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NAADAC

GUIDELINES TO DEVELOPING COMPETENCE AND MINDFULNESS-BASED  
INTERVENTIONS

MARCH 27, 2019

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## Guidelines for Developing Competence with Mindfulness-Based Interventions

[Session will begin at the top of the hour. Thank you for your patience. ]

>> SAMSON TEKLEMARIAM: All right, everyone. We're going to start. And everyone will be online, and we'll start recording.

[The broadcast is now starting. All attendees are in "listen-only" mode.]

>> Hello, everyone. And welcome to today's webinar on guidelines for competence and mindfulness intervention. Guidelines for Developing Competence with Mindfulness-Based Interventions

You can join us today. My name is Samson Teklemariam, and I'm the Director of Training and Professional Development for NAADAC. I'll be the organizer for today's event. This online is produced by NAADAC, Association for Addiction Professionals and closed-captioning is provided by CaptionAccess. Please check your most recent confirmation email set out today, or our Q & A and chat box with a link to use closed-captioning for today's webinar.

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Now, let me tell you about today's very skilled presenter. John Paulson is an Assistant Professor of social work of University of Southern Indiana and recognized by the addiction professionals and CAP for addiction counsel. John continues to provide

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clinical supervision for now, counseling in Evansville, Indiana. He has worked with mindfulness-based practices personal and professionally for a number of years and has published and presented on the application of mindfulness-based interventions in clinical practice.

John also holds order nation with Five Mountain Zen Order. NAADAC is delighted to provide this webinar provided by this wonderful professional. So John, if you're ready. I'll hand this over to you.

>> JOHN PAULSON: Thank you, Samson. Good afternoon. It's an honor to be here with each of you. And, so, hopefully, with our time together today, I want to spend some time talking about how we can define mindfulness. And identify contemporary practice theories that incorporate mindfulness. I'm going try to talk about specifying competency standards for successful application and mindfulness-based interventions and try to identify mindfulness and adherence type that support research, training, and supervision.

Before we get started, I want to say to each of you thank you. Thank you for this opportunity to share time and training with you. Thank you for your interest in this webinar and this topic. Many of you, likely, like me are NAADAC members. So thank you for being a member of NAADAC.

It's, I think, important to reflect on the values that our professional affiliation provides us, the access to trainings, resources and just to a community of fellow practitioners. I've had the privilege for the past few months to also serve on the Board of Directors for the Indiana Affiliate of NAADAC, the Indiana Association for Addiction Professionals. And I'm just impressed with and appreciative of all the work they do. So it's so wonderful to be involved.

But whether you're a member of NAADAC or not, we're all helping professionals. So thank you for the valuable work that each of you does. I'm honored to share this work in this profession with you. My sincere hope is that the information that I will share here today during this webinar will hopefully be of some service or benefit to you. And that it will support both your professional and personal success.

So, I want to just give a general introduction to me. And then we're going give guiding principles with mindfulness-based interventions. And then I want to talk about some resources to help further help further strengthen that. But before I introduce myself, I would like to get a general feel for where people's familiarity is with the concept and practice of mindfulness-based. So if you would, let me know how familiar you are with this topic and with this practice.

>> SAMSON TEKLEMARIAM: All right, this is Samson again. We're launching a poll. You'll see it pop up on your screen. It just starts with "I am..." and you will answer one of four options. I'll give you about 30 seconds. Excellent. Thanks, everyone. So we're three-quarter of the way here and 75% have voted. We're just at 30 seconds. We're going to close the poll in just a moment and show the results. So John, you can speak to those. All right. Thanks, everyone. I'm closing the poll now. And John, everyone else, you will see the poll pop up on your screen with the results. And we'll give John a moment to speak to those. And then we'll have one more poll for you.

>> JOHN PAULSON: Okay. Great. So, a majority of people have at least some familiarity with mindfulness. Hopefully, today's webinar will help expand that. For those of you that are very familiar with mindfulness, I hope that even if you don't hear anything new today, that what I mention will reinforce your practice as it is.

And, so, now one more polling question. So just want to sort of get a feel for how many people are using -- let's see. Yeah. Or actually currently using mindfulness-based interventions as part of their practice in the services they provide?

