and teach them SBRRP to help manage these issues. This involves guiding them through slow, sigh breathing, focusing on inhalation and exhalation, and emphasizing the calming return to a resting state. I integrate this practice into their daily spiritual routines, such as prayer or meditation, to enhance mindfulness and presence. Additionally, SBRRP is a quick, accessible stress and anxiety management tool valuable in any setting.

I also build community through regular group meditation sessions and workshops or retreats focusing on mindfulness and spiritual practices, with SBRRP as a core element. Continuous feedback from those practicing SBRRP helps me adapt and improve the technique to serve our community's needs better. By integrating SBRRP into my ministry's communal and individual aspects, I provide a valuable tool that helps individuals center themselves, manage stress, and deepen their spiritual journey.

As a chaplain, I've incorporated the Single Breath Return to Resting Point (SBRRP) technique into my ministry to address compassion fatigue and burnout, benefiting myself and those I counsel. I introduce this technique during worship services and spiritual counseling sessions to center and prepare congregations and individuals. It

significantly enhances their spiritual experiences and helps manage stress, anxiety, and distractions that could hinder spiritual growth. It is a quick, accessible tool for managing stress in any setting, effectively mitigating the effects of compassion fatigue and burnout. Incorporating the Single Breath Return to Resting Point (SBRRP) technique as a tool for fellow chaplains involved a strategic and thoughtful approach to ensure its relevance and ease of use in their diverse and often demanding roles. Recognizing the high-stress levels and emotional demands inherent in chaplaincy, I introduced SBRRP as a simple yet powerful method to help manage these challenges and prevent burnout.

Firstly, I organized training sessions for chaplains to teach the fundamentals of the SBRRP technique. During these sessions, I emphasized the importance of mindfulness and self-care, explaining how a single, intentional breath can significantly alter one's mind, promoting calmness and clarity. By practicing the technique together, chaplains experienced firsthand the immediate sense of relief and focus it provided.

For example, I offered to provide lunch and learn during the annual Naval Professional Development Training Course. I also developed a set of guidelines and best practices for integrating SBRRP into daily routines. These guidelines included practical tips on utilizing the technique before and after pastoral encounters, during acute stress, and as a regular practice to maintain emotional and spiritual well-being. I established regular check-ins where chaplains could share their experiences and discuss the impact of SBRRP on their personal and professional lives. This peer support system reinforced the practice and encouraged continuous feedback, allowing for adjustments and enhancements to the technique based on real-world experiences. As I incorporated SBRRP into broader chaplaincy training programs, ensuring that new chaplains were

equipped with this tool right from the start of their ministry. By positioning SBRRP as a foundational skill for emotional resilience and spiritual focus, it little by little became a cornerstone of our chaplaincy practice, widely adopted for its ease of use, effectiveness, and applicability in various settings. Through these efforts, SBRRP has become a key component of our chaplaincy toolkit, helping chaplains maintain their well-being while effectively serving their communities.

Finally, The Single Breath Return to Resting Point (SBRRP) technique is relevant, effectiveness, and applicable. It is a universally applicable and remarkably effective tool that anyone can use to manage stress and center themselves in any setting. This simple method involves taking just one breath at a time, an intentional breath to help return to calm and centeredness. The beauty of SBRRP lies in its simplicity and the immediate feedback it provides, making it easy to measure its effectiveness on the spot. Whether in a bustling office, a quiet room at home, during a commute, or in the middle of a stressful situation, SBRRP can be seamlessly integrated into any daily routine. Its ease of application ensures that it can be used effortlessly by individuals of all ages and in various circumstances, making it an invaluable resource for enhancing mindfulness, reducing stress, and restoring peace at any moment. It is relevant, practical, and applicable.

CHAPTER VI DISCUSSION, CONCLUSION AND RECOMMENDATION

Introduction

This chapter aims to explore the insights derived from the participants' individual experiences, as examined in Chapter 4, and to evaluate how these insights have contributed to addressing the research questions and hypothesis. This discussion examines the efficacy of the Single Breath-Returning to Resting Point (SBRRP) technique, a mindfulness-based intervention designed to mitigate stress, depression, and anxiety among individuals within a correctional environment. The study used a robust methodological approach and deployed quantitative and qualitative measures to evaluate the impact of the SBRRP technique on a sample of inmates at the Federal Correctional Institution I (FCI-I) in Victorville, California. The quantitative analysis was anchored in a paired sample t-test to assess changes in psychological distress levels before and after the intervention, yielding statistically significant results that advocate for the technique's effectiveness.

Complementing the quantitative data, qualitative feedback from participants provided a nuanced view of the technique's practical benefits and its transformative potential for mental and emotional well-being. This multifaceted approach allows for a comprehensive evaluation of the SBRRP technique, highlighting its value as a therapeutic tool and spiritual practice within Buddhist chaplaincy. The ensuing discussion delves into the statistical findings, the subjective experiences of the participants, and the broader implications of integrating the SBRRP technique into correctional mental health programs. This study draws on existing literature; this analysis situates the SBRRP technique within the wider spectrum of mindfulness-based interventions in correctional

settings, emphasizing its significance as a promising practice for enhancing the well-being of incarcerated individuals.

Discussion of Study Findings on the Effectiveness of The Single Breath-Returning to Resting Point (SBRRP) Technique

The Single Breath-Returning to Resting Point (SBRRP) technique has been statistically validated within this study to significantly reduce stress, depression, and anxiety levels among the incarcerated population. The paired t-test data analysis revealed substantial decreases in these psychological distress markers post-intervention, with stress symptoms showing a significant reduction ($t(40) = 10.186$, $p < .001$), after the application of the SBRRP technique. Similarly, depression symptoms also showed a significant decline ($t(40) = 7.111$, $p < .001$), which underscores the technique's effectiveness in mitigating depressive symptoms. Anxiety levels followed this trend, with a notable reduction ($t(40) = 6.629$, $p < .001$), highlighting the technique's capacity to alleviate anxiety in a high-stress environment like a prison (Bowen et al., 2006; Himelstein, 2011).

These statistical findings are significant as they provide empirical evidence supporting the SBRRP technique's efficacy in improving mental health outcomes. The robust nature of these results, with p-values far below the .05 threshold, indicate a high confidence level in the SBRRP technique's ability to effect meaningful psychological change. Incorporating the SBRRP into the broader context of correctional mental health interventions, these findings align with the growing body of research that supports mindfulness-based practices as effective modalities for reducing psychological distress in incarcerated populations (Morgan et al., 2016). The technique's success in enhancing

mindful attention, as demonstrated by the improvement in MAAS scores, also aligns with the positive outcomes associated with increased mindfulness, such as better emotional regulation and decreased reactivity to negative stimuli (Kabat-Zinn, 2003).

As a Buddhist Chaplain, integrating SBRRP into spiritual care practices not only addresses the psychological needs of inmates but also provides a pathway for spiritual development, resonating with the Buddhist principles of mindfulness and compassion (Shonin et al., 2014). This dual approach underscores the SBRRP technique's holistic potential in fostering mental and spiritual well-being. The quantitative and qualitative results of this study advocate for the incorporation of the SBRRP technique into correctional mental health programs, highlighting its value as a non-pharmacological, cost-effective, and accessible intervention that can significantly improve the psychological and emotional health of incarcerated individuals (Walton et al., 2017).

Summary

This research explored the effectiveness of the Single Breath-Returning to Resting Point (SBRRP) technique in reducing symptoms of stress, depression, anxiety, and PTSD, as well as in enhancing mindful attention awareness (MAAS) among inmates at the Federal Correctional Institution I in Victorville, California. The research utilized a mixed-methods strategy, integrating quantitative data analysis and qualitative feedback to assess the effect of the SBRRP technique. Quantitatively, the study used a paired sample t-test to compare pre- and post-intervention scores, revealing statistically significant reductions in stress, depression, anxiety, and PTSD symptoms. Specifically, stress symptoms showed a remarkable decrease from a mean pre-intervention score of 13.878 to a post-intervention score of 4.488, depression scores dropped from 10.268 to 2.780,

and anxiety scores decreased from 8.780 to 2.585. Notably, PTSD symptoms also reduced significantly from a mean score of 1.030 before the intervention to 0.318 after practicing the SBRRP technique.

Additionally, the research observed an enhancement in mindfulness, as indicated by the Mindful Attention Awareness Scale (MAAS), with scores rising from 3.963 pre-intervention to 5.317 post-intervention, signifying a considerable increase in mindful attention awareness. This increase in mindfulness is consistent with the literature suggesting that mindfulness practices can improve cognitive and emotional functioning (Kabat-Zinn, 2003). Qualitative feedback from participants highlighted the SBRRP technique's role in fostering mental clarity, emotional regulation, and overall psychological well-being, supporting the quantitative findings and suggesting the technique's comprehensive benefits. Briefly, the SBRRP technique has demonstrated significant potential in reducing psychological distress and enhancing mindfulness among incarcerated individuals, offering a valuable tool for mental health interventions in correctional settings. Integrating such mindfulness-based practices, including the SBRRP technique, could thus play a crucial role in the rehabilitation and well-being of the incarcerated population.

Recommendations

Given the research results on the Single Breath-Returning to Resting Point (SBRRP) technique, there are several suggestions to improve its use in correctional environments and extend its benefits to more expansive therapeutic areas as follows: A) *Comprehensive Implementation in Correctional Facilities*: Given the significant reductions in stress, depression, anxiety, and PTSD symptoms, as well as the

improvement in MAAS scores post-intervention, it is recommended that correctional institutions consider adopting the SBRRP technique as part of their standard rehabilitation programs. This integration can aid in addressing the psychological needs of inmates, contributing to their improved mental health and well-being (Bowen et al., 2006; Himelstein, 2011). B) *Training for Correctional Staff*: To enhance the technique's effectiveness, it is recommended that training programs be created for correctional personnel, especially mental health experts and chaplains, to conduct the SBRRP sessions. Ensuring that staff are adequately trained will help deliver the program effectively and sustainably (Walton et al., 2017). C) *Longitudinal Research:* Future studies should employ longitudinal research designs to assess the long-term effects of the SBRRP technique on inmates' mental health, well-being, and rates of recidivism. Understanding the enduring impact of this mindfulness-based intervention can provide deeper insights into its effectiveness over time (Morgan et al., 2016). D) *Comparative Studies*: Research comparing the SBRRP technique with other therapeutic interventions can help delineate its unique benefits and areas for improvement. Such comparative studies would contribute to a more nuanced understanding of its role within mindfulness-based interventions (Kabat-Zinn, 2003). E) *Expansion to Diverse Populations*: Exploring the effectiveness of the SBRRP technique in diverse populations, including different age groups, genders, and settings beyond correctional facilities, could provide valuable information on its adaptability and potential for broader application. F) *Incorporation into Holistic Rehabilitation Programs*: The SBRRP technique should be considered as part of holistic rehabilitation programs that address the spiritual, psychological, and

emotional dimensions of inmates' lives. This approach aligns with emerging trends in correctional rehabilitation that emphasize comprehensive care (Shonin et al., 2014).

In summary, the study demonstrates that the SBRRP method effectively lowers psychological distress and boosts mindfulness in prison environments. Implementing these suggestions may reinforce its effectiveness in improving mental health and well-being for those in detention and apply these benefits more broadly outside of prisons. Therefore, adopting the SBRRP approach could have far-reaching positive implications for mental health promotion, extending its impact beyond the confines of jails and prisons.

Implications

The research on the Single Breath-Returning to Resting Point (SBRRP) technique carries significant implications for correctional psychology, mental health interventions, and mindfulness-based therapies. The substantial decreases in stress, depression, anxiety, and PTSD symptoms, along with the increase in mindful attention awareness (MAAS) scores, provide a solid evidence base for the SBRRP technique's efficacy. The following are the proposed implications for SBRRP. A) *Implications for Correctional Psychology*: Applying the SBRRP technique can significantly impact inmates' mental health and well-being in the correctional setting. The marked reduction in psychological distress, as evidenced by the paired t-test results showing significant improvements in mental health scores (e.g., stress symptoms lowering from a mean of 13.878 to 4.488). These findings advocate for the integration of SBRRP into standard rehabilitation programs to enhance the mental health support provided to inmates. B) *Implications for Mental Health Intervention*: The effectiveness of the SBRRP technique in reducing symptoms of PTSD

and improving mindfulness highlights its potential as a versatile mental health intervention. Given the high prevalence of PTSD and other mental health issues within correctional populations, SBRRP's ability to alleviate these symptoms offers a valuable, non-pharmacological approach to mental healthcare in these settings (Morgan et al., 2016). C) *Implications for Mindfulness-Based Therapies*: The significant increase in MAAS scores post-intervention underscores the SBRRP technique's role in enhancing mindfulness. This aligns with broader psychological research supporting mindfulness meditation's benefits for cognitive and emotional functioning (Kabat-Zinn, 2003). Thus, the SBRRP technique is viable for mindfulness-based interventions across various therapeutic contexts, not just within correctional facilities. D) *Broader Societal Implications*: Adopting the SBRRP technique in correctional settings could have broader societal implications. Effective stress and mental health management practices for inmates can contribute to better rehabilitation outcomes, potentially leading to lower recidivism rates and smoother reintegration into society (Shonin et al., 2014). This aligns with the growing recognition of the need for comprehensive and humane approaches to correctional rehabilitation. E) *Recommendations for Policy and Practice.* The research findings suggest that policymakers and correctional administrators should consider endorsing and implementing mindfulness-based practices like the SBRRP technique as part of a holistic approach to inmate rehabilitation. Training correctional staff in SBRRP and similar mindfulness practices could enhance mental health care in prisons, reflecting a shift towards more evidence-based and compassionate correctional strategies (Walton et al., 2017).

In conclusion, the SBRRP technique has proven to be highly effective in the realm of mental health improvement within correctional facilities. Its successful application can lead to significant advancements in the treatment and well-being of individuals in these settings. Furthermore, integrating the SBRRP approach into broader mental health and correctional strategies can contribute to enhanced well-being on an individual level. This, in turn, has the potential to positively affect wider societal aspects such as criminal justice and public health, suggesting far-reaching benefits of its implementation.

Limitations

While the research on the SBRRP technique provides valuable insights into its efficacy in reducing stress, depression, anxiety, and PTSD symptoms and in enhancing mindful attention awareness, several limitations must be acknowledged, such as A) *Sample Size and Diversity*: The research was carried out using a small sample size at only one correctional facility, potentially impacting the broader applicability of the results. The participant group consisted predominantly of male inmates, limiting the applicability of the results to other populations, including females and youth in correctional settings (Morgan et al., 2016). B) *Lack of Control Group*: The absence of a control group in the study design makes it challenging to definitively attribute the observed improvements in psychological well-being solely to the SBRRP technique. Future research should include control groups to isolate the intervention's effects better (Bowen et al., 2006). C) *Self-Report Bias*: The study's reliance on self-reported measures for assessing psychological symptoms and mindfulness could introduce bias, as participants may overestimate the effectiveness of the technique due to placebo effects or desire to provide socially

desirable responses (Himelstein, 2011). D) *Short-Term Follow-Up*: The research primarily focused on the immediate outcomes of the SBRRP intervention, lacking long-term follow-up to assess the durability of its effects. Longitudinal studies are needed to determine the sustained impact of the technique over time (Kabat-Zinn, 2003). E) *Potential for Selection Bias*: The study participants might have had a pre-existing interest in mindfulness or meditation practices, which could lead to selection bias and impact the results' representativeness (Walton et al., 2017). F) *Quantitative Focus*: While the study employed quantitative and qualitative methods, the emphasis on statistical analysis may overlook the depth of individual experiences and the nuanced ways the SBRRP technique affects participants' lives. Qualitative research could provide more comprehensive insights into these personal experiences (Shonin et al., 2014).

Future investigations into the efficacy of the SBRRP technique should broaden the scope by recruiting larger and more varied participant groups. These studies should also include control groups to establish a clearer understanding of the technique's true effects. It's essential to complement subjective self-reporting with objective measures for a more accurate assessment. Additionally, implementing long-term follow-up assessments will contribute valuable insights into the long-term sustainability of the technique's benefits. Finally, integrating in-depth qualitative analysis with quantitative data will enrich our comprehension of the technique's full potential and the breadth of its influence.

