

Incorporating Mindfulness into Clinical Training: A Qualitative Look at the Experience
of Psychotherapists-in-Training

A PsyD Clinical Dissertation
Presented to the Faculty of the
California School of Professional Psychology
at Alliant International University
San Diego

In Partial Fulfillment of
the Requirement for the Degree
Doctor of Psychology

by
Jessica L. Evers Killebrew

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Abstract

Mindfulness research has proliferated in field of psychology, evidencing a plethora of benefits including the power to bolster well-being, increase awareness and compassion and reduce stress, among many. Thus far, most research has focused on the effects of mindfulness and mindfulness-based interventions on patients, yet little has been studied about mindfulness of the clinician facilitating the approach. Not only is there an ever-growing demand for clinicians to obtain training in mindfulness due to the prevalence of mindfulness-based interventions, it has become apparent that the positive effects of mindfulness may have much to offer clinicians including a means of supporting self-care to prevent burnout and engendering qualities that may enhance the therapeutic relationship.

This study explores the experience of a course that establishes mindfulness as the basis of clinical training in a ten-week summer doctorate program for psychotherapists-in-training. Course material incorporates theory, research and practice of mindfulness as described by Jon Kabat-Zinn as “paying attention in a particular way, on purpose, in the present moment, non-judgmentally.” Qualitative research was conducted using grounded theory analysis and Dedoose software to examine the effects of this course using students’ journals and the final paper collected over a period of two summers. Themes fit into five major categories (1) Intellectual Understanding, (2) Relationship to Practice, (3) Effects of Practice, (4) Reflection on Course, and (5) Application.

Findings support current literature in promulgating mindfulness as valuable contribution to training. Participants reported the experience of mindfulness to increase well-being, the ability to cope, shift perception of negative events, have increased

compassion for self and other and find relaxation in the midst of stressful events amongst a myriad of other effects. Overall, participants impressed a profound appreciation for the increased ability to be mindful as the affects of mindfulness practice related to both their professional abilities and personal relationships. This study provides a foundation for training programs to consider the integration of mindfulness in curricula in order to foster a richer educational experience.

Dedication and Acknowledgment

To my husband, for all you sacrificed to get us here over the last six years. From taking the leap to move to San Diego so I could pursue my aspirations, to enduring the undeniable stress this put on our marriage. Your love was ever-present.

For my parents and brother when I needed a shoulder to lean on (or a swift kick), how lucky I am to have such infallible support from all my family and truly amazing friends. Also, a special thank you to my chair who was an undying voice of encouragement and my reader who gave me my first experience with mindfulness in the professional realm.

Finally, to my grandfather, whose intelligence, work ethic and benevolent character inspired me from before I can remember, this is for you.

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Chapter I

Introduction and Literature Review

Introduction

Interest in the eastern concept of mindfulness has burgeoned in the field of western psychology over the past twenty-five years (Brown, Ryan, Creswell, 2007). As a result, “mindfulness”, derived from the ancient Eastern tradition of Buddhist philosophy, is being widely employed in the West, infiltrating medical and scholarly clinical research in the mental and physical health fields (Baer, 2003). Mindfulness is described by Jon Kabat-Zinn as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994, p. 4).

This research posits mindfulness practice to increase awareness, empathy, compassion, therapeutic presence, the ability to self-observe and to bolster overall well-being among other mental and physical results (Germer et al. 2005). Consequently, many mindfulness-based interventions have been created and employed clinically to affect clients’ levels of awareness, acceptance, initiate perceptual change, teach self-regulation, clarify values, and provide cognitive and behavioral flexibility, (Shapiro 2009).

Thus far, research has largely focused on the benefits of mindfulness and empirical validation of mindfulness-based interventions with clients (Hick & Bien, 2008), while mindfulness of the clinician employing the interventions is scarcely studied. With the proliferation of mindfulness and its obvious benefits, it is necessary to look at

incorporating mindfulness into training programs for psychotherapists (Gockle, 2010). Research points to mindfulness as an asset to clinical training programs, providing a vehicle for enhancing the therapeutic alliance and engendering self-care in students (Gockle, 2010). There are many other imperative clinical implications concerning the cultivation of mindfulness amongst psychotherapists-in-training that this research study seeks to explore.

Statement of the Problem

Lack of Training in Mindfulness

There are an ever-growing number of clinical treatments founded on the principles of mindfulness meditation that are now being employed since the pioneer of the first mindfulness-based intervention, Mindfulness Based Stress Reduction was designed by Jon Kabat-Zinn, Ph.D. and colleagues at University of Massachusetts in 1979 (Baer 2003; Kabat-Zinn, 2009; Mackenzie, Carlson, Munoz, & Speca, 2007). Research on the topic has essentially exploded over the last 20 years (Brown et al., 2007). In fact, Jon Kabat-Zinn, asserts that there has been a sevenfold increase in mindfulness studies since 2001 (Kabat-Zinn, 2009).

As a part of this trend, there is an increasing number of psychotherapists-in-training who have an interest in learning mindfulness techniques for therapeutic application (Moore, 2009). As the proliferation continues, it is becoming increasingly evident that clinical training needs to be conducted to provide mindfulness education to psychotherapists in order to meet this demand (Allen, Chambers, & Knight, 2006). Beyond theory and implementation, mindfulness is best understood experientially, to foster real mindfulness skills one must actually practice mindfulness (Kabat-Zinn, 2005).

It is a psychotherapist's own practice of mindfulness that provides the skill foundation to work with clients (Hick & Bien 2008). In this way, there is a critical need for training that includes a strong experiential component in order to accommodate the growing trend in psychology toward employing mindfulness clinically.

Thus far, most research has focused on the effects of mindfulness and mindfulness-based interventions on patients and clients (Hick & Bien, 2008), yet little has been studied about the mindfulness of the clinician guiding the intervention. In an article attempting to depict a clearer picture of mindfulness meditation, Jon Kabat-Zinn wrote that mindfulness itself is a way of "being," not just a collection of techniques clinicians are "doing" to patients (Kabat-Zinn, 2005). In this way, it is something that is experienced, felt, and lived not only professionally, but also personally, to actually embody what is being introduced. Therefore, it is important to recognize mindfulness as a set of attitudes and behaviors as opposed to a set of skills being "taught" (Linehan, 1993), a way of life (Hick & Bien 2008) that is lived and felt. Most mindfulness-based interventions, such as MBSR, highly encourage and emphasize the need for clinicians to have developed their own mindfulness practice prior to introducing mindfulness to clients (Germer, 2005; Kabat-Zinn, 2003, 2009).

With the need for psychotherapists to establish a personal foundation of mindfulness practice, it becomes necessary to examine what potential implications mindfulness practice might have on psychotherapists-in-training. While there are some programs throughout the country that offer certain unregulated certifications for licensed professionals, there are only a few training opportunities for psychotherapists before entering the field, leaving students potentially under-prepared, not just lacking knowledge

of mindfulness practice but the actual experience of it (Kabat-Zinn, 2003, 2009).

Lack of Training that Improves the Therapeutic Alliance

Not only is there a need for clinical training due to the prevalence of mindfulness-based interventions, mindfulness training may hold the key to what some critics claim is nearly impossible to teach, yet essential in therapy – how to improve the therapeutic alliance (Hick & Bien 2008; McCollum & Gehart, 2010). Clinical training lags in addressing how to effectively improve the therapeutic alliance due to the extreme challenge of this task and thus focuses on more behavioral techniques (Hick & Bien, 2008; McCollum & Gehart, 2010). Meta-analyses of mindfulness-based interventions have clearly demonstrated mindfulness bolsters awareness, understanding, empathy, non-judgmental presence, non-reactivity, acceptance and compassion (Baer, 2003; Brown, Ryan, & Creswell, 2007; Bruce, Manber, Shapiro, & Constantino, 2010; Gockle, 2010; Greeson, 2008; Kabat-Zinn, 2003). These findings correlate well with established common factors found across therapeutic modalities such as empathy, warmth, acceptance and the therapeutic relationship which are elemental to healing and take primacy over any one specific technique (Assay & Lambert, 2009; Hubble, Duncan, & Miller, 2010; Lambert, 1986, 1992; Lambert, Barley 2001; Luborsky, Rosenthal, Diguier, Andrusyna, Berman, Levitt, Seligman, & Krause, 2002).

The overlap of mindfulness and common factors is significant as the therapeutic relationship accounts for 30% of the variance in psychotherapy outcome (Assay & Lambert, 2009; Lambert & Barley, 2001). Therefore it becomes evident that the impact of mindfulness is especially vital to the therapeutic process as a means to catalyze the therapeutic alliance (Turner, 2009; Hick & Bien 2008). In fact, mindfulness may be a

central tenant and wellspring of these prized factors, essentially operating as a “core process” found across modalities (Martin, 1997, 2002).

Lack of Training in Self-Care

The benefits of cultivating mindfulness stretch beyond the professional, clinical nature and undoubtedly affect the personal domain. Mindfulness is significant to clinical training for its potential to facilitate greater well-being, assisting psychotherapists by preventing burnout by teaching self-care (Hick & Bien, 2008). Psychotherapists commonly disregard their own self-care needs and run the risk of compassion fatigue, a type of caregiver burnout (Figley, 2002). In addition, graduate school can be an arduous process for psychotherapists-in-training, a time full of stress. Findings show that stress can lead to a distinct reduction in mental health and overall functioning (Shapiro et al., 2007). While self-care is considered imperative to psychotherapists, training programs have not adequately addressed teaching such strategies to students, especially in graduate-level psychology programs where personal development is encouraged (Christopher, Chrisman, Trotter-Mathison, Schure, Dahlen, & Christopher, 2011),

Teaching mindfulness skills can help mitigate stress as demonstrated by the most widely studied mindfulness-based intervention, MBSR. In a multitude of studies conducted over the past 30 years, MBSR has been shown to reduce stress and elevate well-being amongst a clinical population (Bear 2003; Greeson 2008). Until the first study in 2006 (Christopher, Christopher, Dunnagan, & Schure), there was virtually no research involving mindfulness incorporated in a course to teach counseling students how to cope with stress of graduate school. While there have been several consequential studies exploring the effects of such courses (Chrisman, Christopher, & Lichtenstein, 2009,

Schure, Christopher & Christopher, 2008, Maris 2009), more research is needed on the impact of mindfulness training as these studies offer some evidence that mindfulness is an effective means of facilitating self-care amongst psychotherapists-in-training.

Literature Review

Mindfulness

Mindfulness: definition and origins. The interest in the concept of mindfulness and meditative practice has virtually exploded in Western psychological and medical research over the past twenty years (Brown, Ryan, Creswell, 2007). Mindfulness is described as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience, moment by moment” (Kabat-Zinn, 2003, p. 145). In attempts to limit the scope of focus, it is necessary to clarify that while this review will incorporate many variations of mindfulness meditation in its overview, it will not including Transcendental Meditation (TM), Relaxation Response (Benson, 1975) or meditation as a spiritual state or practice. This research study is focused on mindfulness as a mental activity, described as focusing on moment-to-moment awareness as it arises in the field of awareness. “Mindfulness involves intentionally bringing one’s attention to the internal and external experiences occurring in the present moment, and is often taught through a variety of meditation exercises” (Baer, 2003). Meditation is the formal expression of mindfulness and is one of the most thoroughly researched psychotherapeutic interventions to date (Walsh & Shapiro, 2006). Meditation, described in short by neurologist James Austin, can be thought of as “living in the present moment” (1998, p. 72).

While it can be described in Western terminology, mindfulness originates from the ancient eastern philosophy of Buddha and lies at the “heart” of Buddhism (Kabat-Zinn, 2003). To illustrate this, Epstein (1995) writes about psychologist William James who acknowledged the strong connection between psychology and Buddhism:

While lecturing at Harvard in the early 1900's, James suddenly stopped when he recognized a visiting monk from Sri Lanka in his audience. “Take my chair,” he reported to have said. “You are better equipped to lecture on psychology than I. This is the psychology everybody will be studying twenty-five years from now.” (pp. 1-2).

So has begun a new zeitgeist in the field of psychology with underpinnings steeped in the ancient wisdom traditions of Buddhism, which is not surprising considering that Buddhism and psychotherapy share the common goal of relieving suffering (Germer, 2005). It can be separated from religious context by prefacing that Buddha himself, as a historical figure, was a man whose life was dedicated to relieving suffering through the value of questioning the truth and validity of our thoughts. It is this, the nature of empirical inquiry, which brings great value to the school of psychology (Germer, 2005). Mindfulness meditation promotes a certain quality of consciousness achieved through paying attention; the mechanisms at work are available to all of us at any given moment. In a recent interview for the LA Times, Jon Kabat-Zinn stated, “Mindfulness principles are found on every continent in every culture ... We're born with this capacity. It's about cultivating it.” (2010). While mindfulness stems from Buddhism, it doesn't necessarily connote anything spiritual. Kabat-Zinn adds, "It's about people

waking up, not being confined by any belief system” (2010). He is reiterating that mindfulness is an internal way of being, our “birthright”, but clearly states while it is innate, it requires nurturing to sustain and reap the full benefits that are available to all (Kabat-Zinn 2005, p.8).

Mindfulness as described by Kabat-Zinn (1990, 1994) and Segal, Williams, & Teasdale (2002), involves becoming aware of one’s automatic patterns and ways of being in the world, cultivating a non-judgmental and less attached perspective in regard to cognition, emotion, and sensation. Having what is referred to as an observer standpoint allows the mindfulness practitioner to generate a more fluid relationship with reality, essentially confirming what was found in the research, that of creating increased “psychoemotional stability” (Aftanas & Golosheikin, 2003, p. 143). Jon Kabat-Zinn, a seasoned meditation practitioner himself shares his experience of mindfulness meditation:

We are merely resting in the knowledge of what is seen, heard, smelled, tasted, felt or thought – whether pleasant, unpleasant, or neutral. Stringing moments of mindfulness together in this way allows us to gradually rest more and more in a non-conceptual, a more non-reactive, a more choiceless awareness, to actually be the knowing that awareness is, to be its spaciousness, its freedom (2005, p. 57).

In his book, *Mindfulness and Psychotherapy*, Germer asserts there are three basic ways clinicians can implicitly or explicitly incorporate mindfulness therapeutically: Via personal practice which cultivates mindful presence, more directly using it as a theoretical framework for conceptualization, or practicing it in session as an intervention or general approach (2005, p. 18).

Mindfulness: the benefits. Scientists and researchers, such as neurobiologist Daniel Siegel (2007, 2009), have been very interested in looking at the physiological and functional changes in the brain that mindfulness meditation elicits. Research over the past three decades has uncovered credible data confirming that regular meditative practice leads to permanent psychophysiological changes (Aftanas & Golosheikin, 2003, p. 143). One study designed to look at cortical activity with high-resolution EEG during meditation discovered “dynamic shifts” and effects on the nervous system (Aftanas & Golosheikin, 2003, 147). Meditation relieves suffering by bringing about physiological, behavioral, and cognitive changes, leading to therapeutic benefits (Neale, 2007).

Issues such as stress and mood, anxiety disorders, chronic pain, chronic illness, fibromyalgia, binge eating, substance abuse, cancer, depression, and concentration have been addressed using techniques which involve mindfulness and meditation to elicit increased physical, psychological, and spiritual well-being (e.g., Astin, 1997; Kabat-Zinn, Massion, Kristeller, Peterson, Fletcher, & Pbert, et al., 1992; Bonadonna, 2003; Kaplan, Goldenber, & Galvin-Nadeau, 1993; Kristeller & Hallett, 1999; Marlatt & Gordon, 1985; Specia, Carlson, Goodey, & Angen, 2000; Teasdale, Segal, Williams, Ridgeway, Soulsby, & Lau, 2000; Valentine & Sweet, 1999). With research findings demonstrating therapeutic utility for mindfulness and meditation techniques, naturally more clinical sites are offering mindfulness-based interventions (Baer, 2003).

Mindfulness-based interventions. A barrage of new literature embraces these interventions as a progression of the “second-wave” cognitive-behavioral tradition of psychotherapy, referring to these as “third-wave” behavioral therapy (Hayes, Follette, & Linehan, 2004, p. 5). Mindfulness is a central component of third-wave behavioral

interventions such as Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Dialectic Behavior Therapy for Borderline Personality Disorder (DBT; Linehan, 1993), Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), Mindfulness-Based Cognitive Therapy for Depression (MBCT; Segal et al., 2002), and Relapse Prevention for Substance Abuse (MBRP; Bowen, Chawla, Marlatt, 2010). These treatments work with concepts such as acceptance, values clarification, de-centering, exposure, re-perceiving, and emotional self-regulation amongst others (Shapiro et al., 2006). They aim to increase one's ability to change the relationship to thoughts and feelings, encourage emotional stability, clarify values, and create cognitive and behavioral flexibility (Shapiro 2009). The research on mindfulness-based interventions spans both clinical and non-clinical populations and is not limited to the reduction of suffering but is also applicable for enhancing overall well-being (Baer, 2003).

A growing body of empirical research spanning the past couple of decades has begun to establish mindfulness-based interventions as efficacious despite methodological complexities. There are several critical narrative reviews of empirical research aimed at evaluating the overall effectiveness of mindfulness-based interventions (e.g., Bishop 2002; Bonadonna, 2003; Hayes, Masuda, Bisset, Luoma, & Guerrero, 2004). There are also meta-analytic reviews of MBSR and MBCT that show significant effect sizes (Baer, 2003; Grossman, Niemann, Schmidt, & Walach, 2004; Hoffman, 2010; Piet & Hoogard, 2011). In an article examining evidence using randomized clinical trials (RCT) of mindfulness-based interventions, Brown et al. (2007) assert that the research published thus far posits mindfulness to have valuable psychological, physical, behavioral, and interpersonal effects.