>> SAMSON TEKLEMARIAM: All right, you'll see one more poll and this pop up on the screen. Just like the last one polling question No. 2. You'll have two options for this. Just a quick yes or no. I'll give you 30 seconds.

[Polling]

>> SAMSON TEKLEMARIAM: All right, thanks, everyone. I'll close the poll here and we'll let John speak to that and go on with our presentation today.

>> JOHN PAULSON: Okay, great! A significant number of you are currently using mindfulness-based interventions in your current practice. So, again, hopefully the

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information today helps to support that, and to strengthen that, and might even give you some additional resources.

So Samson already provided a wonderful introduction to me. But just to give you some background for context as he said currently, I am an Assistant Professor of social work at the University of Southern Indiana. And my practice background is as a clinical social worker. I worked primarily in community mental health providing services for individuals with psychiatric and substance abuse disorders, or both.

I have the opportunity currently to be associated with an agency here in Evansville called "Now counseling" and have the opportunity to provide ongoing supervisory clinical supervision to them. And part of the clinical counseling is that we've been able to start two mindfulness-based relapse prevention groups. And now counseling also provides a space for a refuge recovery meeting. So for refuge recovery is a Buddhist-inspired program that incorporates mindfulness-based practices. And although I am not a person in long-term recovery, that's an open meeting, so I attend that. And a lot of the people in that group and in our area are newer to that approach and to this practice. So I have the opportunity to provide some support and assistance to them as they're trying to establish the group and their practice.

I also have the good fortune right now of facilitating a mindfulness group at the Hopkins County Jail in Madisonville, Kentucky, which is near me where I live in Evansville. They have an in-house substance abuse program, and the mindfulness class is part of that treatment curriculum for people who want to choose to work with those practices.

So I've had this wonderful opportunity, not only to be a clinical provider, but to start to see how mindfulness has been incorporated, especially, over these past several years into our clinical practice.

Now, I actually came to mindfulness practice not through psychotherapy. Actually earlier than when I went to school. So I have been studying the teachings and practices of the Buddha for several years now. And at a local group here in Evansville, Indiana, I have the good fortune of helping to serve as a teacher, as a leader there.

And I also have a connection to a contemporary Zen Buddhist lineage called the Five Mountain Zen Order. And my guiding teacher in that practice is a gentleman named Dr. Richard Sears. And his name will come up several time in my talk, one, because I'm very appreciative of my relationship with him and the time he offers me and the teaching he offers me, both in Zen practice and also in the professional world. Dr. Sears is a clinical psychologist and has written several books on mindfulness and clinical practice. And he speaks nationally for the continuing education company PESI, that I'm sure most of us have heard of.

So I say this, because he and I have this unique perspective is that sometimes we're able to talk about the historical traditional context for these practices. And then other times, we're able to talk about and explore how these practices are being successfully implemented and utilized in practice separate from the historical traditions from which they come.

So it's a nice perspective to be able to have both with him. And since he has done some work in this area, I will be mentioning his name throughout.

So, obviously, when we talk about mindfulness-based interventions, mindfulness skills are now a central component of several contemporary treatment approaches. And that's for numerous behavioral and physical health conditions. There has just been an amazing proliferation of research on the use of mindfulness with different conditions.

And there are several different practice approaches or theories that include mindfulness as their core. So, obviously, the very first one was mindfulness-based stress reduction developed by Dr. Jon Kabat-Zinn. And after he established that program is William, Teasdale and Segal where they adapted the MBI program to working with recurring major depressive disorder and once they did that, mindfulness cognitive therapy is just now an approach for numerous psychiatric conditions.

We have the specific adaptation to working with substance use in mindfulness-based relapse prevention developed by the late Alan Bolat and Sara Bowlan. And you have adaptations of that now with Chris of mindfulness compassion. And those are in

this family tree of the mindfulness-based cognitive therapy, or the Cognitive-Behavioral Therapy lineage.

But there's several other contemporary practices that make mindfulness a core part of their work, including ACT, Acceptance and Commitment Therapy. Dialectical Behavior Therapy and compassion therapy.