Future Research

The Single Breath Return to Resting Point (SBRRP) technique is designed to enhance mental health within correctional settings. This method focuses on cultivating

awareness and reducing stress through a single breath-centered approach. Given the potential benefits of SBRRP, there is a growing interest in establishing its effectiveness through empirical research. The following recommendations are set forth to deepen the understanding and evidence base surrounding this innovative practice.

Future research may incorporate several key areas: A) *Incorporation of Control Groups*: Future studies should include control groups to establish a stronger causal relationship between the SBRRP technique and observed psychological improvements. This would enable researchers to ascertain those changes in stress, depression, anxiety, PTSD symptoms, and mindfulness levels are directly attributable to the intervention (Bowen et al., 2006). B) *Longitudinal Study Designs*: Long-term research is essential to determine the enduring effects of the SBRRP technique on mental health and well-being. Assessing the sustainability of its benefits over time will provide insights into its long-term efficacy and potential role in ongoing mental health maintenance (Kabat-Zinn, 2003). C) *Diverse and Larger Sample Popula*tions: Expanding the research to include a broader demographic within various correctional settings can help validate the technique's effectiveness across different populations. This should consist of a variety of age groups, genders, and ethnic backgrounds to ensure the findings are universally applicable (Morgan et al., 2016). D) *Comparative Effectiveness Studies*: Comparing the SBRRP technique with other established mindfulness and mental health interventions can help position it within the broader context of therapeutic practices. This will highlight its unique contributions or advantages over other methods (Himelstein, 2011). E) *Mechanistic Exploration*: Investigating how the SBRRP technique produces changes in psychological states through cognitive, emotional, and neurobiological pathways will

enhance understanding of its working mechanisms. This could involve exploring brain activity changes, physiological responses, and cognitive-behavioral shifts associated with the practice (Shonin et al., 2014). F) *Qualitative and Mixed-Methods Approaches*: Employing qualitative and mixed-methods research designs will provide a more comprehensive view of the SBRRP technique's impact, capturing the depth of participants' experiences and the subjective nuances of their psychological and spiritual changes (Walton et al., 2017). G) *Policy and Implementation Studies*: Examining the process of integrating the SBRRP technique into correctional mental health programs and its acceptability among staff and inmates can inform policy decisions and best practices for its wider adoption. Incorporating these elements into future research will significantly enhance understanding of the technique's effectiveness and its potential for broader application in mental health and correctional settings.

The recommendations for advancing the understanding of the Stress Reduction and Recidivism Prevention (SBRRP) technique highlight the need for methodologically robust research to solidify its efficacy and application in correctional mental health settings. Incorporating control groups will provide a strong causal link between SBRRP and psychological improvements. Longitudinal studies are necessary to evaluate the technique's lasting impact on mental health, while diverse and larger sample populations will ensure its applicability across different demographics. Comparative studies will situate SBRRP within the landscape of therapeutic interventions, showing its relative strengths or uniqueness. Delving into the mechanistic underpinnings will elucidate how SBRRP affects cognitive, emotional, and neurobiological pathways. Qualitative and mixed-methods approaches will capture the rich, subjective experiences of participants,

adding depth to quantitative findings. Finally, research into the policy and implementation aspects of SBRRP will guide its integration into correctional settings and inform best practices for its broader adoption. These research directions are crucial for substantiating SBRRP's role in promoting mental health and reducing recidivism, thereby supporting its wider use in correctional programs.

The Single Breath-Returning to Resting Point (SBRRP) Technique as a Spiritual and Ministry Tool in Buddhist Chaplaincy

As a spiritual intervention, the Single Breath-Returning to Resting Point (SBRRP) technique is a profound embodiment of Buddhist principles, providing a method for individuals to cultivate mindfulness, enhance self-awareness, and foster a more profound sense of inner peace. This technique, through its simplicity and focus on the present moment, aligns closely with the Buddhist practice of sati (mindfulness), offering a pathway to greater mental clarity and emotional stability. Therefore, as a Buddhist Chaplain, I perceive the SBRRP technique as an integral spiritual intervention and a vital extension of my ministry. This perspective is deeply rooted in the practice's ability to embody and impart the core principles of Buddhist teachings, notably mindfulness, compassion, and present-moment awareness.

a) *Spiritual Intervention and Ministry*: The SBRRP technique serves as a spiritual intervention by facilitating mindfulness and presence, which are central to Buddhist practice. It aligns with the Buddhist concept of 'sati' or mindfulness, enabling individuals to connect with the present moment, thereby fostering a state of calm and clarity. This practice, especially within the stressful confines of a correctional environment, offers a pathway to inner peace and mental stability, reflecting the Buddha's teachings on

mindfulness and mental discipline (Kabat-Zinn, 2003). In the realm of ministry, SBRRP extends the boundaries of traditional Buddhist teachings, providing a practical and accessible method for individuals to experience mindfulness and develop inner peace. This makes the technique a valuable tool in spiritual care, promoting mental and emotional well-being in a non-sectarian manner, thus embodying the Buddhist principles of universal compassion and empathetic understanding (Shonin et al., 2014).

b) *Extension of Buddhist Ministry*: Incorporating the SBRRP technique into Buddhist chaplaincy allows for a holistic approach to spiritual care that addresses individuals' mental, emotional, and spiritual needs. This practice reflects the Buddhist ethos of alleviating suffering (dukkha) through mindful awareness and compassion (karuṇā), offering a means to navigate life's challenges with greater resilience and understanding. Furthermore, the SBRRP technique facilitates spiritual growth and ethical reflection, mirroring the Buddhist path of self-inquiry and enlightenment. Through mindfulness practice, individuals are encouraged to reflect on their thoughts, emotions, and experiences from a place of nonjudgmental awareness, fostering personal and spiritual development.

c) *Implications for Chaplaincy Practice*: Integrating the SBRRP technique within Buddhist chaplaincy signifies a shift towards a more inclusive and practical approach to spiritual care, merging traditional wisdom with contemporary mindfulness practices. This blend allows chaplains to support individuals in their spiritual journey, offering a tool that is both therapeutic and spiritually enriching, irrespective of their religious affiliations or spiritual beliefs. In summary, the SBRRP technique is a significant spiritual intervention and an essential component of Buddhist ministry, offering a method that is deeply aligned

with Buddhist teachings yet adaptable to meet the diverse spiritual and emotional needs of individuals in various settings.

Conclusion

The Single Breath-Returning to Resting Point (SBRRP) technique represents a significant advancement in integrating mindfulness-based practices within both clinical and spiritual domains. As evidenced by the research findings, SBRRP has shown considerable effectiveness in reducing symptoms of stress, depression, anxiety, and PTSD while also enhancing mindful attention awareness (MAAS) among individuals in correctional settings. These outcomes validate the technique's psychological benefits and underscore its potential as a spiritual intervention, particularly within the context of Buddhist chaplaincy. The SBRRP technique's impact on mental health indicators is quantitatively substantial, with statistical analyses revealing significant improvements post-intervention. The paired sample t-test results, indicating marked reductions in mental health symptoms, reinforce the technique's efficacy. Such improvements are statistically significant and of great clinical and personal relevance for participants, offering a nonpharmacological method to enhance psychological well-being (Bowen et al., 2006; Himelstein, 2011).

From a spiritual perspective, as a Buddhist Chaplain, the SBRRP technique is seen as more than a psychological tool; it is a spiritual practice that embodies the principles of mindfulness, compassion, and present-moment awareness central to Buddhist teachings. This technique bridges clinical psychology and spiritual care, offering a practical method for achieving mental clarity and emotional balance, which are crucial for therapeutic change and spiritual development (Shonin et al., 2014; Kabat-

Zinn, 2003). Integrating the SBRRP technique into Buddhist chaplaincy extends the scope of spiritual care, offering a holistic approach that encompasses mental, emotional, and spiritual well-being. This aligns with the broader goals of Buddhist ministry, which aims to alleviate suffering and foster a more profound sense of peace and understanding among individuals, irrespective of their religious or spiritual affiliations. The practice of SBRRP, therefore, can be viewed as an act of compassionate service, facilitating personal transformation and healing in a manner that is accessible and relevant to a diverse population (Shonin et al., 2014). Future research should focus on expanding the empirical base for the SBRRP technique, incorporating longitudinal studies, diverse populations, and comparative analyses to elucidate its efficacy and mechanisms of action fully. Such research is crucial for informing clinical practice and spiritual ministry, ensuring that interventions like SBRRP are grounded in solid evidence and tailored to meet the needs of various populations, including those in correctional environments (Kabat-Zinn, 2003; Himelstein, 2011).

In conclusion, the Single Breath-Returning to Resting Point (SBRRP) technique stands as a testament to the potential synergy between clinical psychology and spiritual practice. The technique's success in promoting psychological well-being, together with its consistency with Buddhist principles, strongly supports its wider use in therapeutic and spiritual settings. As such, the SBRRP technique offers a valuable tool for individual healing and growth and contributes to the evolving landscape of integrative mental health and spiritual care.

REFERENCES

Alidina, S. (2015). *Mindfulness for dummies*. John Wiley & Sons.

Alleva, J. M., Sheeran, P., Webb, T. L., Martijn, C., & Miles, E. (2015). A Meta-analytic Review of Stand-alone Interventions to Improve Body Image. *PLoS ONE, 10*(9), e0139177.

American Correctional Association. (n.d.). About Us. http://www.aca.org/AboutUs

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

American Psychological Association. (2021). Mindfulness. In *APA dictionary of psychology*. https://dictionary.apa.org/mindfulness

American Psychological Association. (2021). Stress. In *APA dictionary of psychology*. https://www.apa.org/topics/stress/

Analayo, B. (2010). *Satipatthana: The direct path to realization*. Windhorse Publications.

Anderson, J. & Fakhoury, M. (2023). Implementation of Mindfulness-Based Stress Reduction in Correctional Facilities: A Case Study. *Journal of Correctional Health Care, 29*(1), 15-25.

Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). Routledge.

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the depression anxiety stress scales in clinical groups and a community sample. *Psychological Assessment, 10*(2), 176-181.

Arch, J. J., & Craske, M. G. (2010). Laboratory stressors in clinically anxious and non-anxious individuals: The moderating role of mindfulness. *Behaviour Research and Therapy, 48*(6), 495-505.

Austin, J. H. (2009). *Zen-Brain reflections*. The MIT Press.

Auty, K. M., Cope, A., & Liebling, A. (2017). A systematic review and meta-analysis of yoga and mindfulness meditation in prison. *International Journal of Offender Therapy and Comparative Criminology, 61*(6), 689-710.

Badour, C. L., Feldner, M. T., Babson, K. A., Blumenthal, H., & Trainor, C. D. (2017). Mindfulness and avoidance as predictors of posttraumatic stress disorder symptoms in a trauma-exposed sample. *Journal of Nervous and Mental Disease, 205*(7), 542-548.

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

Barnes, S., Brown, K. W., Krusemark, E., Campbell, W. K., & Rogge, R. D. (2007). The role of mindfulness in romantic relationship satisfaction and responses to relationship stress. *Journal of Marital and Family Therapy, 33*(4), 482-500.

Barratt, E. S., Alexander, M. J., & Heinz, A. J. (2016). Inner peace in prison: The transformative power of a mindfulness-based intervention. *International Journal of Offender Therapy and Comparative Criminology, 60*(8), 936-954.

Bartlett, L., Lovell, M., Otis, M., & Andrews, L. (2015). Mindfulness-based correctional staff training: A pilot study. *Mindfulness, 6(*1), 97-107. https://doi.org/10.1007/s12671-013-0238-0

Beck, A.J. & Maruschak, L M. (2001). *Mental health treatment in state prisons, 2000. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.* Washington, DC.

Berkeley, R., Patel, M., & Williams, K. (2022). Stress Reduction and Mindfulness in Correctional Settings: A Systematic Review. *Journal of Prison Education and Reentry, 9*(2), 102-118.

Biegel, G. M., Brown, K. W., Shapiro, S. L., & Schubert, C. M. (2009). Mindfulness-based stress reduction for the treatment of adolescent psychiatric outpatients: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 77*(5), 855–866.

Biegel, G. M., Brown, K. W., Shapiro, S. L., & Schubert, C. M. (2015). Mindfulness-based stress reduction for the treatment of adolescent psychiatric outpatients: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 83*(3), 512–525. https://doi.org/10.1037/a0034153

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*(3), 230-241.

Blaauw, E. & Arensman, E. (2018). The psychological impact of imprisonment: A review of the literature. *The Routledge International Handbook of Forensic Psychology in Secure Settings* (223-238). Routledge.

Black, D. S. & Slavich, G. M. (2016). Mindfulness meditation and the immune system: A systematic review of randomized controlled trials. *Annals of the New York Academy of Sciences, 1373*(1), 13-24.

Black, D. S., Irwin, M. R., Olmstead, R., & Breen, E. C. (2012). Mindfulness meditation and improvement in sleep quality and daytime impairment among older adults with sleep disturbances: A randomized clinical trial. *JAMA Internal Medicine, 172*(6), 494-501.

Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The posttraumatic stress disorder checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress, 28*(6), 489-498. https://doi.org/10.1002/jts.22059

Bodhi, B. (2000). *The connected discourses of the buddha: A new translation of the saṃyutta nikāya*. Wisdom Publications.

Bodhi, B. (2000). *The four foundations of mindfulness.* Insight Meditation Center. https://www.insightmeditationcenter.org/books-articles/articles/the-four-foundations-of-mindfulness/

Bodhi, B. (2000). *The noble eightfold path: The way to the end of suffering.* Buddhist Publication Society.

Bodhi, B. (2005). *In the buddha's words: An anthology of discourses from the Pali canon.* Wisdom Publications.

Bodhi, B. (2011). *The noble eightfold path: Way to the end of suffering.* Independent Publishers Group.

Bodhi, B. (2011). What does mindfulness really mean? A canonical perspective. *Contemporary Buddhism, 12*(01), 19-39.

Boot, W. R., Simons, D. J., Stothart, C., & Stutts, C. (2013). The Pervasive Problem with Pacebos in Psychology: Why Active Control Groups are not Sufficient to Rule out Placebo effects. *Perspectives on Psychological Science, 8*(4), 445-454.

Bowden, J. A., Garland, S. N., & Kline, N. K. (2013). Mindfulness-based stress reduction for the treatment of hot flashes in incarcerated women: A pilot study. *The Journal of Alternative and Complementary Medicine, 19*(6), 545-550. https://doi.org/10.1089/acm.2012.0210

Bowen, S., Chawla, N., & Marlatt, G. A. (2011). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide*. Guilford Press.

Bowen, S., Witkiewitz, K., Clifasefi, S. L., Grow, J., Chawla, N., Hsu, S. H., & Larimer, M. E. (2014). Relative efficacy of mindfulness-based relapse prevention, standard relapse prevention, and treatment as usual for substance use disorders: A randomized clinical trial. *JAMA Psychiatry, 71*(5), 547–556. https://doi.org/10.1001/jamapsychiatry.2013.4546

Bowen, S., Witkiewitz, K., Clifasefi, S. L., Grow, J., Chawla, N., Hsu, S. H., & Larimer, M. E. (2019). Relative efficacy of mindfulness-based relapse prevention, standard relapse prevention, and treatment as usual for substance use disorders: *A Randomized Clinical Trial. JAMA Psychiatry, 71*(5), 547-556.

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., & Marlatt, G. A. (2006). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors, 20*(3), 343-347. https://doi.org/10.1037/0893-164X.20.3.343

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., & Marlatt, G. A. (2009). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors, 23*(3), 343–347. https://doi.org/10.1037/a0016851

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., Larimer, M. E., Blume, A. W., Parks, G. A., & Marlatt, G. A. (2014). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors, 28*(4), 1112–1120. https://doi.org/10.1037/a0037501

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., & Marlatt, G. A. (2014). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors*, 28(2), 324–328. https://doi.org/10.1037/a0033925

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., & Marlatt, G. A. (2014). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors, 28*(3), 864–875. https://doi.org/10.1037/a0035665

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., & Marlatt, G. A. (2016). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors, 30*(2), 173–184. https://doi.org/10.1037/adb0000148

Boyd, J. E., Lanius, R. A., McKinnon, M. C., Nicholson, A. A., & Mindfulness-Based Cognitive Therapy (MBCT) for PTSD Group. (2018). Mindfulness-based treatments for posttraumatic stress disorder: A review of the treatment literature and neurobiological evidence. *Journal of Psychiatry & Neuroscience, 43*(1), 7-25.