Common Factors

Currently, research on mindfulness focuses mostly on the application of mindfulness for select populations with specific concerns or disorders (Khong & Mruk, 2010), neglecting the “psychotherapist as an instrument” (Grempmair, Mitterlehner, & Nickel 2006). Publications are busy validating marketable “mindfulness techniques” versus promulgating mindfulness as a way to “be” with clients (Rosenbaum, 2009). Even when training attempts to focus on actual therapy skills, it is often more behaviorally focused i.e. how one might form an “empathic” response, versus nurturing the internal mental attitudes and qualities that foster good connection in the therapeutic relationship (Greason & Cashwell, 2009; Gehart & McCollum, 2008). Technique accounts for a minimal effect in therapy – approximately 15% (Assay & Lambert, 2009; Lambert, 1992, Lambert & Barley, 2001); there is more evidence for common psychotherapeutic factors (Luborsky et al., 2002; Rozenweig, 1936). However, most graduate programs encourage students to learn psychotherapeutic skills via techniques that are specific to distinct schools of thought (Fulton, 2005). Mindfulness segues with common factors, minimizing the dependency on separate schools of thought (Fulton, 2005). In that, mindfulness makes a significant contribution to the most significant pantheoretical common factor, the therapeutic alliance (Hick & Bien 2008; Fulton, 2005).

Fostering mindfulness skills transcends cultivating technique; it is a way to implicitly strengthen the therapeutic presence, wherein the mindful psychotherapist is a contributing factor to a relationship, a bi-lateral, bi-directional paradigm. It has been reported that the ability to relate to clients is elemental for an effective psychotherapist (Lambert & Barley, 2001). In this way, mindfulness can be used to help sharpen what is

arguably one of the most important determinants of successful therapy, the therapeutic relationship, which accounts for almost 30% of variance in psychotherapy outcome (Assay & Lambert, 2009; Lambert, 1992; Lambert & Barley, 2001) as seen in Figure 1.

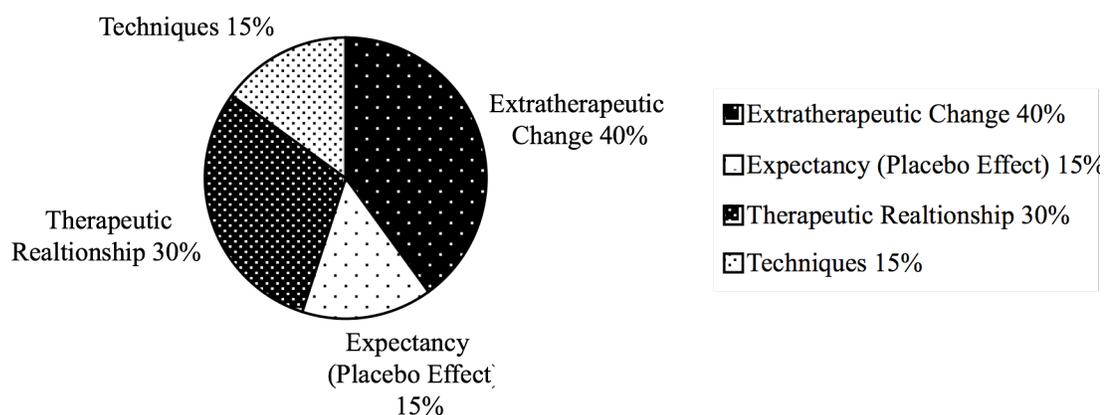


Figure 1. Percentage breakdown of relevant common factors; the therapeutic relationship accounting for 30% of therapeutic outcome (Assay & Lambert, 2009).

There is significant crossover between qualities clients report feeling in strong therapeutic alliances, e.g., a sense of non-judgment, empathy, acceptance, and genuineness (Lambert & Barley, 2002); and the qualities implied in mindfulness practice, e.g., non-judging, trust, and acceptance, amongst others (Kabat-Zinn, 2005). Such qualities are challenging to teach and mindfulness may provide a platform for cultivating

these crucial psychological skills (Bentley 2009; Gockle, 2010; Luborsky et al., 2002) through practice.

“Mindfulness is proposed as a core psychotherapy process. It is defined as a state of psychological freedom that occurs when attention remains quiet and limber, without attachment to any particular point of view. It can be shown that this process is collaboratively employed by psychotherapist and patient within all psychotherapy orientations” (Martin 1997, 2002).

It has been hypothesized that mindfulness is vital to therapy in that it develops empathy, compassion for self and other, improved ability to make clinical decisions (Epstein, 1999), increase attention, concentration, creativity, openness to experience, emotional availability, interpersonal skills, self-control, and self-esteem (Shapiro, Brown, & Astin, 2011; Walsh & Shapiro, 2006). However, relative to what is being studied and implemented in clinical practice and research, integration of mindfulness in training programs appears to be lacking (Greason & Cashwell, 2009). The connection between mindfulness and the therapeutic relationship has only begun to be understood in recent years (Hick & Bien, 2008). Mindfulness may help create a relevant bridge to enhance training (Block-Lerner et al., 2007; Fulton, 2005; Gockle, 2010; Greason & Cashwell, 2009; Hick & Bien, 2008; Morgan, 2001, Schure et al., 2008; Walsh & Shapiro, 2006). by providing a means for enhancing empirically supported relationship skills (Germer, 2005, p. 12), proving to be a fundamental ingredient for effective psychotherapy (Martin, 1997). Moreover, mindfulness practice has shown to improve overall relationship functioning by facilitating enhanced emotional response skills (Wachs & Cordova, 2007). It is therefore both logical and self-evident that mindfulness practice may indeed offer a

pathway for improving psychotherapy via the significant influence it has on the therapeutic relationship (Fulton, 2005, p. 58; Gockle, 2010; Greason & Cashwell, 2009; Hick & Bien 2008, p.12; McCollum & Gehart, 2010; Turner, 2009).

Mechanisms of mindfulness as they pertain to common factors. While there is evidence that the overlapping of common factors and mindfulness offers some exciting potential for integration into training programs (Fulton, 2005, p. 58; Gockle, 2010; Hick & Bien 2008, p.12; McCollum & Gehart, 2010; Turner, 2009), it is important to also look at what mechanisms make this possible. Shapiro, Carlson and Astin (2006) postulate a practical model to elucidate the core components of mindfulness. “The Axioms” (Intention, Attention and Attitude or IAA) as they refer to them, are based on the definition of mindfulness put forward by Kabat Zinn, “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (1994, p.4). These mechanisms, or axioms, act as the “building blocks of mindfulness” and are broken down as follows (2006, pp. 374, 375):

1. “On purpose” or intention,
2. “Paying Attention” or attention,
3. “In a particular way” or attitude.

Shapiro et al. (2006) describe this model as an inextricably linked process of co-occurring stages that occur simultaneously. Shapiro’s model (see Figure 2) outlines the three axioms they refer to as IAA (2006). These mechanisms can aid in the understanding of how common factors coincide with mindfulness.

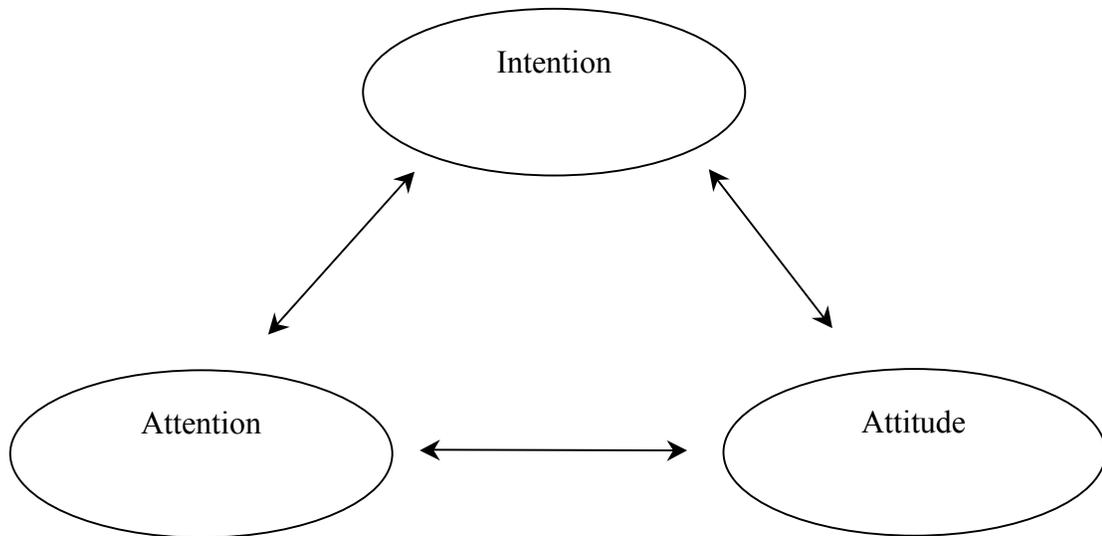


Figure 2. Shapiro's Axioms of Mindfulness (2006): Intention, Attention, and Attitude (IAA). Interrelated, inextricable, co-occurring stages of Mindfulness.

Intention involves the “why” you are practicing. At a basic level the intention while practicing mindfulness is to simply pay attention or “attend” (Shapiro et al., 2006). Western psychology and Buddhism continue to share the paradigm that mindfulness can aid in the relief of suffering (Turner, 2009), and holds the value of empirical inquiry (Germer, 2005; Morgan, 2001). These intentions to find relief from suffering by paying attention set the stage for healing.

Attention, the second axiom, is at the core of mindfulness (Shapiro et al., 2006). Maintaining attentive presence is essential to a successful therapeutic relationship

(Lambert & Barley, 2001). The ability to attend is a predisposition of all of mindfulness skills as paying attention is essential to actually being in the present moment. Attention is thought to have a mediating role between mindfulness and self-efficacy, the belief a counselor has regarding his/her capabilities to help their clients (Greason & Cashwell, 2009). This was shown in a quantitative study using master's level counseling interns and doctoral counseling students, and is one of the first studies to intimate that mindfulness plays an important role in developing key counseling skills.

The connection between mindfulness and therapeutic presence may also be another significant contribution to the training of psychotherapists (Wegela, 2008, p. 226). By being completely in the moment physically, emotionally, cognitively, and spiritually, therapeutic presence can be engendered (Gehart & McCollum, 2008; Geller & Greenberg, 2002; McCollum & Gehart, 2010; Turner, 2009). In 2010 McCollum and Gehart conducted a qualitative study to explore mindfulness meditation as a way to create therapeutic presence using master's level marriage and family students. Thirteen students participated in two separate classes as part of an existing practicum experience. The class consisted of 15-30 minutes of mindfulness exercises, assigned readings, lectures, discussions and weekly journaling to help log and reflect on how mindfulness impacted their professional and personal lives. Like the current study, students were also asked to do some form of mindfulness practice outside class. Thematic analysis of the journals collected over the semester uncovered some of the following themes: an ability to stay present, attend to inner experiences, increased awareness, sense of calm, compassion and acceptance for self and other, and being able to balance being and doing modes in therapy (McCollum & Gehart, 2010). This study further asserts the role of mindfulness to

cultivate these essential therapeutic qualities. If 30% of the positive outcome is found in the quality of the therapeutic relationship, therapeutic presence, defined as the quality of self or way of being that a psychotherapist brings to the experience (Geller & Greenberg, 2002), becomes quite salient. Outside of those two studies, actual training to foster these key therapeutic skills is virtually missing in graduate school curricula (Greason & Cashwell, 2009; Hick & Bien, 2008).

Rosenbaum takes it a step further in suggesting that this presence entails an “empathic witnessing” (2010, p. 218). This leads into the final axiom Shapiro et al. (2006) posit, the how, attitude. The very definition of mindfulness delineates an attitude of non-judgment and openness. By cultivating an attitude of non-judgment, we generate acceptance – an “extension of non-judgment” (Germer, 2005, p. 7).

Therapeutic presence and a non-judgmental, accepting attitude set the stage to develop empathy, a necessary component in healing relationships (Hick & Bien, 2008). Empathy, defined by Rogers (1980), as a psychotherapist’s sensitive ability to understand a client’s feelings moment to moment, was established as a foundational paradigm of humanistic psychotherapy (Rogers, 1957). He emphasized that these were not simply a set of tools or techniques but a way of being. Christopher asserts that mindfulness-based practices allow a certain embodiment of these humanistic ideals, evident in all relationships, including therapeutic ones (Christopher and Maris, 2010).

Empathy is a major determinant of outcome variance (Elliott, Bohart, Watson, & Greenberg, 2011). Mindfulness may hold the promise of being the most effective method to foster empathy (Fulton, 2005). Research on mindfulness has generated clear data showing that increased mindfulness relates to increased empathy (Beddoe & Murphy,

2004; Block-Lerner et al., 2007; Greason & Cashwell, 2009; Shapiro et al., 1998; Shapiro et al., 2008; Shapiro et al., 2007; Walsh & Shapiro, 2006; Turner, 2009). Empathy, a stipulation of a successful therapeutic alliance (Lambert & Barley, 2001), begins with self-compassion, a form of empathy for self (Shapiro & Izett, 2008, Block-Lerner et al., 2007).

Another salient connection between mindfulness and therapeutic relationship is the concept of unconditional positive regard (Rogers, 1957), yoked to non-judgment and acceptance. Unconditional positive regard, another factor that markedly effects the therapeutic alliance, is indelibly linked to the construct of compassion stemming from Buddhism and embedded in mindfulness (Jack & Lindemann, 2008). Maitri, Sanskrit for loving kindness, connotes an attitude of acceptance towards all aspects of experience (Jack & Lindemann, 2008), following closely to Rogers' understanding of unconditional positive regard as a personal quality of friendliness and compassion which is fundamental to psychotherapeutic change (Rogers, 1957). It is important to note that Rogers believed that unconditional positive regard was something that could only be understood from experiencing it (1957), which further supports the notion that mindfulness must have an experiential component present in training. Many meditation exercises are aimed at promoting an attitude of empathy, non-judgment, acceptance, compassion and loving-kindness tied to unconditional positive regard (Hick & Bien, 2008).

Therefore, by having the "intention" to attend mindfully in therapy, therapeutic presence, which involves empathy, can be cultivated. Furthermore, the non-judgmental, accepting "attitude" a mindful therapist takes bolsters empathy as well, a key component in the therapeutic outcome. These qualities are linked to unconditional positive regard,

and related to the concept of compassion, which is implicit in mindfulness and humanistic therapy. It becomes increasingly evident that mindfulness is explicitly woven into the fabric of the therapeutic relationship as the overlay of traits and qualities intertwine in the very definition of mindfulness.

As central as the key elements previously discussed are, there are other notable ways in which mindfulness can contribute to a solid therapeutic alliance. Shapiro et al. (2006) further hypothesize a “meta-mechanism” of action overarching all mechanisms they call re-perceiving, described as a “significant shift in perspective” (Shapiro et al., 2006, p. 377). Perspective taking enables us to disidentify from thoughts and feelings to engage in the present moment experience with increased objectivity (Shapiro & Izett, 2008). Marlatt and Kristeller (1999) claim that the process of self-observing, which entails objectivity, is inherent in mindful awareness and is possibly the most significant capacity as it facilitates self-monitoring which helps avoid overidentifying as well. Overidentifying has many pitfalls related to negative impacts on the therapeutic relationship such as increased countertransference (Gockle, 2010).

Shapiro et al. (2006) complete their analyses of potential mechanisms of mindfulness by adding self-management, values clarification, exposure, and cognitive, emotional, and behavioral flexibility. It could be hypothesized these mechanisms also offer potential benefits to the therapeutic alliance, however, for the purpose of our study we will limit our extrapolations to the evident parallels aforementioned that delineate the most vital counterparts. It is evident that mindfulness practice develops core mental processes that lay a foundation for training opportunities, offering viability to the therapeutic alliance (Bruce et al., 2010; Turner, 2008). Despite potential viability, these

relationships have only begun to be validated with studies that look at the effects of psychotherapists' mindfulness as it relates to clients

There is only one such study to date which addresses how mindfulness affects client outcome variables. The German study was a randomized, double-blind controlled study looking at how psychotherapists-in-training personal use of mindfulness influences the treatment results of their patients (Grepmaier et al., 2007). One hundred twenty-four clients were randomly assigned to 18 psychotherapists-in-training and treated using both individual and group therapy over the course of nine weeks. Half of the psychotherapists were practicing daily Zen meditation and the other half were assigned to the control group that were not. Results showed positive influence on the treatment results of patients directly caused by the promotion of mindfulness in psychotherapists-in-training. Therapy outcome was measured by a series of questionnaires patients filled out regarding both the psychotherapists-in-training, and their own symptoms using self-report. Significantly higher evaluations were achieved by the psychotherapists in the meditation group as well as consistent symptom reduction for the clients they were treating. It is difficult to generalize results of the study given limitations such as the overrepresentation of women (80%), the use of an inpatient hospital sample, and other constraints such the number of participants. While more studies are needed, especially longitudinal ones, this study makes salient the possible positive bi-directional effects of on the therapeutic relationship.

Self-Care

Empirically supported mindfulness-based psychotherapeutic interventions, combined with the results of numerous efficacy studies, and recent mindfulness research

make evident the multitude of positive applications mindfulness may have across populations despite the fact most attention has been focused on clients (Shapiro & Carlson, 2009). With effects such as the reduction of stress and increased physical and emotional resilience (Baer, 2003; Grossman et al., 2004), mindfulness skills become especially significant to psychotherapists-in-training (Shapiro & Carlson, 2009). The negative impacts of stress, both physical and mental, on health care professionals are many including burnout and diminished empathy (Galantino, Baime, Maguire, Szapary & Farrar, 2005; Schure et al., 2008; Krasner, Epstein, Beckman, Suchman, Chapman, Mooney, & Quill, 2009) among other psychological problems (Gockle 2010; Shapiro, Brown & Biegel, 2007). Yet clinical training programs are only beginning to show interest in mindfulness, giving merit to techniques that mitigate stress (Christopher et al., 2006) as psychotherapists are an integral part of a larger interconnected system and self-care affects both patient and process (Shapiro & Carlson, 2009).

Mindfulness training offers clinical training programs a way to translate mindfulness skills into strategies for self-care to prevent burnout and compassion fatigue (Christopher & Marris, 2010; Gockle 2010; Shapiro & Izett, 2008). While a number of different stress management skills have already been developed in various work environments, mindfulness may hold the key to incorporate all of these skills into one therapeutic intervention (Galantino et al., 2005).

However, the utility of mindfulness as a facilitator of self-care stretches beyond pure stress reduction. Research illustrates that the development of mindfulness skills reduces psychological distress, anxiety and depression (Baer 2003; Brown Ryan, & Creswell, 2007; Greeson 2009; Grossman et al., 2004; Shapiro, Shapiro, & Schwartz,

2000) as well as elevating well-being (Orzech, Shapiro, Brown, & McKay, 2009; Shapiro, Oman, Thoresen, Plante, & Flinders, 2008). Furthermore, Shapiro and Carlson (2009) propose mindfulness functions as a form of self-care by inviting clinicians be curious about our their own pain and suffering, relax into the moment, increase self-compassionate.