And, so, each of these approaches, even though mindfulness is also used in other practice theories, such as those that are psychodynamically informed. I would have to say that the majority of focus on the use of mindfulness and therapy has really come from the Cognitive-Behavioral Therapy tradition, and especially, what's called the "Third Wave CBT." And, so, these are the contextual cognitive therapy, such as Acceptance and Commitment Therapy and Dialectical Behavior Therapy and others. Out of these third wave contextual cognitive therapy, the ones that have been most specifically used and researched for working with substance use are mindfulness relapse prevention, Dialectical Behavior Therapy, and Acceptance and Commitment Therapy.

So, there's a lot of good news here. So the good news is that the use of mindfulness and therapy, and behavioral health generally, has expanded rapidly and extensively. So we now have a good base, a good foundation for using these skills. And we see they can be incredibly beneficial in therapy.

And there's amazing variety and amount of training and resources available. There's been just an explosion of these in the past, you know, five to 10 years, just so much out there to be able to look at for information and guidance such as books, and recordings, and different trainings, and workshops.

But the not so good news is that mindfulness is being widely used. And that there's lots of information out there. Lots of books. Lots of trainings. Lots of recordings. And all of that can get overwhelming. And there's been concern, and I think appropriate concern that the rapid dissemination of mindfulness has led to many people adopting it and utilizing it possibly prematurely. And that might end up using it

unsuccessfully incorporating it into therapy for particular conditions or with particular clients.

And, so, with this proliferation of mindfulness-based interventions, it has put a focus back on the need to review and to make sure we have some education and training, and competency standards or guidelines with these practices.

So here for the remainder of the time, I'm going to speak to these six general guidelines. Now, this is not a definitive or exhaustive list, but these seem to be some of the areas that are coming out of the literature and out of, you know, the teachers of these approaches that help us to really try to make sure that we are using these practices as effectively as we can.

And one of the first competencies that we need to think about, especially, if we are using these practices in the context of therapy. So we're talking about advance practice therapy, typically provided by individuals with Master's Degree or higher. It's that even before we talk about competency with using mindfulness, we need to remember that we need to just have general clinical competency, because if these techniques are going to be used in therapy, we have to have a good foundation for our therapeutic practice.

So, that's especially true for some of these specific therapy programs. So, mindfulness-based cognitive therapy is a form of therapy built around that incorporates mindfulness, but there's also other aspects. And the same is true for Acceptance and Commitment Therapy and for Dialectical Behavior Therapy.

So it's important to remember that mindfulness is part of those therapy programs, but as I've said earlier, it's not the only part. So this is a quote that comes from one of the original developers of mindfulness-based cognitive therapy, Zindel Segal. And he said that MBCT was never intended for getting patients to simply practice meditation. Mindfulness offers access to mind states that are habitual, ruminate active and aversion oriented responding that is frequently triggered by negative affect. The systematic practice of mindfulness helps patients to develop a

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different relationship to distressing emotions and when combined with the CBT element of the program allow these skills to be increasingly available in every day life.

So it's an important skill, but it's a skill that's built in with other ones. So we have to understand the other aspects of the therapy with which the mindfulness is working in order to use it skillfully.

So, obviously, for general clinical competency is that we need to have sort of ongoing clinical supervision or licensure. We need to have those good general clinical knowledge and skills. And if we're working with a specific theoretical orientation, then we need to have good training, education, and supervision with using that model, and especially, for using that model with different issues.

And we need to know how we would use that both with individuals and with groups. Now, with that being said, you don't have to have a master's degree in order to be able to facilitate mindfulness skills. The mindfulness skills themselves are not a therapeutic intervention. They might be I don't understand therapeutically with a program and if they're part of therapy, we need that skill and training. But these skills in and of itself are not necessarily therapy. So they can be facilitated by staff that are not master's level training therapist. So people with bachelor's or Associate's Degree, or even technician positions that might not have a degree, they can facilitate these practices as part of skill building or psychoeducation.

In fact, two of the popular curriculums, mindfulness-based stress reduction, that curriculum was never developed as a psychotherapy. And people without a degree can receive certification for teaching that. And same for mindfulness self-compassion. It's not a therapy program. It is more of a curriculum for personal growth and development.

So, you can get trained or certified in some of these curriculums without having to be a therapist. So if we're using the skills and therapy, you need to be a trained therapist. But you don't have to be a trained therapist to lead or to facilitate these practices.