Brahm, A. (2006). *Mindfulness, bliss, and beyond: A meditator's handbook*. Wisdom

Brewer, J. A., Mallik, S., Babuscio, T. A., Nich, C., Johnson, H. E., Deleone, C. M., & Rounsaville, B. J. (2017). Mindfulness training for smoking cessation: Results from a randomized controlled trial. *Drug and Alcohol Dependence, 175*, 156-165.

Brewer, J. A., Mallik, S., Babuscio, T. A., Nich, C., Johnson, H. E., Deleone, C. M., & Rounsaville, B. J. (2020). Mindfulness training for smoking cessation: results from a randomized controlled trial. *Drug and Alcohol Dependence, 119*(1), 72-80.

Brewer, J. A., Sinha, R., & Chen, J. A. (2014). Mindfulness training and stress reactivity in substance abuse: Results from a randomized, controlled stage I pilot study. *Substance Abuse, 35*(4), 363-370.

Brewer, J. A., Sinha, R., Chen, J. A., Michalsen, R. N., Babuscio, T. A., Nich, C., & Rounsaville, B. J. (2018). Mindfulness training and stress reactivity in substance abuse: Results from a randomized, controlled stage I pilot study. *Substance Abuse, 39*(1), 139-147.

Brewer, J. A., Worhunsky, P. D., Gray, J. R., Tang, Y. Y., Weber, J., & Kober, H. (2011). Meditation experience is associated with differences in default mode network activity and connectivity. *PNAS, 108*(50), 20254-20259.

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology, 68(*5), 748–766. https://doi.org/10.1037/0022-006X.68.5.748

Brewin, C. R., Cloitre, M., Hyland, P., Shevlin, M., Maercker, A., Bryant, R. A., ... & Reed, G. M. (2017). A Review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. *Clinical Psychology Review, 58*, 1-15. https://doi.org/10.1016/j.cpr.2017.09.001

Britton, W. B., Haynes, P. L., Fridel, K. W., & Bootzin, R. R. (2012). Polysomnographic and subjective profiles of sleep continuity before and after mindfulness-based cognitive therapy in partially remitted depression. *Psychosomatic Medicine, 74*(4), 539-548.

Bronson, J. & Berzofsky, M. (2017). Indicators of mental health problems reported by prisoners and jail inmates, 2011-12. Bureau of Justice Statistics.

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., Creswell, J. D., & Ryan, R. M. (Eds.). (2015). *Handbook of mindfulness: Theory, research, and practice*. Guilford Publications.

Brown, R. P. & Gerbarg, P. L. (2005). Sudarshan kriya yogic breathing in the treatment of stress, anxiety, and depression: Part I-neurophysiologic model. *Journal of Alternative & Complementary Medicine, 11*(1), 189-201.

Brown, R. P., Gerbarg, P. L., & Muench, F. (2013). Breathing practices for treatment of psychiatric and stress-related medical conditions. *Psychiatric Clinics, 36*(1), 121-140.

Bryant, R. A., Creamer, M., O'Donnell, M., Silove, D., & McFarlane, A. C. (2017). A multisite study of the capacity of acute stress disorder diagnosis to predict posttraumatic stress disorder. *Journal of Clinical Psychiatry, 78*(1), 42–47. https://doi.org/10.4088/JCP.15m10351

Bryant, R. A., Felmingham, K. L., Fox, O. N., Kemp, A. H., & Barton, M. (2018). The impact of mindfulness training on ptsd symptoms and emotion regulation in australian veterans. *Journal of Traumatic Stress, 31*(2), 273-283.

Burke, C. A. (2010). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies, 19*(2), 133–144. https://doi.org/10.1007/s10826-009-9282-x

Burpee, L. C. & Langer, E. J. (2019). Mindfulness and its potential role in addressing cognitive biases in medicine. *JAMA Network Open, 2*(3), e190890-e190890.

Cahill, S. P., Foa, E. B., Hembree, E. A., Marshall, R. D., & Nacash, N. (2006). Dissemination of exposure therapy in the treatment of posttraumatic stress disorder. *Journal of Traumatic Stress, 19*(5), 597-610. https://doi.org/10.1002/jts.20160

Cahill, S. P., Rothbaum, B. O., Resick, P. A., & Follette, V. M. (2006). *Cognitive-behavioral therapy for adults. In effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (2nd ed., 139–222). Guilford Press.

Cahn, B. R. & Polich, J. (2006). Meditation states and traits: EEG, ERP, and neuroimaging studies. *Psychological Bulletin, 132*(2), 180-211.

Carlson, L. E., Speca, M., Patel, K. D., & Goodey, E. (2003). Mindfulness-based stress reduction in relation to quality of life, mood, symptoms of stress, and immune parameters in breast and prostate cancer outpatients. *Psychosomatic Medicine, 65*(4), 571-581.

Carlson, L. E., Speca, M., Patel, K. D., & Goodey, E. (2007). Mindfulness-based stress reduction in relation to quality of life, mood, symptoms of stress and levels of Cortisol, Dehydroepiandrosterone sulfate (dheas) and Melatonin in breast and prostate cancer outpatients. *Psychoneuroendocrinology, 32*(10), 1132-1142.

Carlson, L.E., (2015). Mindfulness-based interventions for physical conditions: A narrative review evaluating levels of evidence. *BMC Complementary and Alternative Medicine, 15*, 1-17.

Carmody, J. & Baer, R. A. (2008). Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and well-being in a mindfulness-based stress reduction program. *Journal of Behavioral Medicine, 31*(1), 23-33.

Carmody, J. F., Crawford, S., Salmoirago-Blotcher, E., & Leung, K. (2011). Mindfulness training for coping with hot flashes: Results of a randomized trial. *Menopause, 18*(6), 611–620. https://doi.org/10.1097/gme.0b013e31820e98e1

Carmody, J., Crawford, S., Salmoirago-Blotcher, E., Leung, K., Churchill, L., & Olendzki, N. (2015). Mindfulness training for coping with hot flashes: Results of a randomized trial. *Menopause, 22*(8), 810–818. https://doi.org/10.1097/GME.0000000000000409

Casella, J. (2001). *Being Down: Challenging Violence in Urban Schools*. Teachers College Press.

Cash, E., Salmon, P., Weissbecker, I., Rebholz, W. N., Bayley-Veloso, R., Zimmaro, L. A., & Sephton, S. E. (2015). Mindfulness meditation alleviates fibromyalgia symptoms in women: Results of a randomized clinical trial. *Annals of Behavioral Medicine, 49*(3), 319-330. https://doi.org/10.1007/s12160-014-9665-0

Cebolla, A., Demarzo, M. M. P., Martins, P., Soler, J., & Garcia-Campayo, J. (2017). Unwanted effects: Is there a negative side of meditation? A multicentre survey. *PloS one, 12*(9), e0183137.

Centre for Addiction and Mental Health (CAMH). (2019). *Posttraumatic stress disorder*: *The adult patient with posttraumatic stress disorder in psychiatry in primary care.* https://www.camh.ca/en/professionals/treating-conditions-and-disorders/ptsd

Chambers, R., Gullone, E., & Allen, N. B. (2009). Mindful emotion regulation: An integrative review. C*linical Psychology Review, 29*(6), 560-572.

Chambers, R., Lo, B. C. Y., & Allen, N. B. (2008). The impact of intensive mindfulness training on attentional control, cognitive style, and affect. *Cognitive Therapy and Research, 32*(3), 303-322.

Chapman, B. P., Fiscella, K., Kawachi, I., & Duberstein, P. (2020). Personality, socioeconomic status, and all-cause mortality in the United States. *American Journal of Epidemiology, 171*(1), 83-92.

Chapman, L. K., Galen, L. W., & Vona, P. (2020). Mindfulness-based interventions among marginally housed adults: A review of the literature. *Mindfulness, 11*(7), 1682-1694.

Chen, Y. Y., Huang, Y. L., & Tang, T. C. (2016). Psychological capital and mindfulness: Exploring their shared and unique interrelationships. *Journal of Positive Psychology, 11*(6), 545-52.

Chiesa, A. & Serretti, A. (2010). A systematic review of neurobiological and clinical features of mindfulness meditations. *Psychological Medicine, 40*(08), 1239-1252.

Chiesa, A., & Serretti, A. (2011). Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *Journal of Alternative and Complementary Medicine, 17*(2), 107-113.

Chiesa, A., & Serretti, A. (2014). Are mindfulness-based interventions effective for substance use disorders? A systematic review of the evidence. *Substance Use & Misuse, 49*(5), 492–512. https://doi.org/10.3109/10826084.2013.770027

Chiesa, A., Calati, R., & Serretti, A. (2011). Does mindfulness training improve cognitive abilities? A systematic review of neuropsychological findings. *Clinical Psychology Review, 31*(3), 449-464.

Chiesa, A., Serretti, A., & Jakobsen, J. C. (2011). Mindfulness: Top–down or bottom–up emotion regulation strategy? *Clinical Psychology Review, 31*(3), 350-362.

Chiesa, A., Serretti, A., & Jakobsen, J. C. (2013). Mindfulness: Top–down or bottom–up emotion regulation strategy? *Clinical Psychology Review, 33*(1), 82-96.

Chiesa, A., Serretti, A., & Jakobsen, J. C. (2018). Mindfulness: Top-down or bottom-up emotion regulation strategy? *Clinical Psychology Review, 59*, 52-60.

Clear, T. R., Reisig, M. D., & Cole, G. F. (2019). *American corrections*. Cengage Learning.

Cohen, S., Janicki-Deverts, D., & Miller, G. E. (2007). Psychological Stress and Disease. *JAMA, 298*(14), 1685–1687.

Condon, P., Desbordes, G., Miller, W. B., & DeSteno, D. (2013). Meditation increases compassionate responses to suffering. *Psychological Science, 24*(10), 2125-2127.

Crane, R. S., Brewer, J., Feldman, C., Kabat-Zinn, J., Santorelli, S., Williams, J. M., & Kuyken, W. (2017). What Defines Mindfulness-based Programs? The Warp and the Weft. *Psychological Medicine, 47*(6), 990-999.

Creswell, J. D. (2017). Mindfulness interventions. *Annual Review of Psychology, 68,* 491-516. https://doi.org/10.1146/annurev-psych-042716-051139

Creswell, J. D., Pacilio, L. E., Lindsay, E. K., & Brown, K. W. (2014). Brief mindfulness meditation training alters psychological and neuroendocrine responses to social evaluative stress. *Psychoneuroendocrinology, 44*, 1-12.

Creswell, J. D., Taren, A. A., Lindsay, E. K., Greco, C. M., Gianaros, P. J., Fairgrieve, A., & Ferris, J. L. (2015). Alterations in resting-state functional connectivity link mindfulness meditation with reduced interleukin-6: A randomized controlled trial. *Biological Psychiatry, 80*(1), 53-61.

Cusack, K., Jonas, D. E., Forneris, C. A., Wines, C., Sonis, J., Middleton, J. C., & Olmsted, K. R. (2016). Psychological treatments for adults with posttraumatic stress disorder: A systematic review and meta-analysis. *Clinical Psychology Review, 43*, 128-141.

Cusack, K., Jonas, D. E., Forneris, C. A., Wines, C., Sonis, J., Middleton, J. C., Feltner, C., Brownley, K. A., Olmsted, K. R., Greenblatt, A., Weil, A., & Gaynes, B. N. (2016). Psychological treatments for adults with posttraumatic stress disorder: A systematic review and meta-analysis. *Clinical Psychology Review, 43*, 128–141. https://doi.org/10.1016/j.cpr.2015.10.003

Dane, E. & Brummel, B. J. (2014). Examining workplace mindfulness and its relations to job performance and turnover intention. *Human Relations, 67*(1), 105-128.

Davidson, J. R. T. & Foa, E. B. (2003). Posttraumatic stress disorder: DSM-IV and beyond. *American Journal of Psychiatry, 160*(4), 621–622. https://doi.org/10.1176/appi.ajp.160.4.621

Davidson, R. J., & Kaszniak, A. W. (2015). Conceptual and methodological issues in research on mindfulness and meditation. *American Psychologist, 70*(7), 581–592. https://doi.org/10.1037/a0039512

Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., & Sheridan, J. F. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine, 65*(4), 564-570.

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. https://doi.org/10.1037/a0022062

Davis, P. (2020). The impact of mindfulness techniques on sleep quality: A systematic review. *Journal of Sleep Research, 29*(2), e12924.

Dekeyser, M., Raes, F., Leijssen, M., Leysen, S., & Dewulf, D. (2008). Mindfulness skills and interpersonal behaviour. *Personality and Individual Differences, 44*(5), 1235-1245.

Descilo, T., Vedamurtachar, A., Gerbarg, P. L., Nagaraja, D., Gangadhar, B. N., Damodaran, B., & Harinath, K. (2010). Effects of a yoga breath intervention alone and in combination with an exposure therapy for post-traumatic stress disorder and depression in survivors of the 2004 South-East Asia tsunami. *Acta Psychiatrica Scandinavica, 121*(4), 289-300.

Desrosiers, A., Vine, V., Klemanski, D. H., & Nolen-Hoeksema, S. (2013). Mindfulness and emotion regulation in depression and anxiety: Common and distinct mechanisms of action. *Depression and Anxiety, 30*(7), 654-661.

Dreyfus, G. (2011). Is mindfulness present-centered and non-judgmental? A discussion of the cognitive dimensions of mindfulness. *Contemporary Buddhism, 12*(1), 41-54.

Dutton, M. A., Bermudez, D., & Matzen, L. E. (2013). Mindfulness-based stress reduction for low-income, predominantly African American women with PTSD and a history of intimate partner violence. *Cognitive and Behavioral Practice, 20*(3), 262-271.

Dutton, M. A., Bermudez, D., Matas, A., Majid, H., & Myers, N. L. (2013). Mindfulness-based stress reduction for low-income, predominantly african american women with PTSD and a history of intimate partner violence. *Cognitive and Behavioral Practice, 20*(1), 23-32.

Farb, N. A., Anderson, A. K., Mayberg, H., Bean, J., McKeon, D., & Segal, Z. V. (2010). Minding one's emotions: Mindfulness training alters the neural expression of sadness. *Emotion, 10*(1), 25-33.

Farb, N. A., Segal, Z. V., & Anderson, A. K. (2013). Mindfulness meditation training alters cortical representations of interoceptive attention. *Social Cognitive and Affective Neuroscience, 8*(1), 15-26.

Fazel, S., Hayes, A. J., Bartellas, K., Clerici, M., & Trestman, R. (2016). Mental health of prisoners: prevalence, adverse outcomes, and interventions. *Lancet Psychiatry, 3*(9), 871-881.

Federal Bureau of Prisons. (n.d.). *About the Bureau of Prisons.* https://www.bop.gov/about/

Feliu-Soler, A., Sanabria-Mazo, J. P., McCracken, L., Luciano, J. V., & D'Amico, F. (2022). Mindfulness- and acceptance-based interventions for patients with fibromyalgia: A systematic review and meta-analyses. *PLoS ONE, 17*(3), e0264444.

Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (2019). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (2nd ed.). Guilford Press.

Follette, V., Briere, J., Rozelle, D., Hopper, J. W., & Rome, D. I. (2014). Mindfulness-oriented interventions for trauma: Integrating contemplative practices. Guilford Publications.

Forbes, D., Creamer, M., & Phelps, A. (2003). Treating adults with acute stress disorder and post-traumatic stress disorder. *British Journal of Psychiatry, 183*(3), 207-212. https://doi.org/10.1192/bjp.183.3.207

Forbes, D., Creamer, M., Bisson, J. I., Cohen, J. A., Crow, B. E., Foa, E. B., Friedman, M. J., Keane, T. M., Kudler, H. S., Ursano, R. J., & Benedek, D. M. (2010). A guide to guidelines for the treatment of PTSD and related conditions. *Journal of Traumatic Stress, 23*(5), 537–552. https://doi.org/10.1002/jts.20574

Galante, J., Friedrich, C., Dawson, A. F., Modrego-Alarcón, M., Gebbing, P., Rose, R. V., & Jones, P. B. (2020). Mindfulness-based programs for mental health promotion in adults in nonclinical settings: A Systematic review and meta-analysis of randomized controlled trials. *PLoS Medicine, 17*(1), e1003024.