There is empirical support for Shapiro and Carlson's claim as an increase in mindfulness has actually been shown to raise levels of self-compassion (McCollum 2010; Shapiro, Brown, & Biegel, 2007; Shapiro et al., 2005; Shapiro et al., 2007). Self-compassion is described as an awareness of suffering and genuine care and kindness for yourself to end that suffering (Neff, Kirkpatrick, & Rude, 2007). Essentially, self-compassion is a mindfulness of self-kindness (Neff, 2009), crucial for self-care. Furthermore, research has established a link between self-compassion and psychological well-being, optimism, curiosity, and connectedness in addition to decreased anxiety, depression, rumination, and fear of failure (Neff, 2009), elemental qualities to engender in the psychotherapist-in-training.

Self-care in the medical arena. The medical field has made many contributions in understanding the importance of self-care that can be used to inform the training of psychotherapists. Most studies conducted on mindfulness training and stress with an interest in promoting self-care pertain to the medical training field and involve 8-week MBSR programs. A systematic review of the literature conducted by Shapiro et al. in 2000 regarding stress management in medical training found mindfulness totaled two out of 24 studies between the years of 1969 and 1999 (Shapiro et al., 2000). One of the two studies was an RCT investigating the efficacy of MBSR on premedical and medical

students (Shapiro, Schwartz, & Bonner, 1998). They found lowered levels of anxiety and depression along with increased levels of empathy and spirituality compared to a wait list control group. In 2003, Rosenzweig, Reibel, Greeson, Brainard, and Hojat found MBSR to significantly decrease mood disturbances and distress in medical students.

Furthermore, a randomized, controlled pilot study conducted in 2005 by Shapiro, Astin, Bishop, and Cordova found MBSR to effectively reduce stress and increase quality of life as well as self-compassion in health care professionals. Jain, Shapiro, Bell and Schwartz supported these findings again in 2007, adding that MBSR promotes positive states of mind and decreased rumination. Physician burnout has also been addressed, uncovering reductions in mood disturbance and burnout with increased measures of mindfulness (Krasner et al., 2009).

Nursing students participating in MBSR programs to manage stress have also become a focus of research where significant improvement in burnout was quantitatively demonstrated (Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2004; Cohen-Katz, Wiley, Capuano, Baker, Deitrick, Shapiro, 2005). Qualitative results indicated increased relaxation, self-care, and relational improvements where nurses reported feelings such as calmness, self-acceptance, self-compassion, self-awareness, self-care, and self-reliance (Cohen-Katz, Wiley, Capuano, Baker, Deitrick, et al., 2005; Cohen-Katz, Wiley, Capuano, Baker, Kimmel, & Shapiro, 2005). Improved measures of stress, empathy (Beddoe & Murphy, 2004), burnout, relaxation, and overall life satisfaction (Mackenzie, Poulin, & Seidman-Carlson, 2006) have also been reported among nursing samples. The relationship between salivary cortisol levels (to measure stress) and the effects of MBSR on hospital staff to address burnout, compassion, communication, and work-life balance

has been studied (Galantino et al., 2005). In addition, a study examining the impact of a lifestyle-training curriculum that included mindfulness on the health of medical students conducted by Hassed, Lisle, Sullivan, and Pier (2009), evidenced an increase in overall well-being. Research conducted in the medical fields clearly demonstrates decreased burnout, mood disturbances, stress, rumination and increased relaxation, empathy, self-compassion and general quality of life, all arguably beneficial outcomes to psychotherapists-in-training.

Self-care with psychotherapists-in-training. In terms of mindfulness being used to facilitate self-care among psychology graduate students, the number of studies considerably diminishes despite the plethora of benefits. The first study to incorporate an accredited course looked at the effects of mindfulness as a means of self-care. The course was titled “Mind-Body Medicine and the Art of Self-Care” (Christopher et al., 2006). This study was both academic and experiential in nature and focused on teaching self-care and integrating mindfulness practices into clinical work. The experiential aspect of the course occurred at the beginning of the class, taking 75 minutes of the two-hour and 15 minute class, which was taught twice a week. Exercises were loosely based off MBSR but spread over a semester-long elective involving 11 participants in their early 20s to mid-50s, eight female and three male in their second year of a master’s level program. Outside class the participants chose a specific mindfulness practice to do for a minimum of 45 minutes a day at least four days a week. They also paired up weekly to process their experiences. During the course of the semester, academic requirements included reading about mindfulness practices and recent applications pertaining to the field of psychology. Students were also required to present four 15-minute overviews of empirical research on

mind/body medicine (e.g., meditation, yoga, tai chi, etc.). Additionally they were asked twice in the semester to cofacilitate a discussion pertaining to assigned reading material. Journal writing required students to complete 60 typed pages at the semester's conclusion.

Using a focus group near the end of a semester, participants were guided by a moderator to answer many open-ended questions about their experience in the class. Participants reported the class was highly relevant, significantly impacting their personal and professional lives. Greater self-awareness and awareness of others was expressed along with increased ability to focus, stay present, deal with stress, and positively impact the therapeutic relationship.

A number of consequential studies followed Christopher et al.'s initial study borrowing essentially the same course design with minor nuances. Just two years after Christopher et al's research (2006), Schure et al. (2008) conducted a four-year qualitative study with 33 first and second-year participants evidencing support for self-care with similar results. One noteworthy deviation was that this study added a last journal entry, which included close-ended questions in addition to the more open format used throughout the semester. Despite this difference, results were not dissimilar to the previous two studies with the exception of an increased tolerance of physical and emotional pain, higher levels of energy, feelings of centeredness, and mental clarity.

In 2009 Chrisman et al. again used the same semester long format with a similar population but spanning three years in length with an emphasis in exploring the process of learning qigong. This study required participants to journal directly after doing qigong, which occurred in the first and last class in the 15-week long semester. Journals

underwent content analysis and themes were identified including anxiety, excitement, and increased self-judgment at the beginning of the learning process and a sense of “groundedness”, relaxation, renewal, and a “quieting of the mind” at the end of the semester.

An in-depth narrative pertaining to a student participant’s personal experience with the course was conducted in 2009 (Maris). In this first-person case narrative the student reflected on her personal journey and the impact mindfulness had on her training as a counselor. She discovered a reduction in fears and inadequacies in addition to an increased ability to be present and trust herself as a therapist. She also reported increased ability to tolerate ambiguity and relinquish the idea of control.

In a summarization involving over a decade of qualitative research pertaining to the course, “Mind-Body Medicine and the Art of Self-Care”, Christopher and Maris (2010) confirm the plethora of similarities found across research. In this overview they assert the potential benefits of mindfulness practices and the relevancy they have to counseling students.

In 2007, the effects of MBSR for psychotherapists-in-training at the master’s degree level was also examined (Shapiro et al.). Using a prospective, nonrandomized, cohort-controlled study, participants reported marked decreases of perceived stress, negative affect, state and trait anxiety, and rumination while there were increases in positive affect and self-compassion (Shapiro et al., 2007).

Recently, the long-term influence of mindfulness training on counselors and psychotherapists was examined from a qualitative perspective in a study conducted by Christopher et al. (2011). This study found that thirteen out of sixteen former students

who took Christopher's course continued to practice mindfulness techniques as a means of self-care due to the positive impacts on their professional and personal lives. All interviewed reported long-lasting positive impacts of mindfulness on physical, emotional, cognitive, and interpersonal well-being. Participants described utilizing mindfulness professionally, as counselors both in their interventions and conceptualizations.

These studies report similar outcomes that overlap with mindfulness and self-care in the medical fields, and highlight the obvious benefits of incorporating mindfulness training into core curricula to foster self-care among psychology graduate students. This body of research makes clear the positive opportunity mindfulness training holds for psychotherapists-in-training (and therapists in general). Shapiro states, "Although academic knowledge and skills form the core of clinical graduate programs, an explicit focus on self-awareness and self-care is also critical" (Shapiro & Carlson, 2009, pg. 116).

Mindfulness and Clinical Training: Gaps in Research

As demonstrated, there are a number studies investigating the impact of mindfulness on non-clinical populations (Beddoe & Murphy, 2003; Christopher et al., 2006; Cohen-Katz, 2004, 2005; Galantino, 2005; Hassed et al., 2009; Krasner et al., 2009; McCollum & Gehart, 2010; Rosenweig et al., 2003; Moore, 2008; Shapiro et al., 1998; Shapiro et al., 2005; Shapiro et al., 2007; Schure et al., 2008; Turner, 2009). The bulk of research has focused on medical health care professionals as a way to mitigate the impact of stress, using mindfulness to bolster self-care as previously discussed (Beddoe & Murphy, 2003; Cohen-Katz, 2004, 2005; Galantino, 2005; Hassed et al., 2009; Krasner et al., 2009; Rosenweig et al., 2003; Shapiro et al., 1998; Shapiro et al., 2005).

Recently the mental health field has begun to focus on incorporating mindfulness with psychotherapists-in-training in clinical training programs (Christopher et al., 2006; McCollum & Gehart, 2010; Moore, 2008; Schure et al., 2008; Shapiro et al., 2007). However, these studies do not appear to be as comprehensive in their approach, material, and participant sample as the current study.

One such preliminary study conducted by Moore (2008), investigated the usefulness of offering a mindfulness skills group involving brief (10-minute) mindfulness practices to clinical psychologists-in-training. Moore aimed to explore the efficacy of exercises that did not require significant time commitments for psychologists-in-training. Participation was open to first year graduate students and held at lunchtime. While four different rotating scripts were provided, group leadership was determined weekly on a voluntary basis. Since no prior experience of mindfulness was required and practices were conducted by the study participants, virtually no expertise was available, limiting how much guidance was available if questions arose. The average exercise lasted seven minutes and there was no opportunity for discussion. A didactic portion of the course was not offered thus limiting the participants understanding to experiential scripts. Participants were required to attend eight out of 14 sessions offered. Due to the voluntary aspect of the study, there were a total of 17 participants yet only ten participants met inclusion criteria.

Results showed an increase in daily mindfulness, a greater ability to observe internal phenomena, and an increase in self-kindness using pre- and post-course self-report measures. Qualitative methods were employed using a questionnaire that solicited feedback on the course as well as asking about the impact of mindfulness practices, and

incorporating mindfulness into personal and professional life. Participants described relating to their thoughts differently, having new insights regarding cognition and emotions, and thinking the exercises were helpful in skill development offering future benefits if they were to continue.

While Moore's study was the first to include psychologists-in-training, the small sample size and lack of a control group confines generalizability. Furthermore, the scope of the study was narrow, offering limited knowledge of mindfulness. Being purely experiential, the "course" was not really a course per se as there was no didactic component addressing the clinical application of mindfulness theory or research.

A study conducted by Shapiro et al. (2007) examined the effects of MBSR as a form of self-care on master's level health psychology counseling students. Using a prospective, nonrandomized, cohort-controlled design, they found lowered levels of anxiety and negative affect along with increased levels of self-compassion and positive affect involving 22 participants compared to a wait list control group involving 61 participants. Measures focused on health effects, levels of mindfulness, rumination, perceived stress, distress, and well-being. While journals helped students reflect on their mindfulness practice, they were not used as a part of the data for the study, only quantitative measures were analyzed. Practice outside of the 10-week two hour class was not required limiting the level of saturation with the material from an experiential standpoint. The participants did not engage with mindfulness academically as this class was part of a stress management curriculum. Therefore the generalizability of the results and the relationship to mindfulness is limited.

In a more comparable study, McCollum and Gehart (2010) examined students in a master's level marriage and family therapy (MFT) program undergoing clinical training at a practicum site that integrated mindfulness for the purpose of cultivating therapeutic presence. Thirteen students participated in one of two practicum classes held weekly. The 2½-hour-long course involved 15-30 minutes of lectures, discussions, and assigned reading material pertaining to mindfulness. In addition, various mindfulness meditations were conducted during class, which the participants were asked to practice on their own 5-10 minutes daily outside of class and keep a journal reflecting their experience. One-page journal entries were a part of the course requirement and provided the researchers data for thematic analysis.

The themes derived from journals were based on close-ended questions verses using a more open-ended format, such as the one used in the current study. Therefore results may reflect a narrowed scope of reported experience. Another potential limitation to this study was that while outside practice was encouraged, time spent on mindfulness practice outside class was not measured or monitored in anyway. The participants most likely are not all equal in their amount of experience making the results less generalizable.

Qualitative analysis found participants were able to be more present to their own inner experiences and those of their clients. They reported effects of meditation including feeling calmer, able to slow down, create boundaries between sessions, and manage their inner chatter. Other themes were the increased ability to shift from doing to being mode and acquire a sense of compassion and acceptance for self, client, and humanity. Overall, findings provided direct links between mindfulness practice and gains in clinical acumen that reach beyond the qualities of therapeutic presence (McCollum & Gehart, 2010). This

study was designed to look at student's mindfulness only. It did not address the growing need to teach mindfulness-based interventions for use with clients.

In 2008 Schure et al. (using Christopher's course previously mentioned) conducted research using a course most similar to the current study. Spanning four years, and using a course roughly based off MBSR, this study offers considerable comparability. However, the study mainly focused on using mindfulness to teach self-care as a set of "tools". During this 15-week, three-credit course, 33 master's-level graduate students in the areas of mental health counseling, MFT counseling, and school counseling studied a wide range of topics loosely related to mindfulness such as medical anthropology, cross-cultural psychology, and psychiatry. Experiential material included an expansive compilation of mindfulness practices including Qigong, an ancient Chinese method of movement-based meditation, as well as other MBSR techniques. Participants attended class twice weekly to discuss assigned readings, review research, and share thoughts and feelings related to in-class and outside class practice. Participants were required to practice for 45 minutes, four times a week and instructed to keep a journal that they were given credit for.

Qualitative methods were used to elucidate emerging themes from a final journal assignment that asked four questions about the participant's experience over the course of the class. Participants reported positive effects regarding physical, emotional, spiritual, attitudinal and interpersonal changes. Other themes pertained to what they had learned from specific mindfulness practices such as an increased awareness and acceptance of emotions and personal issues from meditation. All participants consistently reported an

intention to incorporate mindfulness into clinical practice and that the class had positively affected their clinical work.

One considerable limitation to this study is the complications that might arise from such vast sampling of varied material both theoretical and experiential. Pulling from such a plethora of traditions potentially affects comparability of the results to other studies of this kind. The course did not closely follow an already established regime of practices or focus its curriculum on one academic subject. Also, the final journal assignment was comprised of close-ended questions from which the data pool was comprised; a factor that obviously constrains results. While this study models a certain beneficial inclusivity by incorporating various forms of mindfulness, it perhaps casts too wide of a net to adequately assist in operationalizing mindfulness as a psychological paradigm.

It is evident that research involving professionals-in-training mostly center on undergraduate and masters level students, usually leaving out doctoral level psychotherapists-in-training. Furthermore, there are very few studies that incorporate mindfulness theory, research and practice in a course that pertains to pre-licensed professionals in a clinical training program, much less spanning multiple years using a qualitative design (see Christopher et al 2006; McCollum and Gehart, 2010; Schure et al, 2008).

While these small handfuls of studies do not appear to be quite as extensive or encompassing as current study, they do offer up promising data that outlines mindfulness practice as a crucial component for psychotherapists-in-training. The current study initiates a close examination of possible benefits of mindfulness not narrowed for the

purposes of self-care or common factors. The course material involved in the study highlights personal mindfulness practice, both in-class and outside of class, while incorporating knowledge on mindfulness-based interventions to apply with clients, theoretical application for the purposes of conceptualization, research, treatment, and personal benefits of mindfulness. Furthermore, it acknowledges Buddhist origins, and emphasizes mindfulness as a way of being.

The study attempts to more comprehensively address the paradigm of mindfulness. The specific course material used in the study applies an integral lens using Wilber's four-quadrant model (2006) to explore and incorporate all potential domains and applications mindfulness comprises, looking at it not only as a subjective, internal practice but also as a scientific and community-based expression. It appears no such study to date approaches material in quite this integrative fashion. In addition, the current study's participants include MFT, PsyD, and PhD psychotherapists-in-training verses a population that only involves master's level students. This study involves integrating mindfulness in the highest level of education and includes psychologists-in-training, hoping to broaden the horizon for mindfulness research and offer new data to the growing field.

Purpose of the Study

This study examines the impact of a course on mindfulness and psychotherapy on psychotherapists-in-training. Given the benefits of mindfulness, it is pertinent to look at how mindfulness might apply to psychotherapists-in-training.

The current study adds to a growing body of literature concerned with assessing the possible contributions of mindfulness theory and practice into clinical psychology

training programs. This research explores mindfulness education in the form of a course titled “Mindfulness and Psychotherapy” which uses a modified version of Mindfulness Based Stress Reduction (MBSR) for the experiential component while the didactic portion of the course focuses on mindfulness-based interventions, theory, research and practice. The course aims to provide knowledge and practice concerning the therapeutic applications of mindfulness to accommodate the growing enthusiasm clinicians have in implementing mindfulness into their clinical work (Allen, Chambers, & Knight, 2006). It assists with the growing problem that psychotherapists-in-training are being faced with, the interest in facilitating mindfulness-based therapies without the experiential or practical comprehension to do so (Moore 2009). Juxtaposed with the influx of mindfulness in the field of psychology, exploring the incorporation of mindfulness into training is becoming even more necessary.

The course is designed as an elective for psychotherapists-in-training at Alliant International University. It is offered through the Integrative Department to graduate-level students and seeks to teach mindfulness from a broader systemic perspective, offering students a comprehensive perspective of how mind, brain, and body work together in ways that enhance growth and healing not just for the individual but for the collective whole, spiritually, behaviorally, and personally. The course looks at material and experience integrally, taking the scientific, phenomenological, and dialectical lens of the west, and integrating it with the self-analytical, nondual, more spiritual ways of the east (Khanna, 2004). There is a marked need for more integral, less fragmented approaches that have a comprehensive conceptual framework (Astin & Astin, 2002), this course aims to fulfill such a need.