So another competency that we need to have if we're using these skills is we need to have a functional understanding of what mindfulness is. And it's nice, you

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know, this term "Mindfulness" is actually a translation of a word from the Pali language called Sati. and that translates as "Remembering" or "Recollecting." So remembering to be fully present to the moment as it is.

Now, there's several varying definitions that are used, operational definitions in mindfulness research and practice, but I think the most widely recognized and accepted contemporary definition of mindfulness we use in behavioral health and addiction services comes from the original developer of mindfulness-based stress reduction, Dr. Jon Kabat-Zinn. And I actually find his definition to be very functional.

So, his definition is that mindfulness is the awareness that emerges through the process of paying attention in a particular way, on purpose, to the present moment, non-judgmentally, to the unfolding of experience from moment-to-moment.

So built into this definition are some directions for what we're trying to do when we cultivate mindfulness. We're remembering that it is a process. So this allows us to make contact with the direct experience that we have with our senses and that we start to see that all experience is an ongoing ever-changing process.

This could help us to shift perspective of when we at times feel stuck in experiences and that they're not going to change or not go away. So mindfulness helps us to make contact with the ongoing process of our lived experience.

So, paying attention. So, this is cultivating the attribute of focus. So, we can call it "Concentration." So it's cultivating a sense of what we notice and attend to. So one of the most foundational practices with mindfulness is the breath. So the breath becomes the object of awareness.

But I think there's two types of attention that are important to emphasize here. So one of them is that we're trying to focus to stay with the breath. But an important part of the practice is noticing how quickly, how easily, and how often our attention moves away.

And we notice that, and through noticing it, we also then practice refocusing. Noting where the attention is and bringing it back to the object of awareness. So if

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that's mindfulness of the breath, then we're noticing that the attention is no longer on the breath, and then coming back to the direct experience of the breath in the moment.

And that's another part of this is that it helps us to make contact with the present moment, our direct lived experience. So, not what we are intellectualizing, not what we're conceptualizing, but what is actually happening in this moment?

And that this attention requires a sense of purpose. So that conveys then, we have to realize it takes a sense of effort. It sounds really easy to say, "Just keep your attention on your breath." But anybody who has done this practice even for a little bit realizes that just how hard that is.

So we have to remember that these qualities of awareness do take effort. And purpose also reminds us that we can make contact with the sense of intent, reminding ourselves of why we're doing this practice, and why it's important to us.

And probably the most important quality that goes into mindfulness is non-judgmental stance towards experience. So, what we're trying to do in directly noticing and experiencing the moment is trying to counteract our habitual tendency to add to experience, that in addition to the experience, we quickly come to see that we're adding to it.

Labels, evaluations. Comparisons. Criticism. Judgments. Preferences. Now, these aren't bad. But rarely do we notice that we're doing that. We often don't notice how habitually and broadly we're doing it and we don't notice how we often then tend to react to those judgments in ways that are inflexible and unskillful.

So, really, there's these two complementing qualities of awareness that we're cultivating. So that's the way that I try to explain this to individuals when they're first starting to learn these skills is that mindfulness, it is a type of attention. It's a way of noticing experiences. It's a way of noticing experiences that we don't tend to notice. And it's a way of noticing those experiences that shifts our perspective on them and creates space that allows us to be able to respond to them differently. Hopefully, more skillfully.

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So, we have these two attributes working together of concentration, the ability to stabilize our awareness, and then, cultivating that open spacious non-judgmental stance.

And Zindel Segal, as one of the developer of mindfulness-based cognitive therapy described these four helpful aspects of mindfulness. So why do we even want to try to incorporate this into therapy? Well, it's helpful, because mindfulness is a quality of awareness that tries to counter our automatic pilot mode, where we just seem to run on automatic pilot out of our conditioning by bringing conscious attention to these habitual patterns of thinking and reacting. The mindfulness promotes coming into contact with present moment experience more often rather than getting stuck in past memories and future anticipations.

And we can develop more choicefulness that responds to flexibility. And that improves affect tolerance, allowing feelings to rise and feel naturally rather than struggling with or against them, or avoiding them through maladaptive behaviors.

So it's important to know both what mindfulness is, but why are we using this in therapy? Why are we encouraging people to practice this skill?