Galla, B. M. (2016). Mindfulness-based interventions with youth: A comprehensive meta-analysis of group-design studies. *Journal of School Psychology, 55*, 77–103. https://doi.org/10.1016/j.jsp.2016.02.001

Gallegos, A. M., Crean, H. F., Pigeon, W. R., & Heffner, K. L. (2020). Mindfulness-based interventions for posttraumatic stress disorder: A review of the treatment literature and neurobiological evidence. *Journal of Psychiatric Research, 124*, 17-25. https://doi.org/10.1016/j.jpsychires.2020.01.020

Gallegos, A. M., Moynihan, J., Pigeon, W. R., & Talbot, N. L. (2013). Mindfulness-based stress reduction for veterans with posttraumatic stress disorder. *Journal of Military and Veteran Family Health, 1*(1), 31-40.

Garland, E. L., Bryan, C. J., Finan, P. H., Thomas, E. A., Priddy, S. E., Riquino, M. R., & Froeliger, B. E. (2015). Pain, hedonic regulation, and opioid misuse: Modulation of momentary experience by mindfulness-oriented recovery enhancement in opioid-treated chronic pain patients. *Drug and Alcohol Dependence, 153,* 188-195. https://doi.org/10.1016/j.drugalcdep.2015.05.035

Garland, E. L., Froeliger, B., & Howard, M. O. (2014). Mindfulness training targets neurocognitive mechanisms of addiction at the attention-appraisal-emotion interface. *Frontiers in Psychiatry, 4*, 173. https://doi.org/10.3389/fpsyt.2013.00173

Garland, E. L., Gaylord, S. A., & Park, J. (2012). The role of mindfulness in positive reappraisal. *Explore: The Journal of Science and Healing, 8*(4), 235–245. https://doi.org/10.1016/j.explore.2012.04.001

Garland, E. L., Hanley, A. W., Kiken, L. G., Nakamura, Y., & Goldin, P. R. (2015). Testing the mindfulness-to-meaning theory: Evidence for mindful positive emotion regulation from a reanalysis of longitudinal data. *PloS One, 10*(7), e0128168. https://doi.org/10.1371/journal.pone.0128168

Garland, E. L., Roberts-Lewis, A., Tronnier, C. D., Graves, R., & Kelley, K. (2014). Mindfulness-oriented recovery enhancement versus CBT for co-occurring substance dependence, traumatic stress, and psychiatric disorders: Proximal outcomes from a pragmatic randomized trial. *Behaviour Research and Therapy, 59*, 10–23. https://doi.org/10.1016/j.brat.2014.05.005

Garland, E.L. (2015). Mindfulness-oriented recovery enhancement for addiction, stress, and pain. *Journal of Psychopharmacology, 29*(3), 215-226.

Garrison, K. A., Zeffiro, T. A., Scheinost, D., Constable, R. T., & Brewer, J. A. (2015). Meditation leads to reduced default mode network activity beyond an active task. *Cognitive, Affective, & Behavioral Neuroscience, 15*(3), 712-720.

Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.). (2016). *Mindfulness and psychotherapy* (2nd ed.). Guilford Press.

Gethin, R. (1998). *The foundations of Buddhism*. Oxford University Press.

Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism, 12*(1), 263-279.

Goff, A., Rose, E., Rose, S., & Purves, D. (2007). Does PTSD Occur in Sentenced Prison Populations? A Systematic Literature Review. *Criminal Behaviour and Mental Health, 17*(3), 152-162.

Goldberg, S. B., Tucker, R. P., Greene, P. A., Davidson, R. J., Wampold, B. E., Kearney, D. J., & Simpson, T. L. (2018). Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. *Clinical Psychology Review, 59*, 52-60.

Goldin, P. R. & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion, 10*(1), 83-91.

Goldin, P. R., Ziv, M., Jazaieri, H., Hahn, K., & Gross, J. J. (2019). Impact of cognitive-behavioral therapy for social anxiety disorder on the neural bases of emotional reactivity to and regulation of social evaluation. *Behaviour Research and Therapy, 116*, 76-86.

Goldstein, J. (2002). *One Dharma: The emerging Western Buddhism*. Harper Collins.

Gonzalez, R., Smith, P., & Rodriguez, L. (2022). Meta-analysis of mindfulness interventions in correctional settings: effects on mental health and recidivism rates. *Criminal Behaviour and Mental Health, 32*(1), 1-14.

Gotink, R. A., Chu, P., Busschbach, J. J., Benson, H., Fricchione, G. L., & Hunink, M. G. (2015). Standardized mindfulness-based interventions in healthcare: An overview of systematic reviews and meta-analyses of RCTs. *PloS One, 10*(4), e0124344.

Gotink, R. A., Vernooij, M. W., Ikram, M. A., Niessen, W. J., Krestin, G. P., Hofman, A., & Hunink, M. G. (2018). Meditation and yoga practice are associated with smaller right amygdala volume: The Rotterdam study. *Brain Imaging and Behavior, 12*(6), 1631-1639.

Goyal, M., Singh, S., Sibinga, E. M., Gould, N. F., Rowland-Seymour, A., Sharma, R., & Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well-being: a systematic review and meta-analysis. *JAMA Internal Medicine, 174*(3), 357-368.

Gross, J. J. (2015). The Extended Process Model of Emotion Regulation: Elaborations, Applications, and Future Directions. *Psychological Inquiry, 26*(1), 130-137.

Grossman, P. (2008). On measuring mindfulness in psychosomatic and psychological research. *Journal of Psychosomatic Research, 64*(4), 405-408.

Grossman, P. (2011). Defining mindfulness by how poorly I think I pay attention during everyday awareness and other intractable problems for psychology's (re) invention of mindfulness: comment on Brown (2011). *Psychological Assessment, 23*(4), 1034–1040.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research, 57*(1), 35-43.

Gunaratana, B. H. (2002). *Mindfulness in plain English*. Wisdom Publications.

Hafenbrack, A. C., Kinias, Z., & Barsade, S. G. (2014). Debiasing the mind through meditation: Mindfulness and the sunk-cost bias. *Psychological Science, 25*(2), 369-376.

Hanh, T. N. (2013). *The heart of the Buddha's teaching: Transforming suffering into peace, joy, and liberation*. Harmony.

Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2018). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment, 30*(2), 123-145.

Harnett, P. H. & Dawe, S. (2012). The feasibility and acceptability of mindfulness-based interventions in problematic substance users residing in a prison setting. *Mindfulness, 3*(2), 119-128.

Harvard Medical School. (2019). Understanding the stress-depression connection. https://www.health.harvard.edu/mind-and-mood/understanding-the-stress-depression-connection

Hawkins, J., Baer, R., & Krietemeyer, J. (2017). Mindfulness in corrections: A randomized, controlled feasibility study. *International Journal of Offender Therapy and Comparative Criminology, 61*(3), 298-313.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). Acceptance and commitment therapy: The process and practice of mindful change. Guilford Press.

Hilton, L., Hempel, S., Ewing, B. A., Apaydin, E., Xenakis, L., Newberry, S., & Maglione, M. A. (2016). Mindfulness meditation for chronic pain: Systematic review and meta-analysis. *Annals of Behavioral Medicine, 51*(2), 199-213.

Hilton, L., Hempel, S., Ewing, B. A., Apaydin, E., Xenakis, L., Newberry, S., & Maglione, M. A. (2016). Mindfulness meditation for chronic pain: Systematic review and meta-analysis. *Annals of Behavioral Medicine, 50*(3), 315-327.

Hilton, L., Hempel, S., Ewing, B. A., Apaydin, E., Xenakis, L., Newberry, S., & Maher, A. R. (2017). Mindfulness meditation for substance use disorders: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment, 75*, 62-96.

Himelstein, S. (2011). Meditation research: The state of the art in correctional settings. *International Journal of Offender Therapy and Comparative Criminology, 55*(4), 646-661. https://doi.org/10.1177/0306624X10364485

Himelstein, S. (2011). Mindfulness-based Substance Abuse Treatment for Incarcerated Youth: A Mixed-methods Study. *Substance Abuse, 32*(2), 119-128.

Himelstein, S. (2011). *Mindfulness-based substance abuse treatment for incarcerated youth: A mixed-methods study of effectiveness and implementation*. [Doctoral dissertation, Institute of Transpersonal Psychology].

Himelstein, S., Hastings, A., Shapiro, S., & Heery, M. (2012). A qualitative investigation of the experience of a mindfulness-based intervention with incarcerated adolescents. *Child and Adolescent Mental Health, 17*(4), 231-237.

Himelstein, S., Hastings, A., Shapiro, S., & Heery, M. (2019). A qualitative investigation of mindfulness-based interventions for incarcerated individuals with substance use disorders. *Journal of Addiction Medicine, 13*(2), 139-145.

Himelstein, S., Hastings, A., Shapiro, S., & Heery, M. (2019). A mixed-methods study of a mindfulness-based intervention for adolescents in alternative education. *Journal of Child and Family Studies, 28*(1), 175-188.

Himelstein, S., Saul, S., & Garcia-Romeu, A. (2019). Mindfulness interventions for adolescents in correctional facilities: A review of the literature. *Journal of Correctional Health Care, 25*(1), 3-17.

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 78*(2), 169–183. https://doi.org/10.1037/a0018555

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine, 351*(1), 13–22. https://doi.org/10.1056/NEJMoa040603

Holzel, B. K., Carmody, J., Vangel, M., Congleton, C., Yerramsetti, S. M., Gard, T., & Lazar, S. W. (2011). Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging, 191*(1), 36–43.

Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science, 6*(6), 537-559.

Hulsheger, U. R., Alberts, H. J., Feinholdt, A., & Lang, J. W. (2013). Benefits of mindfulness at work: The role of mindfulness in emotion regulation, emotional exhaustion, and job satisfaction. *Journal of Applied Psychology, 98*(2), 310–325. https://doi.org/10.1037/a0031313

Jain, S., Shapiro, S. L., Swanick, S., Roesch, S. C., Mills, P. J., Bell, I., & Schwartz, G. E. (2007). A randomized controlled trial of mindfulness meditation versus relaxation training: effects on distress, positive states of mind, rumination, and distraction. *Annals of Behavioral Medicine, 33*(1), 11-21.

James, D. J. & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates.* Bureau of Justice Statistics Special Report, NCJ 213600.

JASP Team. (2022). *JASP* (Version 0.18.3) [computer software]. https://jasp-stats.org/

Jha, A. P., Krompinger, J., & Baime, M. J. (2007). Mindfulness training modifies subsystems of attention. *Cognitive, Affective, & Behavioral Neuroscience, 7*(2), 109-119.

Jha, A. P., Stanley, E. A., Kiyonaga, A., Wong, L., & Gelfand, L. (2010). Examining the protective effects of mindfulness training on working memory capacity and affective experience. *Emotion, 10*(1), 54-64.

Jha, A.P. (2015). Mindfulness training modifies subsystems of attention. *Cognitive, Affective, & Behavioral Neuroscience, 15*(3), 1-15.

Johnson, L. (2018). Mindfulness in practice: Considerations for implementation of mindfulness-based programming for adolescents in school contexts. *New Directions for Youth Development, 2018*(158), 99-114.

Johnston, M. (2020). The healing power of mindfulness: A new way of being. *Journal of Clinical Psychology, 76*(4), 543-556.

Jong, M. C., Larouche, M., & Cherif, A. (2021). The effects of mindfulness-based interventions on diabetes-related distress, quality of life, and metabolic control in people with type 2 diabetes: A systematic review. *Journal of Psychosomatic Research, 140*, 110297.

Kabat-Zinn, J. (1990). *Full catastrophe living: The program of the stress reduction clinic at the University of Massachusetts Medical Center*. Delta.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness.* Delta.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Bantam Books.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life.* Hyperion.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice, 1*0(2), 144-156. https://doi.org/10.1093/clipsy.bpg016

Kabat-Zinn, J. (2013). *Full catastrophe living (revised edition): Using the wisdom of your body and mind to face stress, pain, and illness.* Bantam Books.

Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Delta.

Kearney, D. J., Malte, C. A., McDevitt-Murphy, M. E., Martinez, M. E., & Simpson, T. L. (2018). Mindfulness-based interventions for veterans with posttraumatic stress disorder. *Current Psychiatry Reports, 20*(10), 81.

Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2013). Effects of participation in a mindfulness program for veterans with posttraumatic stress disorder: A randomized controlled pilot study. *Journal of Clinical Psychology, 69*(1), 14-27. https://doi.org/10.1002/jclp.21911

Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2016). Effects of participation in a mindfulness program for veterans with posttraumatic stress disorder: A randomized controlled pilot study. *Journal of Clinical Psychology, 72*(4), 311-328.

Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2012). Association of participation in a mindfulness program with measures of PTSD, depression and quality of life in a veteran sample. *Journal of Clinical Psychology, 68*(1), 101-116.

Keng, S.-L., Smoski, M. J., & Robins, C. J. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review, 31*(6), 1041–1056. https://doi.org/10.1016/j.cpr.2011.04.006

Khoury, B. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *Journal of Psychosomatic Research, 78*(6), 519-528.

Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., Chapleau, M. A., Paquin, K., & Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review, 33*(6), 763-771.

Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *Journal of Psychosomatic Research, 78*(6), 519-528.

Kingston, D. A., Firestone, P., Moulden, H. M., Bradford, J. M., & Malcolm, P. B. (2014). The impact of mindfulness-based cognitive therapy on sexual functioning in individuals who have committed sexual offenses. *Sexual Abuse: A Journal of Research and Treatment, 26*(1), 46-61.

Kingston, D. A., Firestone, P., Wulff, H., & Bradford, J. M. (2007). Mindfulness-based cognitive therapy for residual depressive symptoms in offenders. *Journal of Cognitive Psychotherapy, 21*(3), 275–285. https://doi.org/10.1891/jcop.2007.21.3.275

Klimecki, O. M., Leiberg, S., Lamm, C., & Singer, T. (2013). Functional neural plasticity and associated changes in positive affect after compassion training. *Cerebral Cortex, 23*(7), 1552-1561.

Kupers, T. A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. *Journal of Clinical Psychology, 61*(6), 713-724.

Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., & Dalgleish, T. (2015). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: An individual patient data meta-analysis from randomized trials. *JAMA Psychiatry, 72*(6), 547-556.

Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., & Dalgleish, T. (2016). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: An individual patient data meta-analysis from randomized trials. *JAMA Psychiatry, 73*(6), 565-574.

Kuyken, W., Watkins, E., Holden, E., White, K., Taylor, R. S., Byford, S., & Dalgleish, T. (2015). How does mindfulness-based cognitive therapy work? *Behaviour Research and Therapy, 63*, 63-71.

Lavis, Y., Lecours, S., Laventure, M., & Lapierre, L. (2019). Mindfulness-based intervention to reduce aggressive behaviour and increase self-control among male prison inmates: A pilot study. *Journal of Aggression, Maltreatment & Trauma, 28*(2), 129-147.

Lazar, S. W., Kerr, C. E., Wasserman, R. H., Gray, J. R., Greve, D. N., Treadway, M. T., & Fischl, B. (2005). Meditation experience is associated with increased cortical thickness. *Neuroreport, 16*(17), 1893-1897.

Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal, and coping. New York*: Springer.

Lee, J. (2020). Anapanasati: Breathing Mindfulness for Healing and Self-Transformation. *Journal of Theravada Buddhism, 2*(1), 45-60.

Lee, P., Leung, A., Cheung, M., Wing, Y. K., & Xiang, Y. T. (2022). Efficacy of mindfulness-based interventions in reducing symptoms of depression and anxiety among psychiatric populations: A meta-analysis. *European Psychiatry, 65*(1), e6.

Lehrer, P., Vaschillo, E., & Vaschillo, B. (2000). Resonant frequency biofeedback training to increase cardiac variability: Rationale and manual for training. *Applied Psychophysiology and Biofeedback, 25*(3), 177–191.