The study seeks to learn from the experience of psychotherapists-in-training by using participant journals to gain insight on how the students digested, internalized, and made meaning out of the material on both professional and personal levels. The qualitative approach takes a first-person subjective perspective examining perception, feelings, and thoughts, laying the foundation for a deeper understanding that can later be tested quantitatively in future research. With these results, we hope to contribute to a body of research concerned with incorporating mindfulness for psychotherapists-in-training to meet a distinct growing demand for mindfulness training in the field of psychology. It is our hope that this study informs the design of other courses as the promulgation of mindfulness continues.

Chapter II

Method

This chapter describes the particular qualitative methodology used in the study, which explores the impact of mindfulness on psychotherapists-in-training within the context of two, ten-week summer clinical psychology doctoral courses offered at California School of Professional Psychology at Alliant International University in San Diego, CA. The mindfulness course, is titled “Mindfulness and Psychotherapy”. The course is designed to incorporate theory, research and practice of mindfulness to facilitate the development of mindfulness skills, and provide knowledge and basic competence in mindfulness-based interventions. This course uses Jon Kabat-Zinn’s Mindfulness Based Stress Reduction (1979) as a loose guideline for experiential practice, along with investigating the work of several other theorists at the forefront of mindfulness research such as Linehan, Marlatt, and Hayes. Mindfulness-Based Stress Reduction is a structured eight-week program used in over 250 hospitals in the United States (and throughout the world) established to help people with stress, chronic pain, anxiety, depression, and a wide-range of other types of suffering. The program consists of mindfulness-based exercises (e.g. body scan, sitting and walking meditation, mindful eating, yoga etc.) that facilitate being present with our thoughts and feelings without judgment. The material also acknowledges the origin of mindfulness, which is embedded in the heart of the eastern spiritual tradition of Buddhism.

The course, offered in the afternoon, was taught by the same assistant professor for both summer terms. The assistant professor is a psychologist and core faculty member with ten years of mindfulness experience in both professional and personal capacities. This researcher was the teacher's assistant for the summer 2010 course and has the same amount of mindfulness experience. The assistant professor, the original principal investigator, submitted approval for the collection of these data to the Institutional Review Board in May of 2009. The current study uses archival data retrieved in 2009 and 2010. This data set includes quantitative as well as qualitative data. However, for the purposes of this study, the investigator is not using the quantitative portion of the data.

Weekly classes for each summer term were approximately four hours in length and began with a 30-minute mindfulness practice that loosely followed an MBSR format. The students often participated in another shorter mindfulness exercise at the end of class as part of student presentations. In addition to the mindfulness practices within the context of class, the course required students to commit to a minimum of 30-minutes of mindfulness practice of their choice (although they were encouraged to try various exercises e.g. meditation, walking meditation, body scan, yoga etc) at home on a semi-daily basis (aiming for a minimum of two hours total per week as specified in the course syllabus) for the duration of the course. Class time was also dedicated to discussion of the material, as well as thoughts and feelings surrounding participants' practice. Students were graded on attendance/participation (10%), a presentation (20%), one-page journals (40%), and a final paper (30%).

This course is organized into weekly subject matter that covered a span of topics including but not limited to: an introduction to mindfulness and its origins, mindfulness-

based interventions, neuroscience of mindfulness, and mindfulness as it pertains to specific disorders and populations. Material consists of peer-reviewed journal articles, books relating to mindfulness-based empiricism, and relevant philosophical pieces.

The data in this study consist of eight weekly journals as part of the class requirement intended to help the student synthesize literature, process the experiential practice of mindfulness, and generate discussion topics for class. In addition, final papers were also used to extract common themes of students' experience. Themes and emergent sub-themes were then extracted using these journals and final papers that were collected during the summer terms of 2009 and 2010.

Research Design

In looking at the written expression of psychotherapists-in-training, this study explores the impact of an experiential course in mindfulness and psychotherapy from the lens of subjective, internal experience. It is evident that mindfulness can be looked at in terms of measurable outcomes from a quantitative perspective evidenced by the bulk of research that has already been conducted. Western science is grounded in empiricism and takes a third person, objective observational stance, (in order to not to be confounded by the first person perspective). However, the conundrum is that we are studying the Eastern concept of mindfulness with roots in Buddhism, which takes a "highly disciplined, systematic, first person approach" (Germer, 2005, p. 12). A qualitative design deepens the current research by more openly exploring a student's first person experience, to discover what internal processes are at work within consciousness. As Brown, Ryan, and Creswell (2007) emphasize, mindfulness primarily concerns consciousness, which is largely

unexplored in research and clinical practice. Ultimately, the very nature of mindfulness suggests the value of a qualitative study.

An exploratory and emergent design was chosen as it retains a sense of depth and integrity to the participant's actual experience without being assumptive and narrow. It is useful in uncovering various common phenomena adding richness to our current thinking about why mindfulness might be incorporated into professional training programs. Using grounded theory, developed by two sociology researchers, Glaser and Strauss in 1967, this research aimed to elucidate a broader understanding of the implications of mindfulness by looking at a collective body of data. Furthermore, this qualitative approach potentially deepened the understanding and causal inferences which can be used to further research (Caspi, Burlleson, 2005).

Participants

Opportunistic sampling was used in the original study as participants pre-registered for this course and were given the opportunity to sign a release form granting the use of written material. Students were part of either the Clinical Ph.D., Clinical Psy.D., or Psy.D. in MFT tracks at Alliant International University. The course satisfied a requirement for an Integrative, or general elective offered at the school as a part of their curricula. To protect participant's privacy, pseudonyms were given.

Inclusion criterion required participants be enrolled in the mindfulness course offered as a part of the clinical psychology graduate program at Alliant International University and complete the course with a grade of C or higher.

Measures

A demographics questionnaire was used for this study to gather necessary information about the population (see appendix A).

Procedures

Data collection was initially conducted as a part of a larger mixed method study and collected over, two ten-week courses offered at California School of Professional Psychology at Alliant International University by assistant professor Marina Dorian, Ph.D., who has taught the course, in it's current form, every summer since 2008.

Collection of the journals began the second and concluded on the ninth week of both classes. Students receive credit or no credit, contributing to the overall grade. They did not receive a letter grade. The final papers were collected on the tenth week and archived until conducting this study.

The brief one-page journal papers, due weekly, sought to elicit qualitative feedback on participants' (1) experiences, (2) theoretical understanding, and (3) presented material (both experiential and educational in nature). It was required they mention both the bulk of the assigned readings for that week and their personal understanding/reflections of mindfulness as it came up for them during the week. They were designed to ensure students were reading required material and provided a way to synthesize thoughts using a more critical intellectual dialogue. This aided in facilitating more meaningful and salient class discussions as they could print out their journal papers and have something to contribute.

Alternatively, final papers were a summarization of theory and practice they had learned over the entire course. The course syllabus stipulated students write an 8-10 page

paper, using the first two pages as a final summary journal (1) to discuss relevant reflections pertaining to how they have assimilated mindfulness into their own theoretical understanding and (2) how/if they plan to incorporate mindfulness into their own psychotherapy practice or sharing any intentions they have to use the practice personally. In the remaining pages students are to address one of the following three topics: (1) Review of a particular area of interest related to mindfulness-based interventions and use a case example (making sure to keep confidential identifying information) to illustrate the intervention in detail, (2) create your own theory or intervention integrating elements of mindfulness and illustrate, using a case study, how this might work, or (3) address what mindfulness offers to psychology and how it interacts with current models from an integrative psychology perspective. Only the students' personal experiences reflected in the weekly journal and final paper (not the synthesizing of read material) were used in this study.

Data Analysis

The Constant Comparative Method of analysis (Glasser, 1965) was used in conjunction with the Dedoose software program to examine the content of all papers from both summer courses. This was an inductive approach, which means that the analysis of data occurred in a systematic way without pre-determined categories, or a hypothesis to guide results. Emergent patterns were analyzed to formulate a systematic categorical means of organization.

In doing this, the journals and final papers were consolidated and electronically organized using the Dedoose software program. The researcher then used open coding to generate data by breaking down significant groupings of words, ideas and sentences, by

highlighting and labeling them with Dedoose software to determine recognition of salient patterns. These groupings formed small, simple units of meaning, which could be understood independently. All units of meaning used in this study were derived from participant's journals and the final paper and were derived by the primary researcher using Dedoose to facilitate theme organization (the software was not used in the analysis process itself).

Once the units of meaning were determined, rules of inclusion were used to delineate themes and sub-themes (Maykut & Morehouse, 1994). All units of meaning eventually fell into broader categories based on coherency of evident patterns with the help of two other raters and Dedoose software, which allowed the researcher to more easily move and organize data. Some units of meaning fit into more than one category, and were placed in multiple categories. While other units sometimes fell into no category at all and were set aside to see if it was a strong enough concept to stand alone or fit into one of the final sub-themes later more appropriately. The constant comparative method is more concisely outlined in the following flow chart (see Figure 3).

Results from this process are presented in the next chapter wherein coherency becomes evident. Findings will then be examined and discussed to determine convergence and divergence of data considering the scope of previous research.

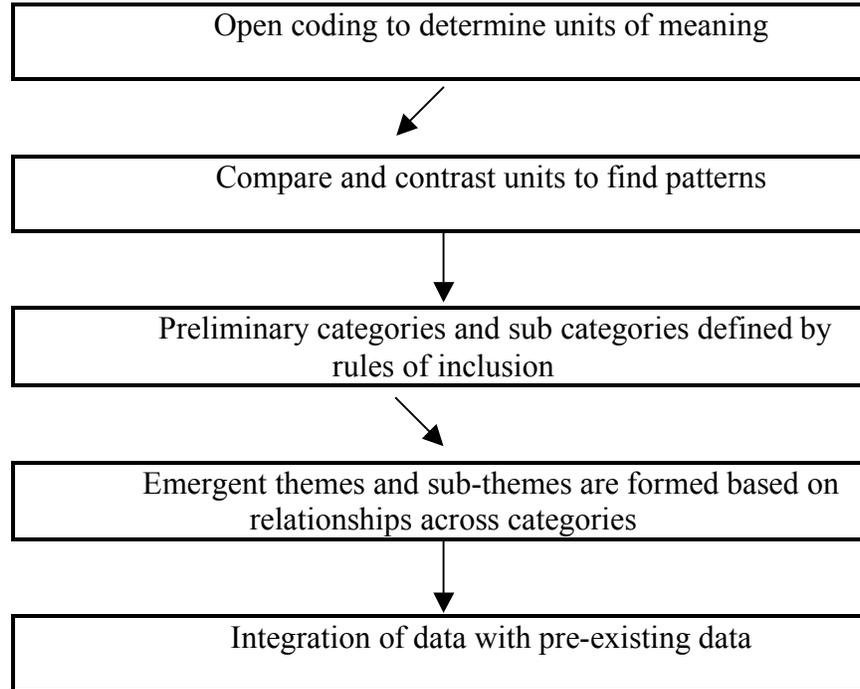


Figure 3. Grounded Theory Flow Chart. The current study utilized grounded theory, employing a constant comparative method of data analysis.

Provision of Trustworthiness

In order to bring integrity to the study, measures to ensure trustworthiness were established by creating and maintaining an audit trail. For this study, the audit trail consisted of (1) a research journal and, (2) units of meaning. Specifically, the research journal was used to record thoughts, ideas, and observations for the purpose of recognizing potential biases, assisting in the cultivation and organization involving the units meaning. Regular entries were recorded from the origination of the study until the conclusion of chapter five. This was to encourage reflexivity, which entails being open

and honest while intentionally reflecting critically about the process of data formulation.

To positively affect validity, more reflexivity, and establish additional credibility two raters/coders were employed during the beginning and final stages of content analysis. The additional investigators were graduate-level psychology students who were familiar with mindfulness, yet were not involved directly with the course itself. Their involvement fostered dialogue that aided in the development and refinement of themes by providing consensus and feedback about the primary investigator's process. In this way, units of meaning were permitted to reach greater saturation and superior coherency.

It may also be noted that the core of course teachings originated several years prior at the same university campus but were not offered again until 2008 when the current instructor refined the syllabus. This being the case, course material was relatively consistent through the years (with the addition of new research) and reflects a relatively established framework. As mentioned, the same professor has been teaching the course every summer since refining and reintroducing it in 2008.

Chapter III

Results

Journal entries and final papers were analyzed using the Constant Comparative Method in conjunction with Dedoose, an analysis software program. Through this process general domains surfaced and categories were created to establish a framework for themes shared between the 21 participants. These categories represent the different facets of the course, Mindfulness and Psychotherapy, such as the experiential and academic aspects. In total there are five core meaningful domains that comprise the categories, and 25 themes with 24 sub-themes (see Figure 4). Please note there is no ranking or meaning associated with the order themes are presented.

Participant Description

Participants included 21 graduate students (2 males, and 19 females) who enrolled in the mindfulness course either in the summer term of 2009 or 2010. The age range is 22-41. There were 3 students from the Ph.D. track, 10 from the Psy.D., 8 from the Psy.D. in MFT track. The year-level in the class ranged from first year to fourth year-level in the program. Primarily students were Caucasian (14), others being Latino (2), African America (1), Asian (2), or mixed ethnicity (2). Students' religious affiliations were Christian (7), Buddhist (2), Jewish (1) and other or none specified (11). Participants' prior experience with mindfulness also ranged from none (5), little (11), moderate/some

(3), much (1), and daily (1). All students except for one participant reported current professional training involving practicum, internship, or other clinical work.

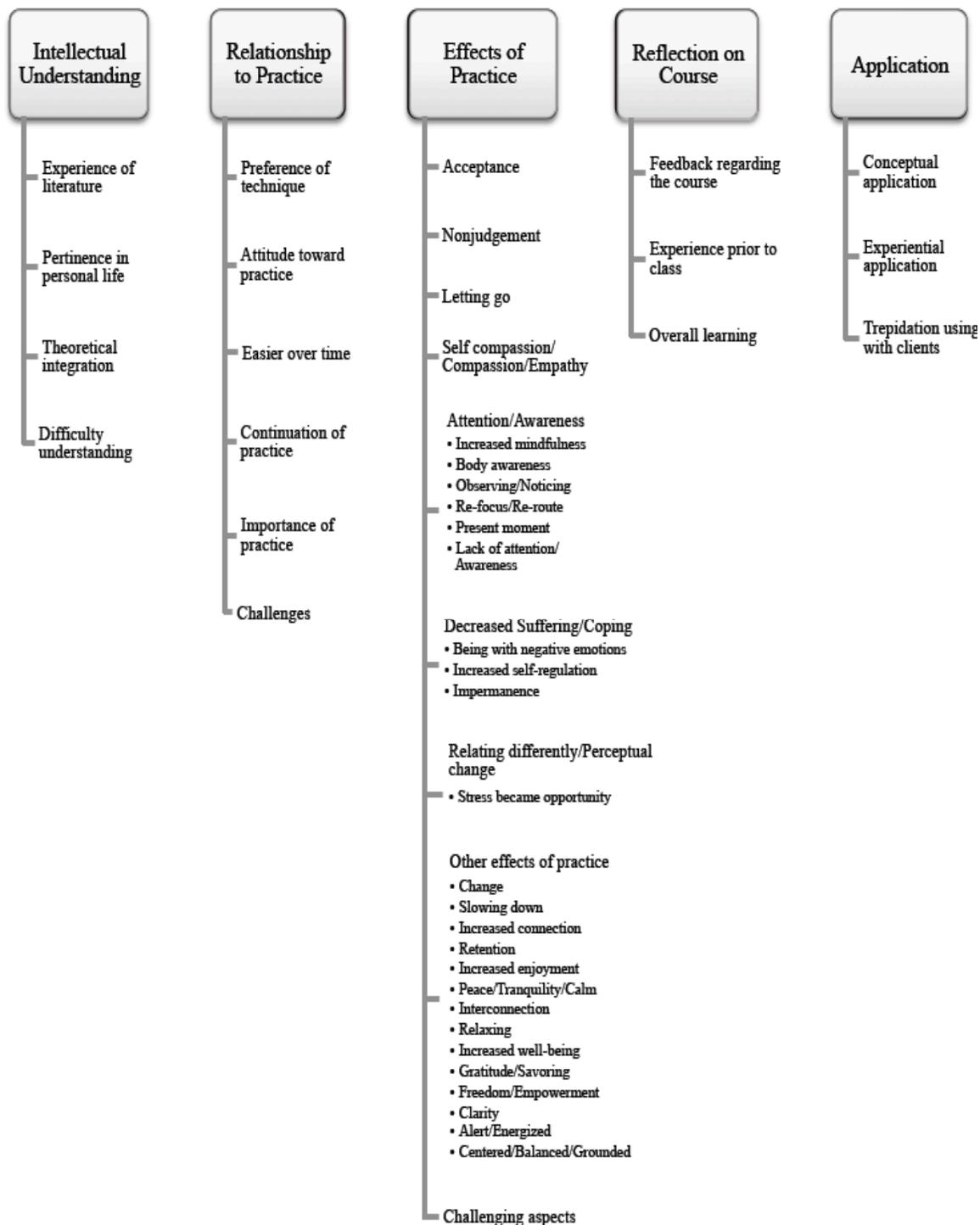


Figure 4. Categories and Themes Chart: A summary of the data.

Qualitative Themes

Category 1: Intellectual Understanding

Students in the course were required to interact with assigned reading material stipulated in the course syllabus. Literature consisted of peer-reviewed journal articles and various texts correlating to the weekly area of focus also outlined in the syllabus. Topics spanned the clinical, academic, and historical aspects of mindfulness and mindfulness-based interventions. Participants were asked to reflect on the literature in their journals to ensure processing, integration and adequate conceptual understanding of the material. This category is dedicated to participants' experience of the literature versus a conceptual summarization.

Theme 1: Experience of literature. This theme entails participants' exposure to the literature and includes responses pertaining to the actual act of reading.

MARY: As far as the articles for the week, there was so much that interested me that it is hard to sum up the things that caught my attention.

WENDY: Though I am not entirely new to the world of meditation and contemplation, this book was a new and lighter perspective for me. Thich Nhat Hanh's *The Miracle of Mindfulness* was a breath of fresh air, both literally and figuratively.

AMY: In all I have enjoyed the readings and even found them to bring on a sense of relaxation and stronger desire to practice mindfulness techniques.

Theme 2: Pertinence in personal life. Many participants expressed the impact literature had on their personal lives. This theme pertains to thoughts and feelings about what they read and how it infiltrated their existence.