Now, another thing that's important to know about mindfulness is not only what it is, but also what it is not. And a lot of times, I will sort of hear this is that people say, well, "Isn't this just the same as relaxation training?" Or "Isn't this same as hypnosis?" And there's p definitely some similarities and aspects they share especially with working with tension.

But there are some differences. And it's not that mindfulness is better than any of those other skills, it's just we need to know different tools for different jobs. So, what does this tool do? What does it targeted? So how can I most effectively use it?

I think this is important, too, because if we don't have a functional understanding of mindfulness is that we can introduce it to people and encourage them to practice it in ways that may be it wasn't intended to target. I had a student that was learning mindfulness in a placement, and she was talking about it. And she said, "Yeah, I like to use mindfulness to go to sleep at night." And I had to smile, because that's literally

opposite of what the practice is supposed to do. As practice that Jon Kabat-Zinn says, it's to fall awake in this non-judgmental way. Now, I understand what she meant, because the practice can often be very settling and it can produce a sense of relaxation. But that's not the total of what it is targeting.

So there's a bigger dynamic going back to that sense of what Zindel Segal was saying that mindfulness is trying to do. Mindfulness is trying to help us notice experiences and in a very important way. And noticing it in a way that helps us in how we are responding to those. To try to free ourselves from responding in habitual ways that no longer serve us well and be more productive in response. I heard another student say they help clients with mindfulness in helping clients get rid of unwanted thinking. Again, that's not what mindfulness is about. Mindfulness helps change our relationship to our thinking, to see thoughts as thoughts and not literal truths that have to be acted on. But it's not necessarily about changing the moment.

Now, obviously, in some of our practice, we can use strategies to help people to refine their thinking and their relationship to their thinking and to challenge some of those long-held beliefs. Those are important practices as well. And mindfulness can sort of help people to not get stuck in an over identification with that thinking, but it's not in in and of itself trying to change those experiences.

In fact, we're trying to be more fully present with them. So another thing that is important is that we need some training in how to deliver mindfulness-based interventions. So how do you introduce and teach the practices? There's a variety of wonderful recordings now and resources for that. But ultimately, it's important that we find our own voice for leading the exercises.

It's also kind of important to sort of look at how you can help people to schedule between session practice, how to navigate obstacles, and especially, with that between section practice, that's very important, especially for multiweek curricula like mindfulness-based cognitive therapy and mindfulness-based relapse prevention.

So with those programs, you need to be familiar with their structure, their curriculum. How they carry out the practices. Often times they do it in a particular

order. They have certain expectations for what to do between sessions and how to monitor practice.

So if we're using a curriculum, so if we're not just using the skills but we're using the curriculum, we need to be familiar with the way that curriculum is delivered.

So another part of delivering mindfulness-based intervention is actually the way that we encourage people to inquire about their experience. So this is a little different than if we're processing things deeply in therapy. These are three questions that are suggested to help people to sort of look at what their experience was.

So during practice, what did you notice? And then to try to help people to see how is that different from the way you normally notice that experience? And then to help them make the connection of what do you think this has to do with why you're here? Like in this case, why do you think this has to do with helping you in your recovery?

So, also in training and delivery, when you think about supervision, so if you're using one of these multiweek programs, it's suggested that you try to go through it yourself. One suggestion is maybe you go through it three times. Once as a participant, once as an observing trainee, and once as a co-leader. And, so, it's important to find ongoing supervision for how to use mindfulness. And sometimes that supervision can be personal. Just how do we develop our mindfulness practice? And maybe as part of this, we're not really receiving any teaching from therapists. We might be getting it from general mindfulness or Buddhist or yoga teachers or maybe we're going on periods of extended retreats. So we can work with these practices in an intentional way over extended time. Maybe it's over a community such as a Buddhist group or yoga practice so we have a chance to be able to hear about others as they're working with these things. And we get a chance to ask questions.

But ultimately, in addition to our personal development is that it would be best if we're using these things in therapy that we need to have some supervision that is specific to mindfulness. So that our supervisor is also familiar with the practice and helping us to look at how we're incorporating it into the work.