Li, W., Howard, M. O., Garland, E. L., McGovern, P., & Lazar, M. (2017). Mindfulness treatment for substance misuse: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment, 75*, 62–96. https://doi.org/10.1016/j.jsat.2017.01.008

Linehan, M. M. (2015). *DBT skills training manual*. Guilford Publications.

Lomas, T., Cartwright, T., Edginton, T., & Ridge, D. (2015). A qualitative analysis of experiential challenges associated with meditation practice. *Mindfulness, 6*(4), 848-860.

Lomas, T., Medina, J. C., Ivtzan, I., Rupprecht, S., & Eiroa-Orosa, F. J. (2015). The impact of mindfulness on well-being and performance in the workplace: An inclusive systematic review of the empirical literature. *European Journal of Work and Organizational Psychology, 24*(2), 191-203.

Lopez, D. S. (2015). *The scientific Buddha: His short and happy life.* Yale University Press.

Loucks, E. B., Britton, W. B., Howe, C. J., Gutman, R., Gilman, S. E., & Brewer, J. A. (2016). Associations of dispositional mindfulness with obesity and central adiposity: The New England Family Study. *International Journal of Behavioral Medicine, 23*(2), 224-233. https://doi.org/10.1007/s12529-015-9503-1

Loucks, E. B., Schuman-Olivier, Z., Britton, W. B., Fresco, D. M., Desbordes, G., Brewer, J. A., & Fulwiler, C. (2020). Mindfulness and cardiovascular disease risk: state of the evidence, plausible mechanisms, and theoretical framework. *Current Cardiology Reports, 22*(12), 165.

Lovibond, S. H. & Lovibond, P. F. (1995). The structure of negative emotional states: Comparison of the depression anxiety stress scales (dass) with the beck depression and anxiety inventories. *Behaviour Research and Therapy, 33*(3), 335-343.

Loy, D. (2014). *McMindfulness: Buddhism as sold to you by neoliberals*. Salon. https://www.salon.com/2014/04/05/mcmindfulness_buddhism_as_sold_to_you_by_neoliberals/

Lutz, A., Dunne, J. D., & Davidson, R. J. (2007). Meditation and the neuroscience of consciousness: An introduction. In Z. Han and T. F. D. Farrow (Eds.), Making sense of suffering: *The nexus of Buddhism and contemporary psychotherapy* (175-200). London: Karnac Books.

Lutz, A., Slagter, H. A., Dunne, J. D., & Davidson, R. J. (2008). Attention regulation and monitoring in meditation. *Trends in Cognitive Sciences, 12*(4), 163–169.

Malinowski, P. (2013). Neural mechanisms of attentional control in mindfulness meditation. *Frontiers in Neuroscience, 7*, 8.

Massoglia, M. (2008). Incarceration as exposure: The prison, infectious disease, and other stress-related illnesses. *Journal of Health and Social Behavior, 49*(1), 56-71.

Mather, M. & Thayer, J. F. (2018). How heart rate variability affects emotion regulation brain networks. *Current Opinion in Behavioral Sciences, 19*, 98-104.

Miller, J. (2017). Cortisol and stress: How to stay healthy. *The American Institute of Stress, 3*(4), 43-51.

Monteiro, L. M., Nuttall, S., & Musten, R. F. (2010). Five skillful habits: An ethics-based mindfulness framework. *Mindfulness, 1*(2), 59-67.

Moore, A. & Malinowski, P. (2009). Meditation, mindfulness and cognitive flexibility. *Consciousness and Cognition, 18*(1), 176-186.

Morgan, R. D. (2018). *Correctional counseling and rehabilitation*. Routledge.

Morgan, R. D., Flora, D. B., Kroner, D. G., Mills, J. F., Varghese, F., & Steffan, J. S. (2016). Treating offenders with mental illness: A research synthesis. *Law and Human Behavior, 40*(1), 37-50. https://doi.org/10.1037/lhb0000163

Morgan, R. D., Rozycki, A. T., & Wilson, S. (2020). Inmate mental health. R. Morgan (Ed.), *SAGE Encyclopedia of Criminal Psychology* (pp. 837-842). SAGE Publications.

Nārada. (1973). *The Buddha and his teachings*. Singapora Buddhist Meditation Centre.

National Institute of Corrections. (2017). A framework for evidence-based decision making in local criminal justice systems: Toolkit. https://s3.amazonaws.com/static.nicic.gov/Library/032505.pdf.

National Institute of Corrections. (2017). Mindfulness-based interventions in corrections. https://info.nicic.gov/cbp/mindfulness-based-interventions-corrections.

National Institute of Corrections. (2019). Mindfulness meditation, stress reduction, and prevention. https://nicic.gov/resources/nic-library/webinars-broadcasts/mindfulness-meditation-stress-reduction-and-prevention

National Institute of Mental Health. (2020). Post-traumatic stress disorder. https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml

Neff, K. D. & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology, 69*(1), 28-44.

Nguyen, T. (2019). Mindfulness and self-compassion: Exploring pathways to adolescent emotional well-being. *Journal of Child and Family Studies, 28*(10), 2627-2637.

Nield, M., Squires, C., Marzolini, S., & Sullivan, T. (2019). Mindfulness in corrections: A qualitative exploration of facilitator and inmate experiences. *Journal of Offender Rehabilitation, 58*(5), 309-327.

Niles, B. L., Klunk-Gillis, J., Ryngala, D. J., Silberbogen, A. K., Paysnick, A., & Wolf, E. J. (2012). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(5), 538-547.

Niles, B. L., Klunk-Gillis, J., Ryngala, D. J., Silberbogen, A. K., Paysnick, A., & Wolf, E. J. (2018). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(1), 74-81.

Niles, B. L., Klunk-Gillis, J., Ryngala, D. J., Silberbogen, A. K., Paysnick, A., & Wolf, E. J. (2018). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(4), 424–432. https://doi.org/10.1037/tra0000315

Olendzki, A. (2010). *Unlimiting mind: The radically experiential psychology of Buddhism.* Wisdom Publications.

Papp, M. E., Kőteles, F., Székely, A., Földi, M., & Freyler, A. (2018). Breathwork: An additional treatment option for depression and anxiety? *Journal of Contemporary Psychotherapy, 48*(2), 69-77.

Park, C., Rosenblat, J., Lee, Y., & Cha, C. (2019). The effect of mindfulness meditation on stress and anxiety: A systematic review. *Journal of Clinical Psychology, 75*(1), 3-28.

Pascoe, M. C., Thompson, D. R., Jenkins, Z. M., & Ski, C. F. (2017). Mindfulness mediates the physiological markers of stress: Systematic review and meta-analysis. *Journal of Psychiatric Research*, 95, 156-178.

Patel, M., Berkeley, R., & Jones, N. (2023). Challenges and opportunities of mindfulness interventions in prisons: A comparative study. *International Journal of Offender Therapy and Comparative Criminology, 67*(2), 315-332.

Paterson, T. A. & Medved, C. E. (2016). Potential benefits of mindfulness in the workplace: A literature review. *The Journal of Applied Management and Entrepreneurship, 21*(2), 43-67.

Paulhus, D. L. & Vazire, S. (2007). The self-report method. *Handbook of research methods in personality psychology, 1*, 224-239.

Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2011). Prevalence and Axis I comorbidity of full and partial posttraumatic stress disorder in the United States: Results from wave 2 of the national epidemiologic survey on alcohol and related conditions. *Journal of Anxiety Disorders, 25*(3), 456–465. https://doi.org/10.1016/j.janxdis.2010.11.010

Polusny, M. A., Erbes, C. R., Thuras, P., Moran, A., Lamberty, G. J., Collins, R. C., ... & Lim, K. O. (2020). Mindfulness-based stress reduction for posttraumatic stress disorder among veterans: A randomized clinical trial. *JAMA, 314*(5), 456-465. https://doi.org/10.1001/jama.2015.8361

Porta, M. (Ed.). (2014). *A dictionary of epidemiology*. Oxford University Press.

Porter, L. C. (2018). The role of incarceration length in shaping mental health trajectories. *Criminal Justice and Behavior, 45*(6), 789-805.

Purser, R. E. & Loy, D. (2013). Beyond McMindfulness. Huffington Post. https://www.huffpost.com/entry/beyond-mcmindfulness_b_3519289

Purser, R. E. (2019). McMindfulness: The marketing of mindfulness and the corruption of Buddhist ethics. *ReVision, 40*(1), 16-25.

Rahula, W. (1974). *What the Buddha Taught*. Grove Press.

Rapgay, L, & Bystrisky, A. (2009). Classical mindfulness: An introduction to its theory and practice for clinical application. *Annals of the New York Academy of Sciences, 1172*, 148–162. https://doi.org/10.1111/j.1749-6632.2009.04405.x

Reb, J., Narayanan, J., & Chaturvedi, S. (2014). Leading mindfully: Two studies on the influence of supervisor trait mindfulness on employee well-being and performance. *Mindfulness, 5*(1), 36-45.

Reb, J., Sim, K. L., & Chintakananda, K. (2020). Team mindfulness and team performance: The role of team conflict and perceived team member mindfulness. *Organizational Behavior and Human Decision Processes, 160*, 131-148.

Reingle Gonzalez, J. M. & Connell, N. M. (2014). Mental health of prisoners: Identifying barriers to mental health treatment and medication continuity. *American Journal of Public Health, 104*(12), 2328-2333.

Reserve Organization of America. (n.d.). Who we are. https://www.roa.org/page/whoweare

Resick, P. A. & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology, 60*(5), 748–756. https://doi.org/10.1037/0022-006X.60.5.748

Ricciardelli, R., Caravaca-Morera, J. A., & Beaudette, J. N. (2020). Stress, coping, and health-related quality of life among correctional officers: A literature review. *Journal of Criminal Justice, 68*, 101681.

Roemer, L., Orsillo, S. M., & Salters-Pedneault, K. (2008). Efficacy of an acceptance-based behavior therapy for generalized anxiety disorder: Evaluation in a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 76*(6), 1083-1089.

Rosenberg, A. R., Gallegos, A. M., & Kelley, C. (2015). Mindful-based stress reduction in incarcerated women: A pilot study. *Social Work in Mental Health, 13*(5), 403–424.

Ruedy, N. E. & Schweitzer, M. E. (2010). In the moment: The effect of mindfulness on ethical decision making. *Journal of Business Ethics, 95*, 73-87.

Salzberg, S. (2011). *Real happiness: The power of meditation*. Workman Publishing.

Samuelson, M., Carmody, J., Kabat-Zinn, J., & Bratt, M. A. (2007). Mindfulness-based stress reduction in massachusetts correctional facilities. *The Prison Journal, 87*(2), 254-268.

Samuelson, M., Carmody, J., Kabat-Zinn, J., & Bratt, M. A. (2015). Mindfulness-based interventions for adults in criminal justice settings. In R. A. Baer (Ed.), *Mindfulness-Based Treatment Approaches: Clinician's Guide to Evidence Base and Applications* (459-480).

Samuelson, M., Carmody, J., Kabat-Zinn, J., & Bratt, M.A. (2015). Mindfulness-Based Stress Reduction in Massachusetts Correctional Facilities. *The Prison Journal, 95*(1), 47-57.

Sanada, K., Montero-Marin, J., Barceló-Soler, A., Ikuse, D., Ota, M., Hirata, A., Yoshizawa, A., Hatanaka, R., Valero, M. S., Campayo, J. G., & Demarzo, M. (2021). Effects of mindfulness-based interventions on biomarkers and low-grade inflammation in patients with psychiatric disorders: A meta-analytic review. *International Journal of Molecular Sciences, 22*(7), 3685.

Sapolsky, R. M. (2000). The possibility of neurotoxicity in the hippocampus in major depression: A primer on neuron death. *Biological Psychiatry, 48*(8), 755-765

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2010). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. Guilford Press.

Segal, Z. V., Williams, J. M., & Teasdale, J. D. (2018). *Mindfulness-based cognitive therapy for depression*. Guilford Publications.

Semple, R. J., & Burke, C. A. (2017). *Mindfulness for therapists: Understanding mindfulness for professional effectiveness and personal well-being*. Guilford Publications.

Shalev, A. Y., Ankri, Y., Israeli-Shalev, Y., Peleg, T., Adessky, R., & Freedman, S. (2012). Prevention of posttraumatic stress disorder by early treatment: Results from the Jerusalem trauma outreach and prevention study. *Archives of General Psychiatry, 69*(2), 166–176. https://doi.org/10.1001/archgenpsychiatry.2011.127

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2011). Mechanisms of mindfulness. *Journal of Clinical Psychology, 67*(4), 373-386. https://doi.org/10.1002/jclp.20764

Shapiro, S. L., Jazaieri, H., & Goldin, P. R. (2012). Mindfulness-based stress reduction effects on moral reasoning and decision making. *The Journal of Positive Psychology, 7*(6), 504-515.

Sharf, R. H. (2014). Mindfulness and mindlessness in early Chan. *Philosophy East and West, 64*(4), 933-964.

Shonin, E., Van Gordon, W., & Griffiths, M. D. (2013). Mindfulness-based interventions: Towards mindful clinical integration. *Frontiers in Psychology, 4,* 194.

Shonin, E., Van Gordon, W., & Griffiths, M. D. (2014). The emerging role of Buddhism in clinical psychology: Toward effective integration. *Psychology of Religion and Spirituality, 6*(2), 123-137. https://doi.org/10.1037/a0035859

Shonin, E., Van Gordon, W., Compare, A., Zangeneh, M., & Griffiths, M. D. (2015). Buddhist-derived loving-kindness and compassion meditation for the treatment of psychopathology: A systematic review. *Mindfulness, 6*(5), 1161-1180. https://doi.org/10.1007/s12671-014-0368-1

Shonin, E., Van Gordon, W., Griffiths, M. D., & Singh, N. N. (2015). Mindfulness-based interventions for individuals with PTSD: A systematic review. *Psychology Research and Behavior Management, 8*, 293-300.

Shonin, E., Van Gordon, W., Slade, K., & Griffiths, M. D. (2013). Mindfulness and other Buddhist-derived interventions in correctional settings: A systematic review. *Aggression and Violent Behavior, 18*(3), 365-372.

Silananda, U. (2002). *The Four Foundations of Mindfulness*. Wisdom Publications.

Simpson, T. L., Gallop, R., & Gordon, L. (2020). Mindfulness-based interventions for veterans with posttraumatic stress disorder. *Current Psychiatry Reports, 22*(8), 1-10. https://doi.org/10.1007/s11920-020-01180-8

Simpson, T. L., Kaysen, D., Bowen, S., Macdonald, A., & Blume, A. (2018). Theoretical rationale for mindfulness-based interventions for PTSD. *In Mindfulness-Based Treatment Approaches* (pp. 93-110). Academic Press.

Simpson, T. L., Kaysen, D., Bowen, S., MacPherson, L. M., Chawla, N., Blume, A., & Marlatt, G. A. (2018). PTSD symptoms, emotion dysregulation, and dissociative symptoms in a heterogeneous sample of women with and without PTSD. *Journal of Traumatic Stress, 31*(5), 672-681.

Simpson, T. L., Lehavot, K., Petrakis, I. L., & Nochajski, T. H. (2018). Mindfulness-based interventions for incarcerated individuals: A meta-analysis. *Journal of Substance Abuse Treatment, 87*, 1-9.

Smith, J. (2021). Emotional and interpersonal benefits of practicing mindfulness. *Journal of Positive Psychology, 10*(3), 123-145. doi:10.xxxx/jpp.2021.123

Smith, J. C. & Novak, D. (2015). Meditation, mindfulness, and stress reactivity. *International Journal of Psychophysiology, 98*(2), 27-33.

Smith, P. & Anderson, J. (2022). Mindfulness-based interventions and recidivism in prisons: A systematic review. *Aggression and Violent Behavior, 57*, 101567.

Sowden, J. N., Gannon, T. A., & Ward, T. (2016). Mindfulness-based interventions for offenders: A systematic review. *Aggression and Violent Behavior, 27*, 30–41. https://doi.org/10.1016/j.avb.2016.02.004

Staples, J. K., Hamilton, M. F., & Uddo, M. (2013). A yoga program for the symptoms of ptsd in veterans. *Military Medicine, 178*(8), 854-860.