LALEH: After reading “Mindfulness and Psychotherapy”, I became aware of my growth and how it relates to “The capacity to suffer with another person, or the ‘shared heart of compassion,’ is at the core of the relational practices of parenting, marriage, friendship, ministry, and medicine.” Basically, I never realized how easy it is to take advantage of the loving relationships we have surrounding us. Instead of appreciating the friendship, love, care, or support people offer us, we often take it for granted. The readings as well as the class has helped me to appreciate and love what life has to offer and what all of my relationships have to offer, even if it is something very little.

VANESSA: Reading more and more about mindfulness makes me realize the benefits of practicing formally and informally.

WENDY: Reading these chapters also allowed me to revisit and embrace some of my own personal values that had been tabled or neglected (specifically during this time in my life). Namely, these values, as mentioned in the book, consist of an attitude of non-judging, patience, a beginner’s mind, trust, non-striving, acceptance and letting go.

Reading about these attitudinal foundations of mindfulness reminded to return to my own core values (which are similarly or exactly in alignment with these attitudinal foundations). However, I am now recognizing that in my taking on this attitude of mindfulness, I must practice these values on myself as well.

Theme 3: Theoretical integration. As concepts were digested and understood more deeply, participants evidenced effort to integrate the concept of mindfulness presented in the literature with their pre-existing theoretical paradigms.

JAKE: I continue to be fascinated by how mindfulness can possibly be integrated into other theories of therapy. The positives of mindfulness are very positive and have something to offer almost all theories.

MONICA: I really appreciated the readings for this week, and found that they brought further clarification regarding the similarities and differences between Buddhist psychology, CBT, and psychodynamic psychotherapy.

ASHA: This week's reading really solidified my belief that no matter what orientation I decide to use in my practice, I will always be able to integrate mindfulness techniques.

LIN: I believe that mindfulness can perfectly combine with almost any therapeutic interventions.

Theme 4: Difficulty understanding. Some participants exhibited challenges in comprehending some of the assigned reading material. However, more of these comments pertained to difficulty integrating and fully absorbing what the literature was trying to convey.

AMY: Furthermore what I did not understand about this chapter was how acknowledging the interdependence of all phenomena leads to liberation "from every sort of fear, pain, and anxiety". Just because one acknowledges that they are not independent of the world or cut off, doesn't make what happens to them any less real.

VANESSA: It seems like such a paradox, to meditate keeping in mind that I am supposed to be non-striving towards any goals. This seems to contradict that the fact that Kabat-Zinn said that the goal of mindfulness is to relieve suffering.

HAYLEY: This left me questioning what I had read about using mindfulness based therapies for chronic pain. What if mental forms of distraction from physical pain are a

needed and welcome relief? What if focusing on the present moment during unpleasant experiences exacerbates pain or suffering? I'm not a disbeliever, but I'm feeling a bit skeptical.

Category 2: Relationship to Practice

There was a strong experiential component to the course. Participants were encouraged (but not required) to share their relationship with the mindfulness practices (techniques/exercises) they engaged in during class and at home. Journals provided a space to explore the dynamic unfolding of thoughts and feeling about the act of practice.

Theme 5: Preference of technique. Most participants expressed preferences in terms of mindfulness practices stating some were either easier or more demanding for particular reasons.

MONICA: Bringing myself to a more conscious place has been my primary practice this week, although I have spent some time, in solitude, focusing on my breath. I have found that it is easier to sustain attention on the breath while engaging in an activity such as yoga.

CHRISTINE: I also find that it is a lot easier for me to practice walking meditation instead of sitting still or lying down, especially when I am troubled as I was this week.

PAIGE: I am still appreciating doing a breathing meditation after completing an hour of yoga. I still currently feel like yoga is my most preferred form of practice. I attempted the body scan, but I felt difficulty in really sensing the parts of my body and found myself getting bored or wanting to do a speedy scan.

Theme 6: Attitude toward practice. Attitudinal mind-set became apparent in the comments of participants alluding to certain approaches participants took with mindfulness.

WENDY: This week I attempted practicing meditation with an accepting, patient, beginner's mind.

MOLLY: This week, I tried to develop more of a phenomenological attitude, becoming more self aware while in each moment. With intention, attention, and attitude I attempted to be mindful.

ANDREA: It has been a novel concept for me to embrace this, exploring the roots and effects, and being mindfully open to my experiences, rather than try to push them away as repulsive, undesirable, or embarrassing. I feel like exploring mindfulness practice is right for me, and it is starting to infiltrate different areas of my life and awareness.

Theme 7: Easier over time. Evidence of mindfulness practice evolved into an experience marked by increasing ease as practice continued.

PAIGE: I have noticed that the longer I continue to practice this form of meditation the easier it is becoming. I am also noticing that I am getting less resistant to the practice.

VERONICA: I feel it is easier to focus and pay more attention, which also makes me feel like I put more effort. Through the practice I also found that I am getting better at training my mind to stay in one place.

LIN: Furthermore, I feel that the more I practice sitting meditation the easier it gets. I am able to sit longer without moving and time goes by faster.

Theme 8: Continuation of practice. There was overwhelming evidence in the journals that participants intended to maintain mindfulness practice in one form or another after the conclusion of the course.

JAKE: My plan is to continue to practice mindfully when the course come to an end as I find it rather enjoyable to see where it fits in both my personal life (as a practitioner of mindfulness) and in my professional life as a therapist.

MONICA: After the class ends, I am hoping to find a meditation group I can regularly attend.

HAYLEY: I believe that continued meditation practice will be instrumental in my clinical work with young children in the coming year. I think a regular practice will continue to increase my ability to sustain attention and my tolerance for frustration.

JOSH: I plan to continue practicing meditation regularly for both personal and professional interests; as therapists, it does seem to be an excellent activity at being simultaneously valuable at professional and personal levels

MOLLY: I recognize that the requirements for practice will cease on the last day of class, but my intentions are to continue with a formal practice.

Theme 9: Importance of practice. Participants continually mentioned the necessity of practice in order to fully understand and apply mindfulness.

VANESSA: I know that first I must practice meditation and becoming more mindful in my personal life, in order for me to apply this to psychotherapy.

JOSH: I think I had envisioned a course more exclusively geared toward provision of clinical services incorporating mindful techniques, and what I discovered was that mindfulness-based interventions are merely a component of using mindfulness

therapeutically. This was a valuable discovery; I leave the course more with the idea that mindfulness needs to be a lifestyle (ideally for both therapist and client) for it to be truly effective.

LIN: I might be able to read hundreds of books on meditation, but if I never attempt it, I will never experience it. Therefore, it is important to practice meditation daily just to remind us to be mindful.

MARIA: However, in order for me to help my clients let go of their own fixed perceptions, I need to really practice letting go of my own past judgments and perceptions in my own life.

HAYLEY: And how will I be able to explain to my clients why they should practice mindfulness if all I have done is read about the efficacy of it? One learns how to do something by doing it. I had to practice driving a car to learn how to drive. I had to practice yoga to learn how to do the poses. I am in the process of practicing psychotherapy to learn. And I was reminded that all I have to do is participate in this practice process to be doing it.

Theme 10: Challenges. Complications and difficulty regarding conducting practice was predominant in journals. Participants expressed a plethora of concerns regarding the problems, hindrances, frustrations, and struggles they encountered trying to engage in the act of practice.

ANDREA: I fell asleep EVERY time I did body scan.

VANESSA: I also am aware that when my week is filled with many things to do, the tasks that I have to complete take precedence over meditation. I know that meditation

would help me deal with those weeks that are extremely busy, but I always find excuses to rationalize why I don't need to practice mindfulness

CARMEN: I find myself comprehending the techniques but much harder actually putting them into practice.

AMY: My first week of practicing mindfulness went alright, though not great. In terms of daily meditation, the hardest part was simply making myself sit down quietly for 15minutes.

Category 3: Effects of Practice

A wellspring of qualitative data surfaced from the pragmatics of mindfulness practice. A considerable amount of journal selections addressed actual components, processes, and participles of mindfulness, looking at the heart of practice. This study sought to explore the participants experience and therefore relevant content in the journals pertaining to experience were given primacy. The quantities of themes exemplify this.

Theme 11: Acceptance. Excerpts evidenced participants' willingness to see things as they were instead of what they wanted or thought they needed them to be.

CARMEN: A few days ago I was very late getting to the airport. I had a few unexpected events that hindered my arrival. While my brother was rushing me to the airport, I could tell he was very stressed; as I usually would have been (even more so to be honest). But, instead I chose to use this as an opportunity to practice mindfulness. I thought to myself: Ok, be aware of this moment. You're in a car with your brother. You are getting ready to catch your plane. I tried my best to be aware of each passing moment and control my

breathing. While I fully anticipated that I was going to miss my non-refundable flight, I was surprisingly calm. I just kept thinking everything is how it is supposed to be and whatever happens, happens.

VANESSA: I left the security line irritated, but I immediately took a couple of breaths and said to myself “I’m angry.” Instead of trying to fight the feeling, I just kept acknowledging how I felt, and after some minutes my feelings of irritation dissipated.

Theme 12: Nonjudgment. Participants clearly established an ability to receive the moment without assessing judgment or estimation when being mindful.

CHRISTINE: It just kind of... was. And it was okay.

HAYLEY: I have actually been trying to move away from categorizing bits of my life as ‘good’ or ‘bad.’

LALEH: During this challenge, I practiced becoming aware of the judgments and then letting them go. It felt so good to not engage in the same judgmental thought processes as I did before because it made me feel free of negative emotions such as jealousy, anger and irritation.

Theme 13: Letting go. Passages representing this theme were demarcated by the participants’ capability to release something, namely a thought or a feeling that related to an estimation of reality.

JAKE: In these instances, I practiced my mindfulness of increasing my awareness of that thought and letting it fade away after recognizing it.

CARMEN: It was useful for me to see how mindfulness practices such as body scanning, can be tied into the practice of learning to let things go, and ultimately avoiding getting drawn into unhelpful and unhealthy cycles of thoughts and behaviors.

Theme 14: Self-Compassion/Compassion/Empathy. This theme covers a broader range of qualities focusing on instances that allow participants an understanding of self or other in a thoughtful way. It also touches on the Buddhist concept of “loving-kindness” students learned about which centers on sensitive and benevolent contemplation.

WENDY: I am trying to be patient and noncritical of myself.

LALEH: After my emotions and anxiety subsided, I took a breath and began to practice informal mindfulness by trying to understand my friend’s situation and asked myself the questions from the book, “What is the intent? Is it to relieve suffering? Is it revenge? Does it feel like an exercise of real choice in the context of abiding feelings of powerlessness?” After questioning my friend’s motives, I realized something within myself, I realized I was hurting, I felt pain for my friend, I wanted to be there for her and give her what she feels she is lacking and that is love. I became aware that she is feeling lonely and that she is reaching out for help. I became aware that my anger towards her turned into compassion and a deeper love. A love that I wanted to express to her to let her know that she is not alone and that people do love her.

Theme 15: Attention/Awareness. Participants described a vast and rich amount of occurrence facilitated only by attentional control. This ability to attend to inner and outer experience appears elemental in the mindfulness process for students as they

evidence paying attention and bringing awareness to multiple domains detailed in the sub-themes of this major theme.

Sub-theme 1: Increased mindfulness.

MARIA: I am becoming aware of things I am doing in my everyday life, such as my eating habits.

WENDY: I found myself naturally practicing informal meditation several times throughout the day. Whether I was walking from one place to another, walking for exercise, standing in line at the grocery store, sitting across a table with a friend in a coffee shop, I noticed myself becoming aware of my breathe and creating space around it.

MONICA: I am more conscious of when I am being mindful and when I am not being mindful. When I realize that I am focusing on other things, I have been able to bring myself back to the present moment.

Sub-theme 2: Body awareness.

MARIA: I began to feel moderate to mild sensations in my body, such as slight pain and sweat, such as in my hands and my feet. It was strange for me to feel my heartbeat and to feel my skull and crown. My whole body felt as one and I realized that I was feeling pains in other areas of my body, which I have not recognized before. After the exercise, I had not realized that 45 minutes had past. I was so focused on my body as a whole that and the sensations along with it that the time went by quickly for me.

LIN: Mindfulness really allows one to become more intune with one's own body.

Sub-theme 3: Observing/Noticing.

AMY: I've watched myself sit with this feeling over the week, and noticed when it increases and decreases.

MONICA: I also realize that I am not my thoughts but am the observer of them.

MOLLY: I felt like I was painting to paint. I recognized when a thought came in and I was able to look at the thought and then let it pass. I was able to say, "A feeling of dissatisfaction is coming up" or "a feeling of pride is coming up." I was able to count my breath with each brush stroke... At points, I noticed that I became impatient with myself, wanting a specific image to emerge. However, I would let this thought rise up in the balloon, and I would refocus myself on the brush strokes and my breath. I felt that I was more present and in the moment during this hour, than I had been for weeks, maybe years.

Sub-theme 4: Re-focus/Re-route.

MARY: I started practicing this in my car this week. I would be driving somewhere and noticed that I was starting to get monkey mind, but the monkey in my mind was an angry and self-judging monkey. So, instead of allowing that monkey to go free in my mind – and instead of trying to resist it – I simply started to become aware of the trees. I looked at the trees on the freeway and started describing the different hues of greens that I was seeing. As a result, my mind had something to do, and I started to become more relaxed the more I focused on the pleasant scenery around me. Apparently I was practicing a distraction meditation, but I was not distracting myself without purpose. Instead, my distraction

brought my mind to a new level of awareness, rather than simply tuning out such as when watching television or surfing the internet.

HAYLEY: ... the sitting meditation has helped me to practice patience and the art of gently rerouting or refocusing my mind when it starts to wander off on a stream of thought.

Sub-theme 5: Present moment.

LALEH: I've become aware of trying to focus on the now. For instance, when I was at the gym the other day, my mind kept wanting to focus on other things, such as how many more minutes left, however, I became conscious of those thoughts and brought my focus and effort onto the exercise. I was practicing being attentive and focusing in the moment.

MARGARET: I have been much more aware of the present moment and less anxious after practicing mindfulness.

Sub-theme 6: Lack of attention/awareness.

MOLLY: It was quite powerful to realize many moments of my life I am not present for, when I'm watching TV. I am thinking about homework, when I'm doing homework I am eating without realizing it, when I am even on a walk my mind is on past regrets and future worries.

MARGARET: The other day I was driving on the highway and almost missed my exit. I was not paying attention and at the last minute had to safely travel across three lanes to continue in the right direction. As I was exiting, I said to myself "I was not being very mindful". I was not aware of where I was going and was in my own world but somehow

snapped out of it and became aware that I was about to miss my exit and then even more aware that I was not being aware.

Theme 16: Decreased suffering/Coping. Participants consisting reported that mindfulness was distinctly correlated to the increased ability to deal with the more aversive situations that came up in their lives.

JOSH: I was amazed at how by framing my thoughts, feelings, and physiological sensations in a more mindful light I was able to find substantial relief from an aversive situation I was on the verge of escaping from.

MARIA: Mindfulness and meditation in my own life can help me decreasing my stress and anxiety, which has been mainly about the future.

Sub-theme 7: Being with negative emotions.

ANDREA: I have experienced a shift in recent weeks, in that I am much more accepting of negative states as temporary, normal to human experience, and often necessary. I attribute this to the mindfulness practice and the readings I have done related to it. I'm not as afraid of my own pain or sadness as I have been previously.

Sub-theme 8: Increased self-regulation.

JAKE: Now, I can pause to look at my own thoughts and reactions.

MARGARET: There was also another time in the past week that I easily could have gotten into an argument but averted escalation by taking a few deep breaths before responding or reacting in a calm manner. I was aware of my actions and language in that moment. I knew the situation could go in any direction based on my behavior. I was able to successfully manage my emotions and behave in a way that did not escalate the situation.

Sub-theme 9: Impermanence.

AMY: From the minute I started getting upset, though, I told myself to be mindful, to pay attention to what I was feeling and why. For a good hour I remained quite upset, though I stayed very composed. Eventually I was able to tell myself that this feeling would pass. I have felt it before and it had passed. After about an hour, I was no longer upset much and knew that I would be completely over the incident eventually and that it wasn't a feeling I was going to have forever. Looking back on it now it seems so silly, how upset I was over nothing. And again, it did pass.

VANESSA: I realized in that moment that the experience wasn't so bad and that the feeling of sadness was only brief, and didn't last forever. I think the fear of being sad is what initially kept me from wanting to watch the movie.

Theme 17: Relating differently/Perceptual change. It became apparent participants began experiencing, reacting, processing, and seeing situations, relationships and themselves differently while employing mindfulness. This not only occurred during informal and formal practice, it became pervasive in the way they approached reality causing a shift in perception. Moreover, participants often reported these shifts during more stressful times, which are reflected in the sub-theme.

JAKE: I started to look at everything differently.

WENDY: I remember noticing for the first time how different it felt to chew the shrimp versus the soft pasta. I remember noticing that the parsley, wine and seasoning were a wonderful touch to the shrimp, pasta combination. I also remember realizing that I had never before focused on the fact that my front teeth were only utilized for cutting, while the back teeth solely did the chewing. I also became aware that the slower and more I

chewed the more flavors I came into contact with. When it was all over, I realized that I had taken quite a long time to eat by myself (almost 15 minutes); whereas normally, eating alone only takes 5-7 minutes, in/out. I couldn't believe it. Food had never tasted so good!

LIN: Mindfulness changes my whole perspective in life.

HAYLEY: While I can't say that I was a rock standing still in the river, I believe that I did react differently to certain situations because of the work we have been doing in class.

LALEH: Through the process of learning about mindfulness, I was able to observe my family from a different perspective.

Sub-theme 10: Stress became opportunity.

MARIA: I realized that it was somatic pains due to stress and anxiety regarding a situation bothering me. Rather than ruminating about what was bothering me, I used the opportunity to meditate and become mindful of my present experiences.

Theme 18: Effects of practice. Participants' mindfulness seems to have produced a range of effects outlined in the following sub-themes that encompass the experience of mindfulness:

Sub-theme 11: Change.

JAKE: I've seen how mindfulness made a difference so far in my life.

VERONICA: I take my time to do things, I pay more attention to tasks, I feel more present in my everyday interactions, and I feel overall healthier because I don't eat for no reason like I used to (if I do, it is grapes or nuts). I am not stating that my life has

dramatically changed, but I am beginning to see significant changes and I attribute it to deliberately being more mindful.