My teacher Dr. Richard Sears says, just because we practice for decades, it does not necessarily mean it will translate into something useful for our clients. Just because you have useful practice, it doesn't mean you know how to automatically use this in therapy. So we need to read, go to continuing education, get supervision, more universities are now offering classes. We have one here at the University of Southern Indiana on mindfulness-based social work practice.

And as part of that took user we really just sort of, like, at time need to get feedback on how we're leading, how we're introducing the practices. So this can either be direct observation or through recording and then reviewing it and having the supervisor review the recording.

Now, it's also important that we're sensitive to diversity and client preference. When we're talking about mindfulness practice, there's no way around it. These come from the Buddhist tradition. Now, every spiritual wisdom and faith tradition has a history of contemplating practice so it's not just the Buddhist tradition. But the practice and ways they're most introduced into addiction services and behavioral health come from the Buddhist tradition.

And that's a sticking point for some people. Some people are turned off by spiritual-type practices in general. But other people might not be open to the practices, because they see them as counter to or in conflict with their identified faith tradition.

Now, that's especially true in an area where I'm at. I am in a very conservative area of the country, an area of the country that is very Christian, and especially, more fundamentalist Christian. But now there's so much research on this is that we have a way to create a contemporary secular scientifically-based context for the use of these practices.

When I'm leading these and when I'm introducing these to clients is that I don't bring up Buddhism at all. Now, if they ask questions or if they know that's part of my background, I'll talk about it. But there's no need to have any sense of that historical practice in order to work with these practices or to see their benefits.

In fact, I try to change the term. I don't call it mindfulness-based meditation because meditation is a sticking word for people. So I call it mindfulness practice, mindfulness skills, and, so, I find that people are pretty open to this. But ultimately, if the client is not willing to engage in these practices, then don't force the issue. It's important for us then to find other approaches that are more consistent with their preferences and values.

DBT train officer clinician, Dr. Lane Peterson has a good comment on this. If the planned intervention cannot be brought into accord with the client's preferences, the second option is finding a preferable treatment for the client. A client who does not subscribe to the planned intervention and its method will have a poor shot at succeeding with the therapy, fitting the therapies to clients and not the other way around is the best practice.

Now, the most important competency guideline for working with mindfulness-based intervention is the clinician maintaining their own ongoing personal practice. There's just no way around it.

If you're going to be using this with individuals, you need to be using it for yourself. And I think that makes mindfulness different than some of the approaches and skills we use in therapy. Now, I've noticed over the past several years that more approaches are emphasizing that clinicians need to be working with the skills in their own life in order to use them with clients. But when I was first trained, it was almost like here's things you do for those people with those problems. Like not something that we should be doing for ourselves on an ongoing basis and I'm glad that shifted. So with mindfulness-based interventions, it's important that we maintain our ongoing personal practice.

So I like to comment that what my teacher Dr. Richard Sears says, mindfulness is different from the other types of interventions that mental health professionals are typically trained to do. This is not something one can learn simply with academic knowledge, and it is not an intervention done to the client. It is crucial for the clinician to experience, practice, and embody the core skills and principles of mindfulness. The real change is integrating and embodying mindfulness in our daily life as well as in your

clinical practice. The best way to do that is through your own clinical practice. It would be disingenuous of not talking to your clients not doing it. And therapists committed to sharing the benefits of mindfulness, it is important for us to experience the normal ups and downs that our clients will experience in establishing a regular practice. If it has always been easy for you to practice everyday and you immediately went into a clear blissful state of mind each time, you would be a terrible teacher. And you would have difficulty understanding their struggles. Having our experience with our own practice helps us relate to all the normal challenges, obstacles, bazaar experiences, and delights that will come up for our clients.

So through our own personal ongoing practice, we're able to speak from a place of experiential wisdom whenever we're helping clients to work with these skills.

Now, it's important that we note there are limitations to the use of mindfulness in therapy. There's been a lot of understandable criticisms over the fact that there are differences in defining mindfulness or different dimensions. And some people have suggested that what certain therapies are calling mindfulness might not always actually be the same thing. There's been some criticisms of the mindfulness research, especially, on some of its methodology. There's kind of this focus on the "McMindfulness" fad and it's taking away its effectiveness. There's also important criticism I think we need to look at further is there's been too little attention to identifying the potential adverse reaction to the practices. Or maybe certain conditions for which the practice might be contra indicated at certain times or with particular dynamics. There's also some concerns removing mindfulness from the historical context might actually do a disservice. Within the Buddhist tradition, mindfulness is one attribute that works alongside many others.