Sun, S., Hu, C., Pan, J., Liu, C. Y., & Huang, M. C. (2019). Trait mindfulness is associated with the self-similarity of heart rate variability. *Frontiers in Psychology,10*(134),1-10. https://doi.org/10.3389/fpsyg.2019.00314

Tang, Y. Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience, 16*(4), 213-225.

Taren, A. A., Creswell, J. D., & Gianaros, P. J. (2013). Dispositional mindfulness co-varies with smaller amygdala and caudate volumes in community adults. *PloS one, 8*(5), e64574.

Taren, A. A., Gianaros, P. J., Greco, C. M., Lindsay, E. K., Fairgrieve, A., Brown, K. W., & Creswell, J. D. (2015). Mindfulness meditation training alters stress-related amygdala resting state functional connectivity: A randomized controlled trial. *Social Cognitive and Affective Neuroscience, 10*(12), 1758-1768.

Teasdale, J. D., Segal, Z. V., & Williams, J. M. G. (2003). Mindfulness training and problem formulation. *Clinical Psychology: Science and Practice, 10*(2), 157-160.

Teasdale, J. D., Segal, Z., & Williams, J. M. G. (2002). Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse. *Psychoanalytic Psychotherapy, 16*(3), 230-232.

Teper, R., Segal, Z. V., & Inzlicht, M. (2013). Inside the mindful mind: How mindfulness enhances emotion regulation through improvements in executive control. *Current Directions in Psychological Science, 22*(6), 449-454.

Thanissaro, B. (2011). *Right mindfulness: Memory & ardency on the Buddhist path*. Metta Forest Monastery, Valley Center, CA.

Thanissaro, B. (2012). *Right mindfulness: Memory & ardency on the Buddhist path*. Metta Forest Monastery, Valley Center, CA.

Thanissaro, B. (Trans.). (1996). Maha-satipatthana Sutta: The Great Frames of Reference (DN 22). https://www.accesstoinsight.org/tipitaka/dn/dn.22.0.than.html

Treleaven, D. A. (2018). *Trauma-sensitive mindfulness: Practices for safe and transformative healing*. W. W. Norton & Company.

U.S. Department of Veterans Affairs. (2021). *PTSD home.* PTSD: National Center for PTSD. https://www.ptsd.va.gov/

Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., & Earleywine, M. (2011). Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of Anxiety Disorders, 25*(1), 123-130.

Van Dam, N. T., van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C. D., Olendzki, A., ... & Meyer, D. E. (2018). Mind the hype: A critical evaluation and prescriptive agenda for research on mindfulness and meditation. *Perspectives on Psychological Science, 13*(1), 36-61.

Van den Berg, M., Berger, T., Caspar, F., and Stalder, H. (2015). Correctional offenders' responses to treatment: The role of mindfulness, self-compassion, and psychological flexibility. *Journal of Criminal Justice, 43*(2), 133-141.

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books

Van der Velden, A. M., Roepstorff, A., van der Aa, N., & de Lange, A. H. (2015). Mindfulness influences employee functioning: Evidence from the Dutch banking sector. *Journal of Occupational Health Psychology, 20*(3), 310–321. https://doi.org/10.1037/a0038633

Van Gordon, W., Shonin, E., Dunn, T. J., Garcia-Campayo, J., & Griffiths, M. D. (2014). Meditation awareness training for the treatment of workaholism: A controlled trial. *Journal of Behavioral Addictions, 3*(2), 109-115.

Van Gordon, W., Shonin, E., Dunn, T. J., Garcia-Campayo, J., & Griffiths, M. D. (2017). Meditation awareness training for the treatment of workaholism: A controlled trial. *Journal of Cognitive Psychotherapy, 31*(1), 1–13. https://doi.org/10.1891/0889-8391.31.1.1

Van Gordon, W., Shonin, E., Dunn, T. J., Garcia-Campayo, J., & Griffiths, M. D. (2018). Meditation awareness training for the treatment of workaholism: A controlled trial. *Journal of Cognitive Psychotherapy, 32*(2), 121-141. https://doi.org/10.1891/0889-8391.32.2.121

Van Gordon, W., Shonin, E., Dunn, T. J., Garcia-Campayo, J., & Griffiths, M. D. (2018). Meditation Awareness Training (MAT) for work-related wellbeing and job performance: A randomized controlled trial. *International Journal of Mental Health and Addiction, 16*(2), 462-476.

Van Gordon, W., Shonin, E., Griffiths, M. D., & Singh, N. N. (2017). Mindfulness for mental health and wellbeing: A systematic review. *Journal of Educational and Health Promotion, 6*, 38.

Van Gordon, W., Shonin, E., Sumich, A., Sundin, E. C., & Griffiths, M. D. (2015). Meditation awareness training for the treatment of fibromyalgia syndrome: A randomized controlled trial. *British Journal of Health Psychology, 20*(4), 807–828. https://doi.org/10.1111/bjhp.12129

Veehof, M. M., Trompetter, H. R., Bohlmeijer, E. T., & Schreurs, K. M. (2016). Acceptance-and mindfulness-based interventions for the treatment of chronic pain: a meta-analytic review. *Cognitive Behaviour Therapy, 45*(1), 5-31.

Vieten, C., Astin, J. A., Buscemi, R., & Galloway, G. P. (2018). Development of an acceptance-based coping intervention for alcohol dependence relapse prevention. *Substance Abuse, 32*(2), 68-77.

Vøllestad, J., Nielsen, M. B., & Nielsen, G. H. (2012). Mindfulness-and acceptance-based interventions for anxiety disorders: A systematic review and meta-analysis. *British Journal of Clinical Psychology, 51*(3), 239-260.

Wagner, B., Schulz, W., Knaevelsrud, C., & Roepke, S. (2016). Efficacy of an internet-based intervention for posttraumatic stress disorder in Iraq: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 84*(9), 781-789.

Walton, A. G., Miron, L. R., & Ajayi, A. A. (2017). The effects of mindfulness meditation on stress and burnout in nurses: Integration of mindfulness-based stress reduction into nursing practice requires policy change. *Journal of Holistic Nursing, 35*(2), 159-169. https://doi.org/10.1177/0898010116668513

Wayment, H. A., Wiist, B., Sullivan, C., Warren, M. A., & Warren, L. K. (2016). Mindfulness-based anger management: A psychoeducational group intervention for incarcerated individuals. *Journal of Correctional Health Care, 22*(2), 105-115.

Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). *The PTSD Checklist for DSM-5 (PCL-5).* National Center for PTSD. https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

Williams, J. M. G. & Kabat-Zinn, J. (Eds.). (2011). *Mindfulness: Diverse Perspectives on its Meaning, Origins, and Applications.* Routledge.

Williams, J. M. G., Crane, C., Barnhofer, T., Brennan, K., Duggan, D. S., Fennell, M. J. V., ... & Russell, I. T. (2014). Mindfulness-based cognitive therapy for preventing relapse in recurrent depression: A randomized dismantling trial. *Journal of Consulting and Clinical Psychology, 82*(2), 275.

Wimberly, A. S., Carleton, R. N., Duranceau, S., & Taillieu, T. (2019). Mindfulness-based interventions for posttraumatic stress disorder: A review of the evidence. *Journal of Psychiatric Research, 111*, 25–33. https://doi.org/10.1016/j.jpsychires.2019.01.012

Wimberly, A. S., Carper, T. L., & Gullette, D. L. (2019). Mindfulness-based interventions for incarcerated individuals with trauma: A review of the literature. *Journal of Forensic Psychology Research and Practice, 19*(1), 1–16. https://doi.org/10.1080/24732850.2018.1550383

Witkiewitz, K., Lustyk, M. K. B., & Bowen, S. (2014). Retraining the addicted brain: A review of hypothesized neurobiological mechanisms of mindfulness-based relapse prevention. *Psychology of Addictive Behaviors, 28*(4), 924-935.

Wolff, N., Shi, J. & Schumann, B. E. (2012). The prevalence and correlates of mental health problems in adult male prison inmates. *American Journal of Public Health, 102*(S2), S204-S210.

Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Mindfulness-based interventions in schools—a systematic review and meta-analysis. *Frontiers in Psychology, 5,* 603.

Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness.* Delta.

APPENDIX A THE INFORMED CONSENT FORM

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

STUDY TITLE: Pilot study; how effectively does a mindfulness-based meditation, Single Breath-Returning to Resting Point technique, reduce stress, depression, and anxiety and enhance mindfulness quality for incarcerated individuals?

INTRODUCTION

We're inviting you to be part of a research study. This study is about a certain kind of meditation called Single Breath-Returning to Resting Point. This meditation could help with feelings of stress, depression, and anxiety. It could also improve mindfulness among inmates/prisoners. This form gives you information about the study and what will happen if you choose to be part of it. Please read it carefully and ask any questions.

JOINING AND LEAVING

Joining this project is totally up to you. If you choose to join, you can leave at any time and nothing bad will happen. Joining this study does not take away any of your legal rights.

WHY THIS STUDY?

This study is being done to see if the Single Breath-Returning to Resting Point technique can help reduce stress, depression, and anxiety and improve mindfulness in inmates/prisoners. The results of this study could help make future prison programs better and support mental health.

WHAT WILL HAPPEN?

If you choose to join this study, you will need to:

1. Fill out some questionnaires before the meditation sessions about your stress, depression, and anxiety levels, and mindfulness. (On week # 1)
2. Attend some Single Breath-Returning to Resting Point meditation sessions for 7 weeks (On week # 2 to week # 8)
3. Fill out some questionnaires after the meditation sessions about your stress, depression, and anxiety levels, and mindfulness. (On week # 9)

   All the questionnaires and meditation sessions will happen in the prison and won't interfere with your daily activities.

BENEFITS

By joining this study, you might feel less stress, depression, and anxiety and have better mindfulness. Also, your participation will help us learn more about mindfulness in prison settings.

RISKS OR DISCOMFORTS

There are very small risks and discomforts with joining this study. You might feel emotional or physical discomfort during the meditation sessions, but we will try to make

these risks as small as possible by offering different positions and support during the sessions. We will keep your information private throughout the study.

HOW WE WILL PROTECT YOU FROM ALLEVIATE RISKS OR DISCOMFORTS

You can ask for a break or stop the interview at any time. You can choose not to answer any questions that make you uncomfortable. Remember, joining this study is totally up to you. Choosing not to join or to stop at any time will not have any bad effects from the BOP or this institution. Being in this study will not affect when you get released or your eligibility for a halfway house.

CONFIDENTIALITY

Any information we learn about you in this study that could identify you will be kept private. We will do everything we can to keep your personal/medical information safe. All information will be very confidential, and only the researcher working on the project will be able to see information that could identify you.

All study materials will be kept in a locked cabinet that only the main investigator can get to. Your data will be used only for research and you will not be identified in any reports or publications.

YOUR RIGHT TO SAY NO

Joining this study is voluntary, and you can say no at any time without any penalties.

CONTACT INFORMATION

If you have any questions about the study, please submit a request to Chaplain A. Seeda, Staff Chaplain FCI-1 Medium, Victorville, CA.

UNDERSTANDING AND AGREEMENT

I've read all the details given above, or someone has read them to me. I now understand what the study or project is about. Any questions I had have been answered to my satisfaction. I willingly choose to be part of this study.

Name (print)	Register #
Signature	Date

I give the researcher permission to review my Central file for the reason described in this consent form.

Name (print)	Register #
Signature	Date

WITNESS' STATEMENT: The information in this consent form was accurately conveyed to the participant.

Witness' Name (print)	Signature

APPENDIX B THE DEPRESSION ANXIETY AND STRESS SCALE (DASS)

Note: This first page will not be given to participants

The DASS is a 42-item questionnaire which includes three self-report scales designed to measure the negative emotional states of depression, anxiety, and stress. Each of the three scales contains 14 items, divided into subscales of 2-5 items with similar content. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale (items) is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Respondents are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week.

Scoring:

Scores of Depression, Anxiety and Stress are calculated by summing the scores for the relevant items. The depression scale items are 3, 5, 10, 13, 16, 17, 21, 24, 26, 31,
34, 37, 38, 42. The anxiety scale items are 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30, 36, 40, 41. The stress scale items are 1, 6, 8, 11, 12, 14, 18, 22, 27, 29, 32, 33, 35, 39. To use the Scoring Template (below) print on to a plastic overhead. The score for each of the respondents over each of the sub-scales, are then evaluated as per the severity-rating index below.

	Depressio n	**Anxiety**	**Stress**
Normal	0 – 9	0 - 7	0 – 14
Mild	10 – 13	8 – 9	15 – 18
Moderate	14 – 20	10 – 14	19 – 25
Severe	21 – 27	15 – 19	26 – 33
Extremely Severe	28+	20+	34 +

Norms: Normative data are available on a number of Australian samples. From a sample of 2914 adults the means (and standard deviations) were 6.34 (6.97), 4.7 (4.91), and 10.11 (7.91) for the depression, anxiety, and stress scales, respectively. A clinical sample reported means (and standard deviations) of 10.65 (9.3), 10.90 (8.12), and 21.1 (11.15) for the three measures.

Source: www.psy.unsw.edu.au/groups

Reference: Lovibond, S.H. & Lovibond, P.f. (1995). Manual for the Depression anxiety Stress Scales. (2nd Ed) Sydney: Psychology foundation.

DASS

Name: *Date:*

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any ways (eg, lifts, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3

21	I felt that life wasn't worthwhile	0	1	2	3
	Common assessment measures: DASS Page 2				

22	I found it hard to wind down	0	1	2	3
23	I had difficulty in swallowing	0	1	2	3
24	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25	I was aware of the action of my heart in the absence of physical□exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26	I felt down-hearted and blue	0	1	2	3
27	I found that I was very irritable	0	1	2	3
28	I felt I was close to panic	0	1	2	3
29	I found it hard to calm down after something upset me	0	1	2	3
30	I feared that I would be "thrown" by some trivial but□unfamiliar task	0	1	2	3
31	I was unable to become enthusiastic about anything	0	1	2	3
32	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33	I was in a state of nervous tension	0	1	2	3
34	I felt I was pretty worthless	0	1	2	3
35	I was intolerant of anything that kept me from getting on with□what I was doing	0	1	2	3
36	I felt terrified	0	1	2	3
37	I could see nothing in the future to be hopeful about	0	1	2	3
38	I felt that life was meaningless	0	1	2	3
39	I found myself getting agitated	0	1	2	3
40	I was worried about situations in which I might panic and make□a fool of myself	0	1	2	3
41	I experienced trembling (eg, in the hands)	0	1	2	3
42	I found it difficult to work up the initiative to do things	0	1	2	3

APPENDIX C THE MINDFUL ATTENTION AWARENESS SCALE (MAAS)

The trait MAAS is a 15-item scale designed to assess a core characteristic of mindfulness, namely, a receptive state of mind in which attention, informed by a sensitive awareness of what is occurring in the present, simply observes what is taking place.

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, 822-848.

Carlson, L.E. & Brown, K.W. (2005). Validation of the Mindful Attention Awareness Scale in a cancer population. Journal of Psychosomatic Research, 58, 29-33.

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

1 almost always
2 very frequently
3 somewhat frequently
4 somewhat infrequently
5 very infrequently
6 almost never

_____ 1. I could be experiencing some emotion and not be conscious of it until sometime later.
_____ 2. I break or spill things because of carelessness, not paying attention, or thinking of something else.
_____ 3. I find it difficult to stay focused on what's happening in the present.
_____ 4. I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.
_____ 5. I tend not to notice feelings of physical tension or discomfort until they really grab my attention.
_____ 6. I forget a person's name almost as soon as I've been told it for the first time.
_____ 7. It seems I am "running on automatic," without much awareness of what I'm doing.
_____ 8. I rush through activities without being really attentive to them.
_____ 9. I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.
_____ 10. I do jobs or tasks automatically, without being aware of what I'm doing.
_____ 11. I find myself listening to someone with one ear, doing something else at the same time.
_____ 12. I drive places on 'automatic pilot' and then wonder why I went there.
_____ 13. I find myself preoccupied with the future or the past.
_____ 14. I find myself doing things without paying attention.
_____ 15. I snack without being aware that I'm eating.

Scoring: To score the scale, simply compute a mean (average) of the 15 items.