WENDY: Over the course of the last ten weeks I would say that my internal process (awareness of thoughts and feelings) has changed noticeably. I am fully aware of the change in my thought and emotional patterns. That is not to say that my thoughts and emotions have changed drastically; but rather that the awareness and tracking of them, the time allotted to them, and the responding to them have changed quite significantly. I also notice that I am more attentive and quiet, wanting to listen more than I talk. I notice that I do not look to be stimulated as much (turn the tv on, get on the phone, etc.), but rather am fine with the awareness of my breath. I attribute the majority of these changes to the practice of informal meditation... I now understand how one is changed in the process and can influence the change of others as a result of the process of mindfulness and meditation.

ANDREA: Recently, I notice that I am not as afraid of my own pain or sadness as I have been previously. I do not feel like I did a great deal, but the change has been largely noticed by myself and close others.

Sub-theme 12: Slowing down.

MARIA: Since beginning meditation on my own, I have begun to complete activities more carefully instead of rushing through them to move on to the next thing.

HAYLEY: I found the speed of my reading slowed considerably, but I retained more of what I read as I was mindful of the reading process. I took the reading activity itself as an opportunity to practice mindfulness.

Sub-theme 13: Increased connection.

FARAH: Since beginning the walking meditation, I have found myself being more mindful during my walks at home. I have also found a stronger sense of connection to nature and the universe in general.

JOSH: I feel well connected to myself and my surroundings when practicing mindfulness.

Sub-theme 14: Retention.

CHRISTINE: But I remember that walk on the beach better than I remember any walk I've ever taken because I was paying such close attention.

VANESSA: I have noticed that being more mindful has allowed me to actually remember where I placed certain items.

Sub-theme 15: Increased enjoyment.

JOSH: While I was jogging, I decided to be fully in my body. More specifically, I paid attention to each motion of my arms, my legs, my torso, my back. Internally, I felt my balance and my body in motion... It was quite a freeing experience. All my thoughts dispersed to just a pure focus on what was going on inside of me. It was absolutely incredible.

FARAH: The experience was rewarding and I found myself enjoying the flavors of my food so much more. The nectarine tasted much sweeter and juicier; its flesh stringy and soft.

Sub-theme 16: Peace/Tranquility/Calm.

CARMEN: From my experience, I have noticed that even a few minutes of structured breathing can calm me down.

PAIGE: I have become more and more aware of how much presence and mindfulness is helpful to creating an experience of peace in relationship to self and the world.

Sub-theme 17: Interconnection.

MONICA: For example, through our awareness of feelings and thoughts we realize that we are in part alone and in part connected to everything in the universe. We realize that we are the ones creating our lives and the ones observing it too.

WENDY: For a few moments I got carried away with the interconnectedness of the whole process. I wondered to myself where the pasta was made, where the parsley and tomatoes had grown, what ocean the shrimp came from, where the grapes for the wine had been grown, how the wine came all the way from Italy, how each item was manhandled and negotiated to make its way over to my general area, I thought of the different stores each ingredient was purchased from, etc.

Sub-theme 18: Relaxing.

ANDREA: After each time of my sitting practices, I felt relief and relaxation.

MARIA: I am starting to realize that meditation is helpful and it is not just about relaxing and looking for instant results

Sub-theme 19: Increased well-being.

FARAH: I felt energized and a sense of wellness afterward.

ASHA: I say this because I've been continuing doing my body scan every morning and I'm continuing to notice great improvements with the arthritis in my knees.

MOLLY: After I meditated, I did feel good.

Sub-theme 20: Gratitude/Savoring.

JOSH: The best piece, however, came from paying attention to the other sensations I was experiencing but not previously noticing, like the sounds and sights. I found that I began truly appreciating what I was experiencing—all the colors and trees covered in bright purple flowers, the dense canyons that seemed to appear out of nowhere, the sounds the birds were making, the refreshing breeze against my face when it would pick up. This made me feel privileged that I am in a position in life where I am actually able to run. My legs will carry me, I am healthy, I am uninjured, I have a body type that is conducive to exercise. This will not last forever.

CARMEN: I have truly noticed and experienced more frequent feelings of serenity and gratitude while taking this course.

JAKE: From incorporating new practices in addition to spending the day at the Deer Park Monastery on Sunday, I really feel like Mindfulness is starting to take hold. It is as if I've hit my stride in this class and I'm really savoring both the feeling and the experience.

Sub-theme 21: Freedom/Empowerment.

VANESSA: I direct my attention to whatever task predominates at that moment and experience my feelings without judging them, I feel as though I could be liberated.

PAIGE: It is amazing to me how simple the concepts of presence and awareness are, and how freeing they are for us as human beings.

Sub-theme 22: Clarity.

LIN: I think the meditation practices gave me a clearer mind to help me quickly reanalyze situations when I feel things are not going right.

CARMEN: I find that practicing mindfulness can lead to emotional serenity, mental clarity, and overall empowerment.

Sub-theme 23: Alert/Energized.

HAYLEY: I have finished some sitting meditations feeling incredibly alert and hyper-aware of sensory details.

MARGARET: My body feels a sensation of energy exuding from different parts at any given time. When I am done with the practice, I feel an odd sensation of energy and relaxation all at the same time.

Sub-theme 24: Centered/Balanced/Grounded.

AMANDA: I actually started my day for the last three days with doing some of the poses explained in the book. It has been really a nice way to wake up and start my day, feeling more clear and grounded.

PAIGE: For me, mindfulness involves a variety of practices that ground me. I have utilized signals that bring me back to the present moment.

MARGARET: Being a part of the process on a daily basis helped me slow my life down and center myself.

HAYLEY: I feel more comfortable in my body, more balanced, more grounded.

Theme 19: Challenging aspects. In addition to participants having difficulty with the act of practice (doing exercises/techniques) addressed in category 2 (relationship with practice), the actual experience of mindfulness conjured up some challenges as well. Students found themselves grappling with a variety of issues surrounding being mindful. These were usually addressed in journals and brought into

class so that they could be discussed as a group. Here is some of what the participants exhibited in writing:

JAKE: In practicing Mindfulness, I found myself more at peace and tranquil, but lost some of my energy, a bit of my drive. Is too much acceptance not a good thing?

AMY: Constant judging thoughts found their way in, such as thinking “I hate doing this” “this doesn’t feel good”, and “this feels bad”. There’s a reason I distract myself with other thoughts while doing those activities, they are not relaxing or enjoyable! They cause my body to feel tired and; I could not look past those thoughts.

VANESSA: I will admit that I struggle with staying in the present moment, and am constantly thinking of the future. I wonder what will happen next, and will I get to do all of the things I need to do.

JOSH: I still find it quite difficult to “fall awake” in these exercises, and I also find it more challenging to stay focused and not wander. I still have a lot of work to do in terms of breathing from and to each bodily region; I have yet to feel what that is like.

Category 4: Reflection on Course

While the objective of the study was to primarily look at the experience of mindfulness, journals also recorded participants’ views of the class and outlook on the process of learning. It is included with the hopes that this information may inform future graduate-level training programs. Looking at reflection on the course was also helpful as it appears there is a relationship between experience prior to class and feedback.

Theme 20: Feedback regarding the course. Participants were open about their experience of the course despite the fact it was neither elicited nor required.

JAKE: This is a great course... In a lot of ways, I wish this class would not end.

FARAH: I would also suggest a formal lecture on mindfulness-based interventions during each class, more videos, clinical case examples, and interactive role-plays. I thoroughly enjoyed the practical components of the class and hope that future students will enjoy them as well.

ASHA: This class has taught me much more than any of the classes I have taken thus far at Alliant. I have learned techniques that I truly believe can work for people with a wide array of problems.

Theme 21: Experience prior to class. Many participants noted that their prior experience with mindfulness on both a conceptual and experiential level were minimal, preconceived notions were common.

JOSH: It feels a bit strange to idealize something with which I have so little experience. With the abundance of research supporting the use of such treatment approaches as Dialectical Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT), it seems mindfulness has received the boost that will enable it to become a staple in mainstream psychotherapeutic practice. It seems that the corollary risk, however, is that people like me (or at least the “me” before I enrolled in this course) will advocate for its usage and even attempt to implement mindful practices in their clinical work without fully understanding how to do so or how it really “works.” It seems that this creates the potential for mindfulness to be inappropriately used, which could ultimately work to its detriment. This is among the reasons I chose to enroll in this course; I want to learn how to really use mindfulness correctly at both a personal and clinical level.

HAYLEY: In the course of my practicum I had learned some mindfulness-based exercises to use with clients. But I lacked several things that I have gained over the course of the summer term. I entered the course confused about the definition of mindfulness. I knew that Zen Buddhism, yoga, meditation, and attention to sensory experience were all components of mindfulness, but I did not understand how they were related. I lacked a understanding of the difference between relaxation exercises, such as progressive muscle relaxation and guided imagery, and mindfulness techniques

AMANDA: As I have alluded to in my weekly reflection papers, I registered for this class because I began suffering from migraines for the first time and began seeing an acupuncturist, who suggested that I look into increasing Mindfulness practices into my daily life to help alleviate the pain.

MOLLY: My journey into mindfulness based practices started with some idealization of mindfulness and meditation. I had some presumptions of what mindfulness might do for me personally, as well as a lot of skepticism. I had Hollywood notions of meditation as a way to escape or transcend. I had a specific outcome in mind for how meditation would feel. I also thought that I would not be able to do it, that mindfulness was for the skillful yogic. I also thought of mindfulness and particularly meditation with clients to be a bit too mystical for my practice. What this amounts to is that I did not understand what mindfulness was, how one might practice mindful living, and that mindfulness has an abundance of literature to support it's efficacy.

Theme 22: Overall learning. The following theme represents the overarching knowledge and experience gained by the participants. As evidenced, most expressed a marked gain in insight and knowledge that appears pervasive for most.

JAKE: My experience with mindfulness over the past 10 weeks has been quite powerful. The meditative practices of sitting meditation, walking mindfully, eating with present moment awareness and enjoying each moment have been amazing. This course also opened up my eyes to the power of yoga. Furthermore, my understanding of the real insights of Buddhism grew, including two visits to a Buddhist monastery, and I've found ways to compliment my own spirituality with the insights found in this ancient tradition. Even more tangibly, I've noticed small changes as my mindfulness practice has evolved.

CARMEN: Every week not only was I exposed and taught how to do various mindful practices, but I was given the opportunity to read and explore all the related research. I really appreciated the science or evidence-based studies that supported what I was doing. I liked having a theoretical framework alongside the practices themselves. I was most affected by the breathing exercises, yoga positions, and the informal mindful practices that I applied to almost every activity. The formal practices helped or forced me to set aside time to focus on myself and mindfulness without feeling guilty

LALEH: I feel grateful again and have a sense of love, joy, compassion and appreciation towards life. Being able to reconnect to the feelings and experiences that once had made me feel so alive, feeling like I am reborn. Learning about staying in the present and becoming aware of my surroundings has really helped me to train my thoughts to not interrupt my present moment experience. This is the biggest reward I received from this course.

AMANDA: I found this class to be an opportunity to step out of my comfort zone and try something new that could possibly, and hopefully affect my mental and physical health.

Category 5: Application

This domain addresses how the experience of mindfulness might inform clinical and personal arenas. Participants took the course for varying reasons however; at the conclusion of the class nearly all students' expressed explicit interest in apply what they had learned with clients.

Theme 23: Conceptual application. All participants saw the clinical and personal merits of using mindfulness conceptually. While some students expressed apprehension applying the techniques or interventions with clients, this was primarily due to lack of confidence and experience. Much of participants' conceptual understanding supports and emphasizes the course rationale and purpose of the study as illustrated in the rich excerpts following:

CHRISTINE: I will definitely be incorporating mindfulness into my practice as a psychologist. Even if I cannot do it myself quite yet, it is something I know others will benefit from greatly. I know how to teach the techniques, thanks to this course and will be implementing them in my therapy sessions, specifically guided mindful meditation.

MONICA: I intend to incorporate mindfulness into therapy in two ways. First, I can use mindfulness to enhance my ability to be present with whatever my client is experiencing. I can focus on my client, and be more sensitive to mannerisms, voice inflections, etc. When I am being more mindful, I believe that my ability to listen and respond with an accurate understanding of my client's experience will improve. I also believe that self-awareness is a part of being present. As much as I can be aware of my client, I can also be aware of the interaction between us and observant of my own reactions. Furthermore, I can allow irrelevant thoughts that come to my mind to simply pass. Another way that I

can incorporate mindfulness into psychotherapy is by teaching mindfulness skills to my clients... I feel that as a result of this class, I have several tools and techniques for incorporating mindfulness into psychotherapy.

MARIA: I feel that mindfulness is an important tool to increase the empathy, attention, and awareness of therapists and student clinicians.

FARAH: I also think that incorporating mindfulness techniques into my clinical training would be very beneficial as I do find it difficult to stay present in some of my classes. A brief mindfulness exercise at the beginning and end of each class may greatly enhance my experience of the class and quality of my attention

AMY: It also reminds me of something my supervisor once said to me. We were talking about how intimidating it can be during a therapy session- always wanting to say the right thing and thinking so much about what you will say next that you cannot pay attention to the client. He told me the best thing you can do is just be in the moment and really listen to what the client was saying. As long as you were only listening to them, not worrying about other things, you would naturally be empathic and you would understand easily what they were feeling. I didn't realize he was talking about being mindful until now. It seems that would take such a huge pressure off of therapy and naturally increase the therapeutic alliance, which is so important.

MARIA: I was pleased to find out that mindfulness has been proven to change areas of the brain and to improve sensitivity, empathy, and processing speed. This is extremely helpful for clinicians since they may be susceptible of burn out and can help them in becoming effective clinicians.

MONICA: I also liked the exercises in the attention and empathy chapter. Especially exercise seven, which guides the reader towards a more mindful way of greeting a patient. I think that exercise is a great way to practice self-care and cultivate empathy and compassion for our patients. I can see this exercise being more valuable at the end of the day, when we feel more tired and drained.

Theme 24: Experiential application. Throughout journals participants evidenced using mindfulness interventions, approaches, or their own mindfulness in the session with clients.

MARGARET: I practice being in the moment with them and being empathetic and compassionate about their situation.

MOLLY: We discussed this idea of not “changing her thoughts” but looking at her “thoughts as thoughts” and changing her relationship to those hurtful messages that she sends herself. She definitely understood the idea of “over-identifying with her thoughts.” This discussion also included ideas about lifestyle balances- like meditation. She very much appreciated this departure from a cognitive model, as she has been told for 6 years to stop her thoughts. She said, “if I could stop them, I would have already done that by now.” It seems that a mindfulness-based acceptance therapy approach will be very beneficial for this particular client.

JAKE: I’ve studied for years on how to listen deeply. In all that time, I feel that mindfulness deepens once ability to accomplish this in an entirely new heightened level of effectiveness.

PAIGE: Informally I have been working on being present throughout the day, particularly being present with my clients at work

Theme 25: Trepidation using with clients. A handful of participants voiced a lack of confidence in their current abilities to use mindfulness as a regular intervention at this point in time.

ANDREA: Given that my practice is so new, and I don't see myself formally practicing every single day in the future, I am not sure how I would integrate it into practice. I would not feel competent suggesting/attempting to teach full-blown daily practice and lifestyle change for my clients, as in MBSR, but I may integrate concepts, approaches, and considerations of informal practice into my therapy.

WENDY: Though as a result of my own mindfulness practice I now conceptually understand and realize the importance and potential effects of mindfulness based approaches and treatments for depression, anxiety and other related disorders both on the therapist, the therapeutic process and the client, I still have apprehensions, insecurities about executing this approach with clients as a therapist who is still understanding mindfulness and meditation for myself.

Summary

Results cover a broad spectrum of experience in the course and can be organized into various components of the class and even further understood as interrelated processes (discussed later, see Figure 5). Broadly organized, results fall into categories that look at the following: engagement with the literature (Category 1: Intellectual Understanding), thoughts/feelings/attitudes relating to practice (Category 2: Relationship to Practice), the experience of mindfulness (Category 3: Effects of Practice), pre and post

class perspectives (Category 4: Reflection on Course), and utilization of mindfulness (Category 5: Application).

Some grappled with particular intellectual concepts presented in the literature, most reading material provided increased understanding of the foundations of mindfulness and an opportunity to integrate this knowledge into various areas of their current theoretical framework and personal lives. In terms of the relationship to practice, many attitudes were taken but seemed to predominantly represent a positive and encouraging outlook. Participants found practice to be challenging at first but most reported it got easier over time, especially when they discovered a practice that resonated with them. Almost all 21 participants acknowledged the importance of practice as it pertained to the comprehension of mindfulness, weighing the experiential component necessary for the purposes of training. Furthermore, a vast majority expressed desire to continue practicing mindfulness beyond the class for personal benefits.

Findings on the effects of mindfulness practice were rich in content, providing a look into many of the principles of mindfulness and their function. Among them, participants reported a distinct increase in being mindful and the awareness that arose from focus on the present moment. They were able to observe and re-route thoughts with increased self-compassion and empathy for others eliciting acceptance, nonjudgmental, and the ability to let go. They reported increased well-being and decreased suffering. Mindfulness provided a way to cope and allowed them to change the relationship to negative emotions and overall perceptions about their thoughts and feelings. While there were occasionally some challenging aspects regarding the experience of mindfulness such as grappling with unwanted thoughts or impatience, most effects of practice were

overwhelmingly positive including increased enjoyment, connection, peace, clarity, and gratitude. It allowed participants to slow-down, retain more, and both relaxed and energized them. Most new to the practice of mindfulness, participants found a feel a sense of interconnection and freedom when practicing as well as the experience of change or shift.

Other domains involved participants' perspectives before taking the course and their feedback of the class and overall experience that exceedingly affirmed mindfulness not only as a valuable tool but a lifestyle, which affected their professional and personal way of being. Consequentially, participants indicated in their reflection on the course that they had either already utilized mindfulness in session or could see it being useful conceptually with both clients and in their own relationships and life. While some exhibited concern over their ability to employ mindfulness, it was clear participants saw validity and broad application potential.

There was one distinct interconnection found between all categories that indicates an overarching learning process of mindfulness and one relationship between the themes in category four (experience prior to class and feedback regarding the course). A discussion on how these results interplay with each other, current research and existing literature follow as the next chapter explores how these experiences add to the body of knowledge about mindfulness of the clinician and the significance to the professional training of psychologists.