So some people say if we just pull that out, we're missing something. Now, just as we're trying to train and get better though, I want to mention real quickly some adherence skills that are out there. So these skills were developed to support research on the use of mindfulness-based interventions. But also to promote maintaining treatment fidelity and they're also used in training and supervision.

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So Rebecca Crane and her colleagues created the Bangor Exeter and Oxford mindfulness-based intervention teaching assessment criteria. So MBI-TAC. And it focuses on just mindfulness in general. So not on a specific curriculum. It comes with a 40-page guide that helps you to kind of understand how to use it and what to do. It's available for free on the Internet. It's a wonderful resource. I would encourage you to check it out.

Also the original developers of mindfulness-based cognitive therapy developed the mindfulness-based cognitive therapy adherence scale. And in the original journal article on the skill, there's a copy of the scale and guidance on how to use it. If you're not using the scale formally, I think just looking at it and seeing what it emphasizes helps us think about how we're training and using these skills.

So also with mindfulness relapse prevention, they created an adherence and competence scale as well that in the original journal article, the scale is there just like the previous one. So, I think that those are great resources that help us to think about on what attributes of this practice should we be focusing and targeting?

There's also some wonderful books that are out there now on how we can teach these things, especially, within the context of therapy. So one of these is, you know, by my friend and teacher, but each of these is just wonderful resources for how we can start to develop our use of these in therapy and strengthen our competence.

Now, especially, within the context of using mindfulness and addiction services, so two of the best resources I think are obviously the manual for mindfulness-based relapse prevention for addictive disorders. This other book is a book that's an edited text where it looks at the way that several different contextual CBT protocols. So mindfulness-based relapse prevention, Dialectical Behavior Therapy and others, and how they're looked at using with addiction. So it's a good resource for getting a feel for how these skills have been adapted for use with addiction.

Now, in addition to sort of those books, there's lots of different trainings, continuing educations that are offered. There's other companies besides these, but I know both PESI and a company called Praxis have a lot of training on mindfulness-

based cognitive therapy, mindfulness-based relapse prevention, Acceptance and Commitment Therapy, for looking at trying to strengthen our practice.

Now, also two resources that are wonderful is that the developers of mindfulness-based relapse prevention have a website. And on there, they have information about trainings, they have information both for therapists and clients. And they also have audio recordings of all the practices that are used in the mindfulness-based relapse prevention program. And they're all accessible for free. So that's a wonderful resource. We stream those recordings sometimes whenever I'm doing my group at the jail.

And also, the University of California, San Diego, center for mindfulness-based is a very large entity that provides a lot of ongoing training for mindfulness-based curriculum.

Especially, through their mindfulness-based professional training institute. So they offer training and certification in a lot of these mindfulness-based protocols such as mindfulness-based cognitive therapy, mindfulness-based self-compassion. So they're a wonderful source for continuing information as well.

So, I've tried to leave a few minutes here. I hope that in some way this quick overview of these general principles of let's make sure that we also focus on just our general competency as providers, but also let's try to make sure we've got a functional understanding of what mindfulness is and how to use it in therapy. Let's look at how we train, in teaching, and delivering these skills. Either individual skills or as part of a curricula. How do we look at receiving ongoing supervision? How can we be sensitive to diversity and preference issues? And how do we make sure to maintain our own practice? And, so, through that, I hope that these resources in the form of books or sources of continuing education, or training organizations will be of benefit. But I think we might have time for a question or two. And if not, then you'll also get a chance to submit questions and I will look forward to answering those as best I can after the webinar.

>> SAMSON TEKLEMARIAM: John, thank you so much. What a wonderful presentation. We appreciate the expertise you shared with us. I do see that some of our listeners have submitted questions. Usually we don't have time, but I thought maybe we should pose at least one question that I'm seeing in the Q & A. John, if that's okay with you.

>> JOHN PAULSON: Yeah.