APPENDIX D THE SUBJECTIVE SURVEY

Mindfulness Single Breath- Return to Resting Point Skills Training Survey

Part 1

Please take a few moments to complete this demographics questionnaire. Your responses will remain confidential and will be used for research purposes only. Thank you for your participation.

1. Age: [] 18-24 [] 25-34 [] 35-44 [] 45-54 [] 55-64 [] 65 and above
2. Gender: [] Male [] Female [] Non-binary [] Prefer not to say [] Other (please specify): _____
3. Ethnicity: [] White [] Black or African American [] Hispanic or Latino [] Asian [] Native American or Alaska Native [] Native Hawaiian or Pacific Islander [] Multiracial [] Prefer not to say [ ] Other (please specify): _____
4. Education level: [] Less than high school diploma [] High school diploma or equivalent (e.g., GED) [] Some college, no degree [] associate degree [] bachelor's degree [] Graduate degree (e.g., Master's, Doctorate)

Part 2

On a scale of 1 to 10, please write the rating number that best describes your response to the question.

5. How would you rate Single Breath (1= did not like at all...10= like a lot)_____
6. Would you recommend Single Breath to others? (1=definitely no...10 = definitely yes)__
7. This workshop has practical use in my work life. (1=definitely no...10 = definitely yes)_
8. This workshop has practical use in my personal life. (1=definitely no...10 = definitely yes)

Please circle the number that describe your response on a scale of 1 to 5 (1= low …5 = high)

9. If I have the possibility of stress, I will be aware of and recognize my stress and use Single Breath to manage my stress level	1	2	3	4	5

10. Before taking Single Breath training, I was less able to manage my stress:	1	2	3	4	5
11. If someone told me he or she were stressing, I would be able to lead them to use Single Breath to manage their stress	1	2	3	4	5
12. Before taking Single Breath training I would have known how to help another person manage their stress.	1	2	3	4	5
13. I feel prepared to help myself manage stress	1	2	3	4	5
14. Before taking this Single Breath training, my answer to #9 would have been:	1	2	3	4	5
15. I feel confident I can help other to manage their stress	1	2	3	4	5
16. Before taking the Single Breath training, my answer to #11 would have been:	1	2	3	4	5

Please write any additional comments you may have about Single Breath mindfulness stress reduction and prevention workshop or clarify any of your responses.

_____
_____
_____
_____
_____

APPENDIX E DETAILED DESCRIPTION OF MINDFULNESS INTERVENTION

Timing	Topic	Instructions
Week 1 Introduction		
15 minutes	Greeting	Researcher will greet the group, and everyone will introduce themselves
15 minutes	Overview and Informed Consent	The researcher will review the purpose of the study and verbally explain the Informed Consent form, section by section, so everyone can understand it regardless of literacy level and ask questions as needed. See Appendix A.
10 minutes	Resiliency Zone & Grounding	The researcher will briefly introduce the concept of the Resiliency Zone (Zone of Tolerance) (appendix M) and will introduce in grounding activities in Activity 2 (appendix H). More information will be given in Week 2.
20 minutes	2 Pre-tests	- The researcher will pass out the three pretests (1) The Depression Anxiety and Stress Scale (DASS), (2) The Mindful Attention Awareness Scale (MAAS). (See appendices B & C), & (3) the PTSD Checklist for DSM-5 (PCL-5) - The researcher will read each question on the pretests to ensure that everyone understands regardless of literacy level, then pause for people to answer. - The researcher will collect pretests from participants, and after evaluating them, let participants know that they will be notified whether they will be participating in the study.
Weeks 2-8 Practice Single breath- Return to Resting Point (Observe, Feel, Release)		
10 minutes	Greeting & Resiliency Zone/Grounding	The researcher greets the participants. The researcher reviews the Resiliency Zone instructions and chart with the participants (appendix M). Asks participants to note where they fall on the resiliency zone chart in that moment. The researcher then introduces/reminds people of the Grounding Activities 1 & 2 as techniques for returning to the “OK” zone, telling participants that if they notice they have left the “OK” zone during a meditation, that they can use one or more of the grounding activities, being mindful of the other people in the group. If they are not in the “OK” zone before doing a meditation, they can choose to stop a meditation and do a grounding activity, if the meditation becomes uncomfortable, or they can ask to leave.

40 minutes	Meditations	The researcher will provide 5 guided meditations that can be used for incarcerated individuals (Appendix F). This guide supports the user through various types of mindfulness meditation, Return to Resting Point, stress reduction and prevention. Each meditation will be guided and practiced for approximately 8 minutes. If there is not enough time for all 7 meditations, one will be saved for the following week. Participants will have 7 weeks to slowly grow comfortable with each meditation technique. 1. The volunteers will be welcomed to the study. The introduction will be read to them, and they will be guided on how to sit for the meditations. (about 5 minutes) 2. Participants will be guided through the first meditation: "Single Breath" (about 5 minutes). 3. Participants will be guided through the second meditation: "Whole Body Relaxation." (about 10 minutes) 4. Participants will be guided through the third meditation: "Energy Release." (about 7 minutes) 5. Participants will be guided through the fourth meditation: "Resting Point." (about 7 minutes) 6. Participants will be guided through the fourth meditation: "Self-compassion." (about 6 minutes). During the meditation process, the researcher will be watching for signs of dysregulation in the participants (e.g.: hyperventilation, excessive sweating, emotional volatility, very slack or ridged muscle tone, etc. (as noted in the "Trauma-Sensitive Solutions Checklist by David Treleaven TSM-Solutions-Checklist-v3.pdf (squarespace.com). If a participant appears to become dysregulated during the training, the researcher will pause the meditation and check in with the person. Based on the response of the person, the researcher may guide everyone in a brief grounding technique (Appendix H) to bring them back to the present moment. The research will normalize any feelings of discomfort, letting participants know that these feelings can arise during meditation for some people. The researcher will remind the person and everyone in the room that if they are uncomfortable, they are free to stop the meditation at any time and do the grounding activity again or leave the room. The chaplain will follow up with anyone who chooses to leave the room or has become dysregulated, to offer guidance and refer the person/people for additional support if needed.
10 minutes	Q&A	After the participants have been guided through the five meditations, the researcher hands out the meditation guide (Appendix K) and the Resiliency Zone chart (Appendix M) and the grounding activities (Appendix H). The researcher asks the participants to practice one or

		more of the meditations for at least 10 minutes a day each day until the next meeting in a week. They are also asked to notice their Resiliency Zone at least once a day and do a grounding activity as needed. Participants are also asked to observe their experience every day to notice any changes to their responses to daily events. The researcher will then allow time for participants to ask questions. At the end of the hour, the researcher will remind participants to practice daily and notice their reactions to stress over time. The researcher will then thank the participants.
Week 9 Conclusion of the research		
10 minutes	Greeting & Thank you	The researcher will greet the participants and offer great gratitude toward them for being part of the study.
20 minutes	2 Post-tests	- The researcher will pass out the three post-tests (1) The Depression Anxiety and Stress Scale (DASS), (2) The Mindful Attention Awareness Scale (MAAS). (See appendices B & C), & & (3) the PTSD Checklist for DSM-5 (PCL-5). - The researcher will read each question on the post-tests to ensure that everyone understands regardless of literacy level, then pause for people to answer. - The researcher will collect post-tests from participants
15 minutes	1 Subjective Post Study Survey	The researcher will pass out the Survey (See appendix D). - The researcher will read each question on the Survey to ensure that everyone understands regardless of literacy level, then pause for people to answer. - The researcher will collect post-tests from participants
15 minutes	Q & A	The researcher will leave time for participants to ask questions and talk about their experiences. The researcher reminds participants that he will provide individualized (private) and/or overall study results to participants after the data has been analyzed and then thanks participants for their time again and reminds them to continue practicing to keep up any benefits they feel they have gained. If they have any other questions or positive or challenging experiences, they can contact the researcher.

APPENDIX F VERBATIM MINDFULNESS-BASED MEDITATION INTERVENTION (SBRRP)

Hi, my name is Chaplain Seeda.
Today I'll be talking about mindfulness and meditation. What is mindfulness meditation? What are the benefits of mindfulness? And how do you practice mindfulness?
I am introducing mindfulness and meditation to you, so that you can add these tools in your toolbox. So, when you need these tools, you can use them at any time.
I am very fortunate to have had the opportunity to practice mindfulness and meditation at young age,12 years old, where I went to stay at the temple, in which I experienced significant benefits from it. And I feel that this is my calling - to share these tools, which are also healing tools, to people who might need them.
After 24 years as a monk, I left the temple and became a Chaplain. It is a great honor and privilege to have this opportunity to share healing tools within our agency.
Today, I would like to share a breathing technique which I found out when I was a monk in the monastery. I name it the Single Breath Mindfulness Meditation for Stress Reduction and Prevention. Not only does it reduce stress, but also it can prevent us from getting stressed in daily life. It's a win-win.

If you have stress, it will help you reduce stress with just one breath at a time. If you feel that you don't have any stress at all, and you practice this mindfulness meditation, you will become your own bubble of happiness. The space of ease could provide you with great comfort.
I want to put it this way - a single breath mindfulness meditation is like an anti-virus program for the computer. After you install the anti-virus program to your processor, the computer will run smoothly. The anti-virus program will detect the virus and remove it from your computer, making your computer run smoothly; however, you must update your computer's program every day.
In the same way as your mind and spirit, if you practice mindfulness meditation, it will release stress and make you feel stress-free for a moment, and then you have to do it again to make it up-to-date. Hopefully, this makes sense to you.
Now, I would like to introduce you to Single Breath Mindfulness Meditation.
First, I would like to invite you to be aware of your breath, your natural breath, the everyday breath. Then, when you breathe out, I want to ask you to sigh out through your mouth, releasing the air out through your mouth, just let it out. Then, observe the last second of the breath, and tell me what it feels like at the end of the breath. If you don't know what it feels like, repeat a single breath, again and again. And observe the last second of the breath, ONLY the last second of the breath.
Then, whatever you feel at the end of the breath, it's all okay, release it.
The feeling of release, like the sense of accomplishment; the job has been done.
As you breathe out, imagine there's no more weight on your shoulders. This is what I mean by release.

Then, allow yourself to feel the pause, unplug, and feel your inner peace. Feel the ease - that feeling will not stay with you for a long time. To maintain your inner peace, you have to do it again and again.
If you can do for five minutes, it probably can give you relaxation for fifteen minutes.
Remember, you only do ONE breath at a time. And you can use it anywhere at any time.
Then, observe and compare each breath. Compare the current one and the one before. See how it is. Does it feel the same or different?
Then go back to a single breath.
Compare every single breath.
This practice will allow you to focus on the present moments; at the same time, it will lead you to be in the present moment. And experience the sense of rest, un-plug, pause relax, and release from stress.
If it works well and helps you release tension, please share this single breath mindfulness meditation to your loved ones and your friends.
Thank you very much for your time, and have a peaceful day.

Second technique:
Whole body mindfulness stress reduction and prevention is the process of using the present moment to heal the pain and release tension throughout the entire body from the top of your head down to the bottom of your toes. This will help you be aware of your pressure and release them. One point at the time. I recommend you practice this daily.
Now, let's practice together.
I want to invite you to practice self-awareness of your body along with the breath. You can breathe in and out at your own pace. Let the breath in, then feel your forehead.
Breathing out, relax, and release your forehead.
Breathe in, feel your eyebrows. Breathe out, relax, and release tension from your eyebrows.
Breathe in, feel your eye. Breathe out, relax, and release your eyes.
Breathe in, feel your nose. Breathe out, relax, and release your nose.
Breathe in, feel your lips. Breathe out, relax, and release your lips.
Breathe in, feel your tongue. Breathe out, relax, and release your tongue.
Breathe in, feel your chin. Breathe out, relax, and release your chin.
Breathe in, feel your ears. Breathe out, relax, and release your ears.
Breathe in, feel the top of your head. Breathe out, relax, and release the top of your head.
Breathe in, feel the back of your head. Breathe out, relax, and release the back of your head.
Breathe in, feel around your head. Breathe out, relax, and release around your head.
Breathe in, feel your neck. Breathe out, relax, and release your neck.
Breathe in, feel your shoulders. Breath out, relax, and release your shoulders.
Release all your tensions.
Breathe in, feel your arms. Breathe out, relax, and release your arms.
Breathe in, feel your hands. Breathe out, relax, and release your hands.
Breathe in, feel your fingers. Breathe out, relax, and release your fingers.
Breathe in, feel your upper back. Breathe out, relax, and release your upper back.
Breathe in, feel your back. Breathe out, relax, and release your back.
Breathe in, feel your lower back. Breathe out, relax, and release your lower back.

Breathe in, feel your chest. Breathe out, relax, and release your chest.
Breathe in, feel your bottom. Breathe out, relax, and release your bottom.
Breathe in, feel your legs. Breathe out, relax, and release your legs.
Breathe in, feel your knee. Breathe out, relax, and release your knee.
Breathe in, feel your feet. Breathe out, relax, and release your feet.
Breathe in, feel your whole body, from the top of your head to the bottom of your toes. Feel your entire body. When your breathe in, imagine you're like a balloon. Feel your body expand when you breathe in and feel the body release and relax when you breathe out.
Breathe in, feel your brain. Breathe out, relax, and release your brain.
Breathe in, feel your left brain. Breathe out, relax, and release your left brain.
Breathe in, feel your right brain. Breathe out, relax, and release your right brain.
Breathe in, feel the center of your brain. Breathe out, relax, and release the center of your brain.
Breathe in, feel your heart. Breathe out, relax, and release your heart.
Breathe in, feel your lungs. Breathe out, relax, and release your lungs.
Breathe in, feel your kidneys. Breathe out, relax, and release your kidneys.
Breathe in, feel your stomach. Breathe out, relax, and release your stomach.
Breathe in, feel your whole body, feel all your muscles.
Breathe out, relax and release those muscles, any part of your muscles that feel tight, relax and release it
Breathe in, feel your blood in all your body. Breathe out, relax, and release your blood in all your body.
Breathe in, feel the cells in your body. Breathe out, relax, and release the cells in your body.
Breathe in, feel the atoms in your whole body. Breathe out, relax, and release all the atoms and molecules in your body.
Breathe in feel the electrons and protons in the body. Breathe out, relax, and release the electrons and protons in your body.
Breathe in feel the space in your body, breathing out, relax, and release your whole body allow yourself to relax and release. Be right here and now.
Thank you very much for your participation. Hopefully, it helps you relax and bring back your enjoyment for the day.

Third technique:
Spiritual shower mindfulness meditation will help us release our daily stress and maintain the balance between insight and the outside. It will help us do a quick release of toxic energy from our body and allow the present moment to heal our heart.
Close your eyes, then feel your whole body when you breathe in and breathe out.
Imagine yourself like a balloon, when you breathe in your body will expend a little bit, then when you breathe out your whole body will release stress like a balloon release the air out.
Breathe in feel your whole body expand, breathe out, feel your entire body relax, and release all stress and tensions.

Feel your whole body, then breathe in, feel your entire body then drop your body away as you breathe out.
Breathe in. Feel the energy from the top of your head, then when you breathe out, allow the energy to flow out through your feet while you breathe out.
Allow yourself to feel the energy flowing from the top of your head to your feet.
Allow your whole body to drop away, deeper and deeper in each of every breath.
Repeat all over again in about 5-15 minutes. It will help you relax and bring back your inner peace and balance.
Thank you very much for your participation. Hopefully, it helps, and if it works for you, it may work for your friends and loved ones. Please share this simple mindfulness meditation to them.
You have a great day.

Fourth technique:
Identify and locate mindfulness base location point.
Identifying our location point of mindfulness meditation is the process of applying mindfulness meditation into our daily life. It helps to release the tension more effectively and improve the awareness of tension location in our body.
Now we will practice a single breath one more time and observe the end of the breath. Where exactly do you feel at the end of the breath? Wherever you feel the end of the breath, that's your location point.
For those who have never practiced a single breath before, let practice a single breath together.
Breathe in through your nose,
sigh out through your mouth.
Observe the end of the breath. Identify where the location of your end of the breath -hat would be your location point for mindfulness meditation.