Chapter IV

Discussion

The purpose of this study was to explore psychotherapists-in-training experience of instruction in mindfulness. Participants were students enrolled in a ten-week doctoral-level course that used mindfulness and its role in psychotherapy as the central paradigm. Data was collected over two summer-long courses and included journals and a final paper that detailed the 21 participants' interaction with course material and commentary on the experiential component of the class. Qualitative research entailed deriving categories and themes from units of meaning and used grounded theory analysis to distinguish patterns in the data, which were compared to each other and organized into the results discussed in this chapter. The five categories and 25 themes (24 sub-themes) were emergent in nature.

The researcher was interested in looking at the implications of mindfulness training for psychologists-in-training as the literature indicates a multitude of benefits associated with mindfulness and patients and little research on how mindfulness pertains to clinicians. While there were no explicit research questions or pre-determined postulations, the literature revealed mindfulness as a way to engender self-care amongst clinicians and results from other studies indicated that mindfulness may provide a means for cultivating qualities that create strong therapeutic alliances. This rationale coupled with the burgeoning of mindfulness in psychology and the demand for skilled clinicians

led to interest in how professional training was addressing these needs. This study sought to explore a course designed to teach mindfulness-based interventions and approaches with an emphasis on experientially practicing mindfulness to keep in mind the potential relative benefits mindfulness may have for professionals-in-training. Therefore, while keeping open, there was an intention to gain a better understanding of the potential role mindfulness training may play.

This chapter will focus on results obtained from the study and how they correlate with previous research on mindfulness. Clinical implications will be then be addressed, followed by limitations of the study and recommendations for future research.

Interpretation of the Results and Integration with Prior Research

While there are five overarching categories that establish a framework for the results, category three will take up much of the focus as it centers on the experience of mindfulness, the heart of our inquiry and purpose of the study. In presenting these results, a discussion of their meaning will be examined taking into consideration existing research that is either convergent or divergent. While there is limited research on the effects of mindfulness practice concerning psychotherapists-in-training, findings corroborated with literature in substantiating mindfulness as a beneficial modality to develop. The handful of studies that most resemble the current study will comprise much of our context as they offer the most comparability. Themes encompass aspects of experience correlating to the course and fit into five major categories (1) Intellectual Understanding (2) Relationship to Practice, (3) Effects of Practice, (4) Reflection on Course, and (5) Application. The consistency of positive outcome was evident across years despite the fact not all participants endorsed all themes. There were no major

discrepancies in participant responses when examining themes across data sets of both years.

Category 1: Intellectual Understanding

While participants had varying responses to the reading material presented in class, most exhibited a general sense of comprehension and felt the literature was pertinent to growth, facilitating understanding of more academic concepts. Reading material played an integral part in bolstering confidence regarding mindfulness and mindfulness-based interventions as they were rooted in scientific journals and provided evidence for efficacy. Participants expressed excitement and newfound inspiration from the concepts gleaned from the literature. These more inspirational moments sparked from the literature caused participants to evaluate their own values at times to truly integrate and digest material on a deeply interpersonal level. This response was replicated in one study by Schure et al. (2008) where students showed material affected their values and beliefs, causing them to re-evaluate self and world, a profound impact endorsed by a handful of participants explicitly but hinted at in more than a dozen participants.

Engagement with mindfulness-based interventions led participants to become curious about how third-wave behavioral therapies integrated into the framework of their current philosophies of how psychotherapy works. When it came to learning about how mindfulness potentially impacts the therapeutic relationship, participants were eager in class to discuss concepts such as presence, empathy, and being able to focus on the client due to the potential to sustain awareness. It was evident participants enrolled in the course to gain cognitive comprehension of how mindfulness works as they approached reading with intellectual vigor. Certain reading material was more salient to some such as

the book on Mindfulness and Psychotherapy (Germer, Siegel, and Fulton, 2005). Other material was harder to understand at times for some such as the concept of letting go and grappling with ideas such as acceptance, impermanence and non-striving.

There is no research to compare and contrast these particular findings with, as other studies involving course material did not report on this aspect of the class. This study is the first of its kind to look at qualitative measures that were more open ended such as the required journals and final papers in this course. While we are mostly concerned with the experience of mindfulness, for purposes of informing other training programs, the literature was addressed in this study but limited in scope.

Overall, the reading material was positively received, adding to participants' professional cadre of knowledge and personal repertoire of skills. This study suggests that literature regarding mindfulness reaches beyond a demand for professional training in mindfulness skills and offers more than just knowledge for psychologists-in-training,

Category 2: Relationship to Practice

Relationship to practice, much like the category of intellectual understanding, has a limited amount of cohesion with prior studies in that themes about the actual act of practicing are virtually missing. However, again, for the purposes of this study and its newer merits to research in terms of providing data on the course overall, these findings will not be omitted.

Most participants found certain mindfulness practices (techniques/exercises) preferable to others. There were many comments pertaining to the discovery that sitting meditation made participants' mind wander whereas movement practices such as yoga and walking meditation provided energizing body awareness. For others, mindful eating and

informal practice were favorite forms of mindfulness. Some participants expressed discomfort associated with the body scan. During this practice, some encountered cognitions surrounding concerns with illness or body image. Additionally, a handful of students found themselves struggling to stay awake. In a study conducted by Schure et al. (2008) results were derived from a final journal that asked specific questions relating to their course – one of these questions asked was which mindfulness practice they preferred, why, and how it affected them. Their study included the practice of yoga, meditation, and qigong in a course titled, Mind-Body Medicine and the Art of Self-Care. Participants reported a preference for all practices with a particular fondness of Qigong for its ability to evoke an energetic flow that positively effected mood. Similar findings regarding yoga applied in the current study but for reasons such as connection to the body, attunement, and an increased ability to focus on movement verses the contents of the mind such as meditation. A more important result discussed in this study was the impact of meditation and the experience that it was “powerful”. This was similar to our study, especially with a handful of students who reported consistently throughout the semester that meditation felt like a “powerful” tool.

Attitudes ranged from frustration just to make effort to build in time for meditative practice while others excitedly advocated for spouses and friends to practice with them. This trend generally evolved into more people thinking all forms of practice were easier as they got used to the idea of making a time and attitudinal commitment to their mindfulness practice in whatever form that took. Attitude is bi-directional in that once an attitude is established, it can also feed into the outcome of practice, some mindfulness exercises depend on attitude (Hick & Bien, 2008). Fortunately, participants

in this class cultivated an open and generally positive attitude. This may have to do with the fact almost all participants had pre-disposed ideas which were largely positive as well, this result will surface again later when we talk about reflection on the course.

All participants reported some level of challenge either with conducting a regular practice or being able to “successfully” participate in mindfulness-based activity of any kind. When they did have the opportunity for longer practices, students admitted they were the exercises that occurred in class. It was evident that practice was irregular as many participants were open and honest about either not finding time or putting effort into being mindful. Most follow-through occurred with informal practice as students could accommodate intention to practice being present in the car at stoplights, with daily exercise like running, hiking and mindful walking, and eating practices. Moore (2008) addressed this common problem by taking a different approach to mindfulness practice by designing a course that was built around offering brief 10-minute practices in-between classes to psychologists-in-training. Due to the brevity and focus of these practices, students found it easier to engage. Results of that study, in part, concluded that psychologists-in-training had an optimistic response to the 10-minute exercises due to the time constraints evident among students.

Divergent results were found in McCollum and Gehart’s study (2010). Their study found student participants were able to manage a fairly regular practice. They listed this as one of the more surprising results of their study. One reason for this variance may be that they only required practice consist of five 10-minutes daily outside of class verses the 30-minutes semi-daily requirement with a minimum two-hours per week this study requested the participants maintain.

The importance of practice was a predominant theme in this category as many participants remarked on the importance of attempting practice in order to be able to integrate it into personal or professional life. Some went as far to posit mindfulness “necessary” to practice in order to understand, a concept Jon Kabat-Zinn alludes to regularly when referring about the need for MBSR facilitators to have a regular meditation practice (Germer, 2005; Kabat-Zinn, 2003, 2009). Kabat-Zinn further emphasizes that mindfulness is best lived as a way of life not just as a set of skills (Kabat-Zinn, 2005). In a study conducted by Moore (2008), psychologists-in-training reported that conceptual understanding of mindfulness required having a regular practice. Schure et al. (2008) found students expressed importance as it translated into being a more effective professional. It seems apparent participants grasp this concept so many consider key.

Lastly, all but a few participants expressed the desire to continue a personal mindfulness practice after the semester ended stating that mindfulness had become a valuable way of being in their lives. This is also convergent with other similar studies. Literature asserts most participants in similar studies involving training courses express overwhelming desire to continue a personal mindfulness practice. Moore’s study (2008) reported psychologists-in-training felt encouraged by the practices and were compelled to state a need to continue practicing for both personal and professional purposes. Schure et al.’s research (2008) also discovered a strong desire by participants to continue practicing as well, this was made clear when participants in their study shared how they would integrate practices into personal and professional spheres.

In summary, while psychologists-in-training involved in this study struggled at times to fit mindfulness practice into their daily lives compared to other studies, informal practice was frequent and while challenging at first, found easier over time which was typical of other outcomes in comparable research. There were various preferences (such as yoga) and attitudes regarding practice yet, despite difficulties, students seemed excited about practice, realizing the importance it has in the learning process, also similar to other studies. At the end of the course, most participants expressed wanting to continue some form of mindfulness practice, a common finding in the research that may allude to the benefits practice can have for psychologists-in-training.

Category 3: Effects of Practice

There are a plethora of noteworthy findings associated with this category. Not one participant failed to report at least half of the themes present in this vast category of experience. A very distinct and common attribute emergent in the effects of practice (regardless of attitude about the practice or how often a participant reported practicing as discussed in the category of relationship to practice), were increased attention and awareness. Every participant in the study, on a consistent basis, communicated the presence of increased attention and awareness. Nearly every single journal entry and every final paper contained confirmation that increased mindfulness was present. This occurred in many forms such as participants simply “falling awake” to awareness of the present moment in formal practice to moments participants took the opportunity to just check in with thoughts and feelings they were previously unaware of. Over the course of the class attention seemed to increase as participants talked more about noticing when they were not mindful. This was accompanied by the increased ability to re-route

thoughts and direct focus to more constructive endeavors whether that be behaviorally (not eating the ice cream and being able to “urge surf”) to simply by deflecting or recognizing thoughts and feelings.

When practicing yoga and mindful walking, participants expressed feeling in touch with their bodies. However, this was not always constructive as some students reported pain or hyper-awareness that sometimes caused anxiety. Body perception was another issue a handful of students exhibited. With these challenges came an appreciation of the ability to notice as it created vitality and savoring in their everyday experiences. This was a more affirmative effect of mindfulness experience. In this state of consciousness students generated gratitude that impacted their relationships in profound ways. One participant credited mindfulness with bringing her family closer; another claimed she had patience where she thought she had exhausted tolerance for her boyfriend.

By the end of the class, this newfound awareness was perceived as helpful by all students providing a sense of being able to shift or relate to their thoughts and feeling differently. One student reflected on the change her loved one and friends began seeing, a long awaited shift she was unsure would ever happen. These interpersonal shifts occurred in Schure et al.’s research as well. A quality of impermanence arose from this experience, leading participants to tolerate negative emotions at a level they were previously unable to. Sitting with negative emotions and not reacting encouraged constructive coping and the ability to see thoughts as “just thoughts” that would “not last” and “pass”. The thought of unpleasant events not lasting was invigorating for some, moving them into a space of freedom, calm, tranquility, and peace. These experiences were often expressed in

conjunction with being able to slow-down, connect to tasks, others and environment more easily. In turn the slowing produced interconnection, clarity retention, and vibrancy of what was happening in the moment. Many participants talked about feeling, not only relaxed, but balanced, grounded, and centered.

Stress began to set the stage for a rebirth of opportunity to let go, practice non-judgment and accept the moment as it is. Self-compassion and compassion for others along with empathy seemed to correlate with participants reporting increased mindfulness. While some portray this ability to come out of formal practice, results predominantly showed it was really just the act of being in the present that provided these effects seemingly accessible to most participants. At the end most had endorsed a sense of enjoyment and increased well-being with decreased distressed marked by negative emotions. Participants were pleased by the results of something so simple yet so difficult to do regularly.

Literature shored up results of the current study by supporting a vast majority of evidence present in other similar studies. Moore's study (2008) showed quantitative data backed by qualitative data of increased mindfulness as a result of 10-minute mindfulness practices with psychotherapists-in-training. Students in his study reported awareness of internal states, the presence of judgment, and lack of mindfulness as well as noticing when they experienced states of increased mindfulness (one in the same). They also found participants recognized new insights and discovered they were able to bring non-judgment and acceptance to the scope of experience, much like the current study. Moore also stated participants were able to self-observe more often and ratings of self-kindness were significantly higher after completing the course.

In Shapiro et al.'s 2007 study of teaching self-care to caregivers, the effects of MBSR were looked at with therapists-in-training and found overall improvements associated with psychology student's mental well-being. Among the results were also declines in perceived stress, negative affect, state and trait anxiety, rumination, and raised levels of positive affects and again, self-compassion. Much like the current study with a similar population (master's degree students), self-compassion was amongst the most predominant effects accounted for – obviously a relevant and helpful quality for a therapist to engender being that the root of compassion for other is thought to be self-compassion, a necessary quality in the healing relationship (Hick & Bien, 2008). Self-compassion is crucial for self-care (Neff, 2009) thus it is not surprising there is a link to well-being. Self-compassion was also associated with happiness, optimism, curiosity, and connectedness – all results present in some form or another in the current study either implicit or explicitly. Using MBSR, Shapiro et al (2007) ascertained that students were more likely to deter depressive states and had an increased ability to regulate emotion – an identical result of the current study. Not surprising that Shapiro found strong evidence for increased mindfulness as well. In a study looking at the mediating effects of attention and empathy, mindfulness was also found to significantly predict empathy, akin to compassion (Greason and Cashwell (2009). This further corroborates with current results.

McCollum and Gehart's participants (2010) also reported effects that mimic similar results to that of the current study such as centeredness, calm, slowing down, acceptance, and once again compassion. The central effect present once again is increased mindfulness as a result of mindfulness practice, a sense of being able to be

present. Schure et al. (2008) found increased ability to cope with negative emotions as well, along with similar perceptual alterations that were reported in the current study. Students in their study were able to accept and let go of negative thought patterns. Some students even reported feeling “grounded”, terminology that also surfaced in the current study. This study also saw student’s exhibit a greater capacity for empathy and compassion related to changes in perception, attitude, and mental clarity.

There were two articles that shared divergent results with the current study in terms of the effects of mindfulness. In looking at psychotherapists’ mindfulness and the psychotherapy process, Bruce et al (2010) speak about the physical health, which is sometimes gained from mindfulness. Schure et al. reports some of these physical manifestations of health as well such as increased flexibility and strength but such results were not emergent in this study.

This vast and varied category concerning the effects of mindfulness practice helped elucidate common perceptions among participants. Shared by the majority of mindfulness research, this study confirms the prolific phenomena of increased mindfulness and the ability to be in the present moment with awareness. In this study, mindfulness was also related to perceptual shifts and behavior changes another finding that is common in research but more pronounced in this course. While much of participants’ experience was found to be common with other research, some themes were slightly more unique such as connection and interconnection, which related loosely to Shure’s theme of spirituality and McCollum’s theme of a shared sense of humanity. Gratitude and a sense of impermanence are absent in the studies that most resemble this study. These results along with the multitude of other positive impacts, suggests a course

on mindfulness may offer important contributions to graduate students beyond the need for training, self-care purposes, or to engender common factors.

Category 4: Reflection on Course

Data collected found many participants openly provided feedback on the course expressing desire the course would be longer due to the discovery and enjoyment that surfaced. Others talked about the various impacts they felt the course imparted on them, often mentioning gratitude and shift in perception for the better. The power of the course came up again as mindfulness was acknowledged for its profundity. Some students had suggestions but they were very few. One of them was that she wishes the class took longer breaks for lunch as she had stated she easily became restless at times. Mostly, the course received excellent reviews on the basis students learned a significant amount about mindfulness.

Experience prior to the class and overall learning was included in the data again, as it was thought, like feedback, helpful to the design and future of other programs if this should become a resource for other studies. Participants experience prior to the class was placed at a moderate level where most had decent exposure often at their clinical site (such as DBT in the crisis homes or ACT in the hospitals), but had elevated mindfulness to an almost mystic level. This pre-occupation may prove to be a confounding variable and was included in this section to bring awareness to this predisposition a handful of students had prior to the class. It's worth mentioning that this often predicted which student had the propensity to be more open and sometimes positive in regards to the material when it came to feedback.

Overall learning exhibited the level of depth some of the students were able to achieve in regards to a shift in perception or a change in their behavior. More than a dozen participants spoke to the interpersonal (relational shifts with people in their lives), values assessment (integrating personal views of the world and others), and near spiritual experiences that occurred. One student committed herself to be an example of mindfulness for her family, while another was so dedicated to the learning process he went above and beyond to learn the cultural and spiritual traditions of Buddhism. Most established a conviction that mindfulness was something they felt altered them in some way – even if for ten weeks.

To conclude, perspectives on mindfulness transformed over the semester from mysterious and mystical to powerful and real lessons that were salient for nearly all participants. This course's focus on the theory, research, and practice of mindfulness is unique making this study's findings a useful body of information about training graduate students in the area of mindfulness.

Category 5: Application

The last category pertains to the participants' expression of applying what they have learned. These findings emerged consistently and also manifest in several other places in the literature as well. Conceptual application was reserved for discussion of how a participant might find a concept helpful in the future and the intention to use the practice or intellectual understanding as a tool with people in their life, client or other. Every participant acknowledged the usefulness of mindfulness in some form or another. Most participants considered mindfulness-based interventions the most helpful, appreciating how they could be applied to a multitude of populations and there was

scientific literature to provide efficacy that translated into increased confidence using them. Other participants appreciated the week dedicated to substance abuse or mindful relating, every student found something distinctly useful.

This idea is presented in Schure et al.'s (2008) study that posed the question of how student participants were planning on integrating, if at all, the practices learned from class. Themes that arose from that query were very similar to the participant comments discovered in the current study's journals and final papers concerning conceptual utility. A majority of students answered that they were planning to make positive use and had full intentions of integrating practices. They expressed how they themselves would use mindfulness in session such as taking the opportunity to have mindful pauses and moments of reflection. Another idea present in the study that alludes to use is how they might suggest clients to start their own practices outside of session or just apply specific tools in various situations. All of these applications had relevancy in the current study as well, especially when it came to the pure intention that they would incorporate mindfulness in some way, even if they were unsure or lacking confidence now.