>> SAMSON TEKLEMARIAM: Yeah, I see in our question box, everyone else, please, please submit your questions. We have a few more minutes to type them into the questions box. You'll see there on your go-to webinar screen.

One question that popped up that I saw, Janet asked, what do you recommend for frequency when teaching or using mindfulness-based therapy? So this is more of a question about frequency for teaching mindfulness.

>> JOHN PAULSON: That's a great question. My suggestion is I try to work with people to figure out what's going to be the most possible for them? Now, I know that sounds like a broad answer. But, for example, one of the things I've noticed that some people have difficulty doing, like if you're doing the mindfulness-based cognitive therapy or the mindfulness-based relapse prevention curriculum, and you're following it to the letter is that they ask and expect people to practice 6 out of 7 days in between the group meetings, which are usually like once a week. So in between the week, they're encouraging and asking for daily practice.

And that would be great. If you can practice daily, obviously, like with any skills, the more you practice it, the more you're going to become comfortable with it, familiar with it, and, you know, the more success you're likely to encounter. But sometimes I feel like that if we put this expectation on people, that you have to practice every day, or you have to practice for 20, 40 minutes every day, then it seems too overwhelming. And people are less likely to practice.

So I try to work with them to figure out when would be best for them to practice and how often? So I try to encourage them practice multiple times during the week.

But I really think we have to start from that place of what's going to help them to get familiar with it?

I always kind of smile, because I say that and if people show up to the mindful hard of heart Buddhist song, and we sit for 40 minutes in silence. And if somebody shows up, and they've never done that before, that's really, really hard. So I think trying to use shorter practices, recordings that might run maybe 5 to 15 minutes, and then trying to encourage people to be doing those fairly frequently, maybe daily, but if not, maybe most days or several days. And just trying to help them to slowly build into becoming more active with the practice. So I hope that answers your question. The biggest thing I'm responding to there is we need to be careful not to create a lot of pressure that people automatically need to be doing this consistently, regularly. Obviously, that would be great, but that's not usually where people start with this. So I think we need to start where they are and help them to build these practices in. And to build up to doing them for longer periods and more frequently throughout the week. Hope that helps.

>> SAMSON TEKLEMARIAM: John, that was awesome. Thank you so much. Everyone else, we have a lot of questions that came in. And we will email these questions to John and within about two weeks, you'll see the Q & A posted on our website with John's answers to each of your questions. Please note also that a short survey will pop up at the end. Please take just a moment to give us feedback. It shouldn't take you more than 30 seconds. Share any notes with the presenter. John will see your feedback as well. And tell us how we can improve our NAADAC webinar. This is really important to us as it helps us to continually improve and sharpen the process of producing and conducting these webinars for you. And, yes, before we wrap-up, we have one more very important brief question poll for you.

Today for the first time, we offered a new closed-captioning service to enhance accessibility for people who prefer closed-captioning. So quick poll, very simple, short question here. I'm going to go ahead and launch it on your screen to see it. We'll give you 30 seconds to answer. Did you use our new closed-captioning service during today's webinar? Yes? No? Or I didn't know that was an option.

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All right. I'll give you guys 5 more seconds. We're almost three-quarter of the way here that people voted. Awesome. Thank you so much, everyone, for answering that poll question for us as we wrap-up our webinar for today. Just for future reference, we'll be providing closed-captioning for our next upcoming webinars. So please share this with your community. And also remind you that everything you need to know about this particular presentation is on our NAADAC website. You can watch the recording after the live event. Download the PowerPoint slides. Take the CE quiz and make a payment if you're not a NAADAC member.

The web address for this webinar is [www.NAADAC.org/mindfulness-basedinterventionwebinar](http://www.NAADAC.org/mindfulness-basedinterventionwebinar). You can go to this page in the future when you need information related to this webinar. And here are the instructions again for receiving the CE Certificate. Again, make sure you pass and take the CE quiz. Which will be posted on our website later on today and tomorrow of course. And our upcoming webinars, as you see, we have an excellent upcoming webinar presented by Dr. David Mee Lee and Teplow, and also we'll have the live advocacy conference. Check out our NAADAC to learn more. Those in the northwest area, at the Portland Marriott in Portland, Oregon is three-day Northwest Regional Conference. An incredible conference addressing the topic of embracing the future.

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[End of webinar]