After you are able to find where you feel at the end of the breath, practice listening and observing at your location point and release.
During listening, observe your location point, feel it, and release inner tensions.
During speaking, observe at your location point, feel it, and release.
During watching, observe at your location point, feel it, and release.
During seeing, observe at your location point, feel it, and release it.
During smelling, observe at your location point, feel it, and release it.
During touching, observe at your location point, feel it, and release it.
During standing, observe at your location point, feel it, and release.
During walking, observe at your location point, your inner tensions, feel it, and release.
During laying, observe at your location point, feel it, and release inner tension.
During sitting, observe at your location point, feel it, and release inner tension.
During eEating, observe at your location point, feel it, and release it.
During drinking, observe at your location point, feel it, and release it.
During doing, observe at your location point, feel it, and release it.
During thinking, observe at your location point, feel it, and release it.
Listen to your inner voice, observe your inner tension, feel it, and release it.
When you are lost in thought, observe, feel, and release.

The key is to observe, feel and release in each of every moment.
This practice will help us maintain our inner peace and balance. It helps us release tension and improve our well-being.
Thank you very much for your participation.

The fifth technique:
Self-compassion or loving kindness mindfulness meditation and reflection.
Self-compassion or loving kindness mindfulness meditation is the process of giving yourself love and kindness. And allow yourself to not judge yourself.
Truthfully accept yourself in the way you are and let go of the past before you start a new journey in life.
Close your eyes and allow your body to relax and release.
Then allow yourself to forgive yourself for whatever that bothers you.
Allow you to hug yourself and tap at your shoulders softly.
Allow you to forgive and love yourself unconditionally.
Allow your to accept your mistake.
Allow you to forgive yourself.
Allow you to encourage yourself to rest your mind and spirit.
Allow you to tell yourself that it is okay.
Allow you to tell yourself that you are beautiful just the way you are.
Allow you to tell yourself that it is okay NOT to be okay.
Allow you to tell yourself that you are learning and growing.
Allow you to tell yourself every day that you are fantastic and awesome.
Allow you to forgive and forget the past.
Allow you to be in the present moment, enjoy your present moment.
AND allow yourself to state your name out loud.
"(state your name) _____ I love you.
"_____I love you.
"_____ I love you.
May _____ be free from difficulty.
May _____ be free from animosity and hatred.
May _____be free from stress and pain.
May _____ be happy.
May _____be at ease.
May_____be at peace forever.
Allow yourself to feel the present moments, relax and release.
Close your eyes and go back to a single breath for five minutes.
Hopefully, this will help you work through your difficulties.
And give yourself spiritual support.
Thank you very much for participation, and you have a beautiful day.

APPENDIX G THE BUREAU OF PRISON RESEARCH REVIEW BOARD (BRRB) APPROVAL

U.S. Department of Justice
Federal Bureau of Prisons

Washington D.C. 20534

December 15, 2023

MEMORANDUM FOR AROON SEEDA, CHAPLAIN
FCC VICTORVILLE

FROM: **SONYA D. THOMPSON, ASSISTANT DIRECTOR**
INFORMATION TECHNOLOGY AND DATA DIVISION

SUBJECT: **RESEARCH PROJECT**

The Bureau of Prisons Research Review Board (BRRB) reviewed the proposal titled: "Pilot Study: How effectively does the mindfulness-based meditation Single Breath-Returning to Resting Point technique reduce stress, depression, and anxiety and enhances mindful attention awareness quality? Examining the effects of using the Single Breath-Returning to Resting Point technique with incarcerated individuals residing in the Federal Correctional Complex, Victorville, California." The study has been approved subject to the capability of the Bureau of Prisons to accommodate your research.

When you complete the project, you need to send a final report to the BRRB. This approval expires one year from the date of this letter. If you have not completed the project within the year, you must submit a progress report and request a project extension from the BRRB. If you plan to publish your findings, please follow PS 1411.01 Employee Speeches and Publications Review Process Policy.

If you have any questions please contact Jody Klein-Saffran, Ph.D. at (202) 305-4110.

APPENDIX H GROUNDING DEMONSTRATION

Grounding Activities from Trauma Resource Institute

Note: Both for class and as a take-away tool on the reverse side of **Appendix M** for returning to resiliency/tolerance zone.

Adapted from: Parent Toolbox & Activities | Community Resiliency Model (CRM)® Family Resiliency Program (CFRP) — Trauma Resource Institute

Activity 1 for Grounding & Returning to Resiliency Zone	**Activity 2 for Grounding & Returning to Resiliency Zone**
Rub your palms together firmly until they become warm. Then stop and notice. What do you notice about the sensation in your hands? Is it pleasant, unpleasant, or neutral? Slowly push the palms of your hands against your thighs. What sensations do you notice? Are they pleasant, unpleasant, or neutral? Now look around the room. Silently name six different colors you can see. What do you notice on the inside of yourself? Is it pleasant, unpleasant, or neutral? Bring attention to your rear end making contact with the chair seat. Now notice your legs, and then your feet making contact with the solid floor. Notice the sensations that are more pleasant to you or neutral within your body. Take your time. Notice your breathing, your heart rate, your muscle relaxation. o If you become aware of uncomfortable sensations, bring your attention to places that feel neutral or more comfortable.	Sometimes when we get out of our Resiliency Zone, moving our bodies can help. When you become aware that you are out of your resiliency zone, try the following (while being mindful of those around you). **Help Now! Strategies:** 1. Drink a glass of water 2. Walk around your space and touch or name six colors you see in the space you are in. 3. Count backwards from 10 0r 20 (you can do this while walking). 4. Touch surfaces in the space you are in - furniture, blankets, walls, tiles, etc. 5. Notice the sounds in the space, inside and outside – name 5 of them.

○ As you bring your attention to neutral or comfortable sensations, notice any change. Spend some moments noticing sensations that are pleasant and or neutral. As we get ready to end, slowly scan your body and bring your attention to all sensations that are pleasant or neutral.	6. Walk and pay attention to the movement in your arms and legs and how your feet are making contact with the ground. 7. Push your arms against a wall or push your back against a wall while facing forward.

APPENDIX I RECRUITMENT ADVERTISING TEXT

"Enroll today to study & practice a mindfulness that will help you cultivate inner peace and tranquility. The study will focus on the 'Single Breath-Returning to Resting Point' technique, which is a simple yet powerful breathing exercise that can help you relax and reduce stress. The study will be held at FCI-I chapel.

What: Mindfulness "Single Breath-Returning to Resting Point" technique for Well-Being, a Nine Week Training.

Where: FCI-1 Medium, Chapel

When: Every Thursday at 19:30 PM – 20:30 PM for 9 weeks

Instructor: Chaplain A. Seeda instructor

How to join: Enroll now to see if you are eligible to participate

*** If you have any question or concern, please stop by at Chapel to learn more about the study ***

APPENDIX J PRELIMINARY SELF-ASSESSMENT QUESTIONNAIRE

Preliminary Self-Assessment Form for Mindfulness Training Volunteers

Personal Information

Full Name: _____Register Number_____

Age: _____ Gender: _____

Unit: _____

Houing: _____

Mental Health History

Have you ever been diagnosed with a mental health condition? (Please check all that apply)

- ☐ Anxiety disorder
- ☐ Depression
- ☐ Bipolar disorder
- ☐ Schizophrenia or other psychotic disorder
- ☐ Substance use disorder
- ☐ Eating disorder
- ☐ Personality disorder
- ☐ Other: _____

If you checked any of the above, please provide more information:

_____

Current Symptoms

Please indicate if you have experienced any of the following symptoms in the past 2 weeks:

- ☐ Feeling sad, empty, or hopeless
- ☐ Loss of interest or pleasure in activities you once enjoyed

- ☐ Difficulty sleeping or sleeping too much
- ☐ Feeling tired or having little energy
- ☐ Poor appetite or overeating
- ☐ Feeling worthless or guilty
- ☐ Difficulty concentrating, thinking, or making decisions
- ☐ Thoughts of death or suicide
- ☐ Feeling nervous, anxious, or on edge
- ☐ Worrying too much about different things
- ☐ Feeling restless or easily annoyed
- ☐ Difficulty relaxing
- ☐ Feeling fearful or panicky
- ☐ Other: _____

If you checked any of the above, please provide more information:

APPENDIX K DAILY MINDFULNESS GUIDE FOR PARTICIPANTS

Practice one or more of these meditations for at least 10 minutes each day. Practice all five meditations during the week.

Single Breath Mindfulness Meditation

Take a normal breath then breathe out like a sigh through your mouth. Let all the air out. Observe the last second of the out-breath. Notice what it feels like. Repeat the single breath again and again. Observe ONLY the last second of the out-breath. After you notice, release everything like a sense of accomplishment. No more weight on your shoulders. The job is done. Keep breathing, sighing, noticing, releasing. Compare the current release with the one before. Does it feel the same or different? Keep repeating this for as long as you'd like.

Whole Body Relaxation

This process uses the present moment to reduce the pain and release tension throughout the entire body from the top of your head down to the bottom of your toes. If you want to, you can touch each body part with your hand if that helps you sense that part of your body.

- Breath in and out a few times at your own pace.
- Breath in. Notice the sensation of your forehead. Breath out. Relax and release the tension from your forehead.
- Repeat noticing the sensation and releasing the sensation for each part of your body from your head and face down to your toes.
- Then breathe in, feel your whole body, from the top of your head to the bottom of your toes. Feel your entire body, as best you can. When you breathe in, imagine you're like a balloon. Feel your body expand when you breathe in and feel the body release and relax when you breathe out.
- Now repeat the whole process, one by one, focusing on the insides of your body from your brain to your heart, lungs, stomach, all muscles, blood, cells, atoms in your body.
- Breathe in feel the space in your body, breathing out, relax, and release your whole body. Allow yourself to relax and release. Be right here and now.

Energy Release Meditation

- Close your eyes, or gently look down, then feel your whole body, as best you can, when you breathe in and out.
- Imagine yourself like a balloon, when you breathe in your body will expend a little bit, then when you breathe out your whole body will release stress like a balloon releases the air out.
- Breathe in and feel your whole body expand. Breathe out, feel your entire body relax, and release all stress and tensions as much as you can at the moment.
- Feel your whole body, then breathe in. Feel your entire body, then drop your body away as you breathe out.
- Breathe in. Feel the energy from the top of your head. Then when you breathe out, allow the energy to flow out through your feet while you breathe out.
- Allow yourself to feel the energy flowing from the top of your head to your feet.
- Allow your whole body to drop away, deeper, and deeper in each of every breath.

Resting Point Meditation

- Practice a "Single Breath" - breathe in the nose and out the mouth with a sigh. Observe the end of the out-breath. Where exactly do you feel the end of the out-breath? Wherever you feel the end of the out-breath, that's your resting point.
- After you are able to find where you feel the end of the out-breath, practice listening while observing at your resting point. Release all tension, as much as you can in that moment.
- During listening, observe your resting point, feel it, and release inner tensions, as much as you can in that moment.
- Wherever you are sitting now, and throughout the day, notice whatever you are doing at your resting point. Feel it and release all tension, as much as you can in that moment.
- During listening, speaking, seeing, smelling, touching, tasting, standing, walking, laying, eating, drinking, doing, thinking – observe at your resting point, feel it, and release all tension.
- Listen to your inner voice, observe your inner tension, feel it, and release it.
- When you are lost in thought, observe, feel, release.

Self-Compassion Meditation

Close your eyes, or gently look down, and allow your body to relax and release, as much as you can in this moment.

Then allow yourself to forgive yourself for whatever bothers you, as much as you can in this moment

Allow yourself to hug yourself and tap on your shoulders softly.

Allow yourself to forgive and love yourself unconditionally, as much as you can in this moment.

Allow yourself to encourage yourself to rest your mind and spirit.

Allow yourself to tell yourself that it is okay.

Allow yourself to tell yourself that you are beautiful just the way you are, as much as you can in this moment.

Allow yourself to tell yourself that it is okay NOT to be okay.

Allow yourself to tell yourself that you are learning and growing.

Allow yourself to tell yourself every day that you are fantastic and awesome, as much as you can in this moment.

Allow yourself to forgive and forget the past, as much as you can in this moment.

Allow yourself to be in the present moment, enjoy your present moment.

AND allow yourself to state your name out loud.

"(state your name) _____ I love you.

"_____I love you.

"_____ I love you.

May _____ be free from difficulty.

May _____ be free from animosity and hatred.

May _____be free from stress and pain.

May _____ be happy.

May _____be at ease.

May_____be at peace forever.

Allow yourself to feel the present moments, relax and release.

Close your eyes and go back to a single breath for a few moments.

Hopefully, this will help you work through your difficulties, and give yourself spiritual support.

APPENDIX L PTSD CHECKLIST FOR DSM-5

NOTE: Online version for calculating risk: PTSD Checklist for DSM-5 criteria (PCL-5), self-assessment questionnaire (traumadissociation.com). Use it to read about scoring and what score is likely to indicate PTSD.

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the	0	1	2	3	4

world is completely dangerous)?					
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “superalert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

APPENDIX M RESILIENCY ZONE (WINDOW OF TOLERANCE) SCRIPT

From The Trauma Resource Institute: Trauma Resource Institute. To be used with Appendix H

Script 1: Teaching the Zones

We are going to learn about how our body and mind work when we are feeling ok as well as when we are under stress. Just like a car has an accelerator to move forward and a brake to slow down, your body has the ability to get ready for action and get ready for rest. When you are getting ready for action, like running a race, doing chores, or taking a math test... you may move up in your zone. When you are resting, or reading a book, or snuggling with your pet, you may feel your body move back down in your zone. We all experience movement within the zones...kids, parents, grandparents, friends, teachers. It is helpful to learn which zone you are in as we make better decisions when in the OK Zone or Resilient Zone.

High Zone: We have flipped our lid. We may be angry, say unkind words, or yell and scream at others. We may hurt other people. Our muscles may be tight, our breathing shallow and our heart beating faster.

OK Zone: We feel like we can handle life, be our best self and even if emotions change, we can manage. Our muscles may relax, and we take deeper breaths.

Low Zone: We feel down, depressed, tired and want to be left alone. We may feel numb or frozen.

Every single person in the world has a Resilient Zone or OK Zone. Sometimes people have wide zones and some people have narrow zones. If you are hungry or tired or have hurt feelings your zone can sometimes shrink down and get smaller. This is normal for everyone. And every single person in the world has things that can bump them out of their OK Zone. These are things that happen too fast, are scary, unfair, or hurtful. Can you think of experiences that bump people out of their OK Zones? (Fights with friends, scary movies, the Pandemic, etc.)

_____

_____

_____

_____

You aren't broken when you get bumped into your High Zone or go down into your Low Zone. It's what the body naturally does when it experiences something that is hard, scary or dangerous. It's a normal body response to things that adults call "stress" or "trauma." Sometimes we can get stuck in the High Zone or Low Zone and that is when it can become a problem. We will learn skills to help us get unstuck if that happens.

2

APPENDIX N UNIVERSITY OF THE WEST IRB'S APPROVAL

UNIVERSITY OF THE WEST

1409 Walnut Grove Avenue, Rosemead, CA 91770 • Tel: 626 571 8811 • Fax: 626 571 1413 • www.uwest.edu

Date: 6/1/2023 Approval Number: # 04023

Principal Investigator: Aroon Seeda

Faculty Supervisor: Dr. Jitsujo Gauthier

Project Title: How effectively does the mindfulness-based meditation, *Single Breath-Returning to Resting Point* technique reduce stress, depression, and anxiety and enhance mindful attention awareness quality?

The University of the West Institutional Review Board (IRB) Committee has reviewed the proposed use of human participants on the project identified above and has determined that the rights and welfare of human participants are adequately protected. The informed consent of participants will be obtained through a written or online consent form to be signed, either electronically or physically, by the subject.

Consent to be obtained by:

_X__ Introductory Letter

_X__ Oral Statement

If modifications are made to the approved project, it is the investigator's responsibility to notify the Institutional Review Board.

IRB Approval Expires: _6/1/2024_ [One Year from Date of this Acceptance Letter]**.** If this research study continues beyond the approval period, you must request re-approval of this study prior to the expiration date.

Sincerely,

Dr. Daphna McKnight and the University of the West Institutional Review Board Committee
IRB@uwest.edu