The lack of confidence sometimes meant a participant expressed trepidation with the idea of using mindfulness in sessions with clients. Regardless, students clearly communicated they felt at the least they would use it personally as a way of being with others (both personal and professional).

In some cases, participants felt adventurous or confident enough to actually use mindfulness. Several participants began paying attention to the effects on their relationships when she they were mindful reporting increased connection and relaxation. The majority of interactions, whether professional or personal, were positive,

encouraging students to continue using mindfulness as the benefits became explicit. One participant started using loose versions of interventions such as the concept “thoughts are not facts” in MBCT. Still others were hesitant just yet to try it out during the 10-weeks. All reported curiosity and just as Schure et al.’s (2008) results reflected, at the very least participants began to become aware of their own mindfulness in session.

Overall, the most significant finding in terms of applying mindfulness is the overwhelming intentions students have to interact with the material and/or practice after the class. It is clear this course impressed the predominant usefulness of mindfulness to participants.

Process Model of Mindfulness

A process emerged amongst the categories, indicating there may be an order in which the learning of mindfulness takes place. The order seems to flow through the categories, however the logic in which they are ordered is only an estimation. The process that appears to unfold begins with intellectual understanding which includes engaging, digesting, and relating to material/literature. Students then practiced mindfulness experientially and experienced the effects firsthand. Reflection then occurred and finally, application of mindfulness. This order suggests a step-wise coherence across categories (see Figure 5, Process 1). After participants applied mindfulness and completed the first process, it appears the learning continued as students re-engaged literature, gaining more intellectual understanding and then moved through the process once more (see Figure 5, Process 2). Steve Hickman, Psy.D., reader of this dissertation and director of UCSD’s Center for Mindfulness, noted that a similar process appears in the development of learning found in MBSR as well. It is hoped this model informs future

research and course design, adding to the literature potential processes of integration participants experience with mindfulness not found in prior research.

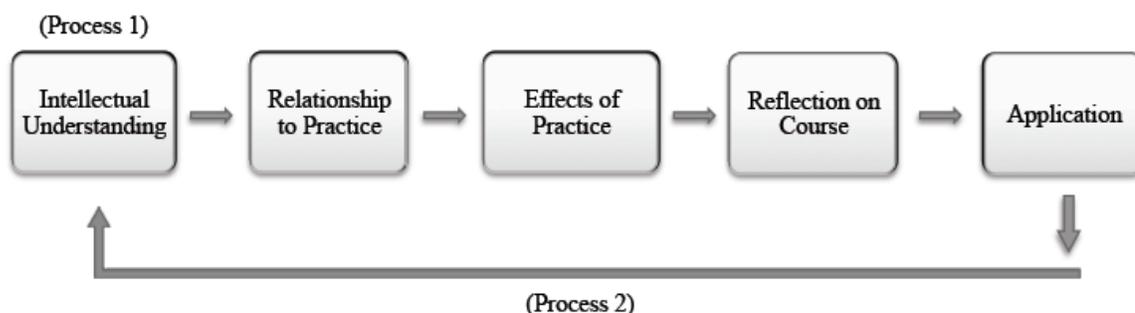


Figure 5. Process Model of Mindfulness

Clinical Implications of Findings

Results emerging from the data elucidated a vast array of experiences that shed light on potential benefits that may arise from taking a course on mindfulness and psychotherapy. Participants exhibited a number of responses that can be considered part of a growth process that include academic gain, personal enhancement, and professional expansion. As research continues to demonstrate legitimacy and psychotherapists utilize mindfulness-based interventions, the need for training only becomes greater. Therefore, studies exploring the process of training psychologists and other experts in the field becomes increasingly imperative. Given that mindfulness is not only a set of tools, but also an approach, which can even be considered a lifestyle (Kabat-Zinn, 2005), a course that addresses the experiential aspect of the learning process appears to be important. The

value of this experiential component was not only evident in the results that emerged in the effects of practice, but in the relationship to practice when participants expressed the importance directly. Through direct experience with the practice of mindfulness, students may be able to gain potential insight that can provide scaffolding to clients that intellectual understanding alone may not be able to provide. Considering the proliferation mindfulness has encountered in the last almost quarter-century and even more in the last decade (Brown et al, 2007), the field of psychology as a whole cannot afford to ignore this need for training (Allen, Chambers, & Knight, 2006), especially experiential training.

Understanding the effects of incorporating mindfulness into the therapeutic relationship is another imperative implication as it may be one of the most effective ways to bolster core qualities that nurture a therapeutic alliance across modalities (Martin, 1997, 2002). The alliance has been shown again and again to be the most influential variable in therapeutic outcome (Luborsky et al., 2002; Rozenweig, 1936). While results directly involving clients were limited, qualities that strengthen the relationship were evident in the effects of psychotherapists-in-training own mindfulness. The benefits of mindfulness that were discovered in this study, particularly empathy, compassion, increased attention, non-judgment and acceptance, and the clear overlap with basic tenets present in a solid therapeutic alliance allude to the power mindfulness might possess when it comes to establishing an effective alliance (Hick & Bien 2008; Fulton, 2005). Thus far, psychology has focused on teaching “skills” to try and facilitate the alliance techniques (Hick & Bien, 2008; McCollum & Gehart, 2010), something that comes naturally from practicing mindfulness (Bentley 2009; Gockle, 2010; Hick & Bien 2008; Turner, 2009).

In addition, clinical training programs tend to be rigorous, sometimes demanding a lot from psychologists-in-training and other professionals in graduate-level programs. Compassion fatigue and burnout are common among psychotherapists and mental health care providers (Gockle, 2010). The benefits of adopting a mindful lifestyle and skills that increase coping are impactful and may offer a beneficial quality of life while in graduate school. This study showed mindfulness was associated with students ability to cope, remain calm when faced with stress, and increase well-being, potentially desirable qualities to engender during graduate school, especially when one of the benefits to training programs may be retention of students. Moreover, results that surfaced which relate to self-care are even more significant as this study was emergent in design, unlike a number of other studies which were focused on bolstering self-care. It is somewhat surprising mindfulness training is not more widely implemented in counseling programs as a part of curricula given the focus on personal growth and development (Christopher et al., 2006).

Lastly, the process model of mindfulness adds to the literature by discovering a process that learning and integration of mindfulness might occur. This model may be useful in the planning of future courses on mindfulness where this step-wise process informs elements and sequence of class experience.

Limitations of the Study

There are a number of potential limitations to this study that should be considered, especially in obtaining the data originally. First, opportunistic sampling might have limited the reliability of the findings. Students who signed up for this course, and then opted to volunteer for the study may likely have had a preliminary interest in

mindfulness. This presents a possible confounding variable evidenced by the correlation that emerged between participants experience prior to class and feedback. Out of the eleven participants who reported having some prior experience with mindfulness on the demographics questionnaire, approximately a handful shared having some very positive preconceived ideas about mindfulness. These students also reported largely positive feedback regarding the class after the completion of the semester. With this in mind, the sample of participants collected may have been somewhat biased about mindfulness beforehand. This may limit findings due to selection bias and possibly affect the participant's level of openness to other variables. If compared to a group of participants who were neutrally interested beforehand, we might have found differing results due to motivational effects and bias.

Additionally, students writing in their journals might have had some performance-based concerns due to being credited/graded on them or feeling pressure to write about what they thought they should be experiencing. There was actually one participant who expressed exactly this concern. This being evidenced in one participant, albeit an outlier, indicates that this factor could affect outcome if present, especially if participants are writing what they think the professor desires to hear. It limits validity and has the potential to skew results. However, the open format of the journal provides some protection against this social desirability bias.

The fact that the participants are primarily heterosexual female doctoral students in clinical psychology attending a private graduate program in southern California may affect generalizability and comparability to other such studies. Over half the participants were Caucasian thus the sample cannot be considered ethnically diverse either.

Multicultural limitations were the most distinct, narrowing greatly the applicability of results. In addition, the sample size might be increased to gain greater saturation and reliability. However, it is hypothesized that smaller sample sizes can be beneficial in qualitative research (Maykut & Morehouse, 1994). While qualitative methodology seeks to discover meaning rather than focusing on verification of truth, these variables are still mentioned to acknowledge possible limitations and inform other studies.

Furthermore, another limitation is there was no control group and no follow up has been conducted to date, which would add to the findings in terms of the long-term, longitudinal effects mindfulness knowledge and skills might have on the participants. Also, despite this study's intentional qualitative approach, focusing solely on the qualitative data collected in the course is also a limitation to the study. Confounding the study further is the very nature of the material; the definition of mindfulness meditation is somewhat elusive and ambiguous since it encompasses a variety of techniques that are found in multiple interventions, from a plethora of eastern lineages. When we consider repeatability of the study, this presents constraints.

Further constraints are that data analysis was performed by a researcher who was once a teacher's assistant (2010) and is the main investigator conducting the research. Ultimately, a primary coder who is not involved and is not the main researcher/author would be ideal despite the fact two raters were included in the analysis. Lastly, the researcher being involved in mindfulness-based practices herself, both as a clinician and as a part of her own spirituality endeavors, inevitably had pre-formulated opinions regarding the outcomes of this study. A priori conjectures included the impression that

mindfulness promotes well-being and enhances the therapeutic alliance. While undetermined, this bias may have limited the results of this study.

Recommendations for Future Research

Further research is needed to fully understand the breadth of mindfulness in the scope of possible implications for future use. There are challenges in the learning process as it cannot be approached as another “piece” of knowledge to be “known”. It takes a certain change in the way we are in the world; it alters our humanness and expands our experience of others and ourselves. Using the notion that mindfulness offers a shift in perspective and an approach to life, essentially a way of being, it is key for programs to offer more than skill base techniques. Hopefully this study supports that experiential experience is essential in “teaching” mindfulness acting as a prevention that training programs implement mindfulness without requiring the practice of it. Further exploration of the process model emergent in this study is suggested, as it may provide evidence that experiential experience is an integral part of learning mindfulness. Regardless, it is recommended this model be replicated to inform future training programs and to learn more about how to approach the education process of mindfulness.

While this study revealed a multitude of benefits, more courses are needed to explore what approaches work better with sometimes already overwhelmed students taking on the weight of a graduate program. In this way, a more organic form might take place such that psychologists-in-training can accept the initial experience of mindfulness more slowly. Perhaps course durations, practice schedules, and material can be considerate of these needs and explore varying levels of exposure for students. The way participants approached this course depended on preconceived notions of mindfulness,

this being the case, perhaps more time can be spend debunking myths and dipping the proverbial feet more slowly in the baptismal waters of mindfulness.

Since Moore (2008) was able to get such rich results from 10-minute sessions in-between classes, perhaps there is merit in looking more closely at the time allotment for practice. It may even increase openness to the approach if exposure happens less rapidly, decreasing the potential for rejection, frustration, and overwhelm some students expressed during these courses.

Students struggled with confidence when it came to using mindfulness in session, this may be due to the course being so short, offered in the summer it is only 10 weeks verses a typical semester at 14 weeks. There may be benefit to offering this course during the regular school year. Additionally, longitudinal studies might be conducted to help ellucidate long-term benefits of mindfulness practice in students personal and professional lives.

Lastly, it may be helpful to begin to take a closer look at how mindfulness of the clinician affects the client. There are such limited studies concerning this and since is a main concern of training programs to train effective psychotherapy, and students desire to learn how to be the best tool they can be, it deserves more attention. In fact, to address the lack of data concerning the client in this particlaur study, in the future, the course professor may want to gently encourage students to contemplate the potential effects of their mindfulness practice on clients.

Conclusion

The mindfulness course used in the study facilitates development of the theory, research, and practice of mindfulness. Analysis of students' journals suggests a plethora

of mindfulness skills have been established including increased awareness, well-being, ability to cope with negative emotions, cultivate compassion and acceptance, attain perceptual shift and a non-judgmental stance among many others. Themes largely relate to the effects of practice and include being able to tolerate stress, relate to thoughts and feeling differently and find peace in the impermanence of the present moment. Participants felt increased connectedness, enjoyment, and several instances of interpersonal shifts.

Overall, it was evident the course provided a beneficial experience for the students that can be used a foundation for the personal and professional application of mindfulness. Although the meditating therapist is the least explicit way of integrating mindfulness into therapy, this element has shown to be influential for training therapists regardless of theoretical orientation as it works on the therapeutic alliance, increasing the ability to be present, empathic, and accepting in addition to numerous other profound qualities of being.

This study has clearly shown that the course on mindfulness and psychotherapy is largely successful and can be integrated into clinical training as a way to increase the trainee's attention, decrease stress, and give a deeper meaning to personal growth and education. The qualitative data of this study supports and elaborates on the process of learning mindfulness as a contemplative practice and a clinical intervention. It not only meets the ever-growing needs to train clinicians in mindfulness, it engenders the therapeutic alliance and provides a means of self-care. Students endorsed the intention to incorporate mindfulness practice into their personal and professional lives beyond the conclusion of the course.

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APPENDIX A

Demographics Questionnaire

1. Gender: _____

2. Age: _____

3. Race/Ethnicity: _____

4. Degree program:
 - o Clinical Psychology PsyD
 - o Clinical Psychology PhD
 - o MFT MA
 - o MFT PsyD
 - o Other: _____

5. Year in program (G1-G6) _____

6. Current professional training: Practicum____ Internship____ Other_____

7. Religious/spiritual affiliation: _____

8. Prior experience with mindfulness: _____

APPENDIX B

INFORMED CONSENT AGREEMENTAssessing a course on mindfulness for clinical psychology training

You are being asked to participate in a research study. However, before you give your consent to be a volunteer, we want you to read the following and ask as many questions as necessary to be sure that you understand what your participation will involve.

INVESTIGATOR: Marina Dorian, Ph.D.
Assistant Professor
CSPP Alliant International University, San Diego
(858) 635-4630

PURPOSE OF THE RESEARCH: You are invited to participate in the research project titled, Assessing a course on mindfulness for clinical psychology training, which is being conducted at Alliant International University under the direct supervision of Marian Dorian, Ph.D. The purpose of this study is to understand the effects of a course on mindfulness as it pertains to clinical psychology students' personal understanding and practice of mindfulness.

PROCEDURES TO BE FOLLOWED DURING THE RESEARCH: This research will take place in the classroom. You will also be asked to fill out a demographic questionnaire and submit weekly journals reflecting your understanding and practice of mindfulness. At the completion of the course, you will be asked to submit a final summarizing your experience and demonstrating your comprehension of the material presented. Each journal will take approximately 45 minutes to complete, final papers will take significantly longer and be comprehensive in nature.

RISKS: There are minimal risks to participation in this study beyond typical class participation. Filling out the surveys may increase awareness of one's thoughts and feeling, including possible negative affect such as anxiety. While you are a participant in this study, please notify the research investigator immediately if you experience any unusual or unexpected side effects.

BENEFITS OF THE RESEARCH: Participants will be entered into a raffle for a chance to win a \$50 spa gift certificate upon completion of the study. The other direct benefit to you if you participate in this research may be that you will learn how psychology studies are run and may learn more about mindfulness. Others may benefit by learning about the results of the research.

ALTERNATIVES TO THIS RESEARCH: Participation in this study is voluntary and is NOT a requirement of this course NOR will it be used in evaluating your course performance. You may openly choose not to participate in this study.

CONFIDENTIALITY

You have a right to privacy and all information identifying you will remain confidential (private) unless otherwise required by law. The consent forms with signatures will be kept separate from questionnaire responses and journals, which will not include names and which will be presented to others only combined with other responses. The results of this study may be published in scientific journals, or be presented at professional meetings as long as you are not identified and cannot reasonably be identified from it. However, it is possible that under certain circumstances data could be subpoenaed by court order.

QUESTIONS ABOUT THE RESEARCH: If you have questions regarding this research project or your participation, you may call Marina Dorian, Ph.D. at (858) 635-4630. Should you have any additional concerns, please contact the Institutional Review Board at Alliant International University 858) 635-4448 during normal working hours.

MANDATORY REPORTING OF A CHILD OR ELDER ABUSE: California law mandates the filing and reporting of reasonable suspicions of child dependant adult or elder abuse. Participation in this research could result in the investigator being required to report child, dependant adult, or elder abuse if it were reported in your journal responses.

PARTICIPANT RIGHTS AND RESEARCH WITHDRAWAL: Your participation in this study is voluntary. If you choose not to participate in this study, there will be no penalty or loss of benefit to which you are otherwise entitled and your relationship with Alliant International University or your course evaluation will not be affected. In addition, you may discontinue participation at any time without any penalty or loss of benefits. You may also refuse to answer any questions you do not wish to answer.

We have tried to explain the important details about the study to you. If you have any questions that are not answered here, the investigator will be happy to give you more information.

SIGNATURE AND ACKNOWLEDGMENT:

My signature below indicates that I have read the above information and I have had a chance to ask questions to help me understand what my participation will involve. I agree to participate in the study until I decide otherwise. I acknowledge having received a copy of this agreement and a copy of the SUBJECTS BILL OF RIGHTS. I have been told that by signing this consent form I am not giving up any of my legal rights.

 Signature of Research Participant

Date

Marina Dorian, PhD

(858) 635-4630

 Researcher's Name

Contact Phone Number

 Researcher Signature

Date

APPENDIX C

Participant Bill of Rights

As a participant in a research study you have certain rights and responsibilities. It is important that you fully understand the nature and purpose of research and that your consent be offered willingly and with complete understanding. To aid your understanding, you have the following specific rights:

1. To be informed of the nature and purpose of the research in which you are participating.
2. To be given a description of any risks or discomforts that can be reasonably expected to occur.
3. To be given an explanation of any benefits that may be expected to come to the subject as a result of this research.
4. To be given an opportunity and encouraged to ask questions concerning the study or the procedures involved in this research.
5. To be made aware that consent to participate in the research may be withdrawn and that participation may be discontinued at any time without affecting continuity or quality of your medical care.
6. To be given a copy of the signed and dated written consent form if requested.
7. To not be subjected to any element of force, fraud, deceit, duress, coercion, or any influence in reaching your decision to consent or to not consent to participate in the research.