

*Guidelines to Developing Competence with
Mindfulness-Based Interventions*

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Which certification is valuable to a general clinician such as ACT/DBT/MSBR that does not require a very long and involved investment of funds; something useful yet economical?

A: Good question; thank you for your sincere interest in the topic and taking the time to ask this question.

The quick answer is that there is not one. Most of the certification programs are costly, time consuming, or both. This is especially true of good quality programs, as opposed to the ones that want quickly to sell you a “certificate” after a short period or training. It is important to remember that although beneficial, we are not in a place where practitioners need to show that they are “certified” to utilize mindfulness skills in therapy. For example, I do not have any type of “certification” in mindfulness-based interventions. As practitioners, at some point, we might have to provide information to others (our employer, accrediting bodies, boards, etc.) about our competence with these approaches and if so we need to be ready to discuss what education, training and experience, we have specific to these practices and approaches. If asked we would need to make a case for our competency based on our education and continued training, supervision, etc. (and completing a certification could be part of that), but it is not a requirement or prerequisite for using these skills. I have always been hesitant because, as my wife says, as counselors and therapists we have a very expensive profession. When you start to add up the cost of licensure, certifications, malpractice, membership in professional organizations, etc. it gets costly. I have not yet arrived at a place where I can talk myself into spending several thousands of dollars for such trainings.

That said certification programs are helpful in many ways. They help to organize and present material in a systematic way, they offer structure and support for learning the practices, and some even have built in supervision where trainers can observe and provide feedback on your use of the skills, either live or via recording. Since many such programs and instructors are connected to organizations or institutes, you also start to build a community of on-going support. This type of deliberate, specific, intensive training is very beneficial. It also just happens to be time consuming and costly.

I think that more important than certification is three priorities for our training and development. First, instead of achieving certification I think it is important that if we are using these practices that we are able to show a certain number of continuing education hours each year. We need to keep reading and studying, and that includes professional continuing education. Second, I think finding a mentor, trainer or supervisor who can help you learn the practices and help support you in implementing them clinically and monitoring your progress is as important, if not more important, than completing a

specific training. Training can be great, but having the ability to talk with someone, ask questions, receive feedback, and process struggles and successes using the skills—that is where our competence deepens and our intimacy with the practices grows. Third, I would re-emphasize the importance of maintaining a personal practice. If you are going to be working with Mindfulness-Based Relapse Prevention (MBRP), for example, I would suggest taking yourself through the program—do all the exercises just as participants would. Finding opportunities for extended retreat is also beneficial. I have started to notice that some continuing education providers are starting to do this. Instead of a one-day or two-day workshops they are offering week intensives and retreats.

Specific to addiction, I would go to the web site for MBRP (<https://www.mindfulrp.com/>), look for trainings offered from their organization, and contact them to ask for support. They might be able to connect you with someone local or regional to where you are. Two other resources I would suggest would be *The Mindful Way through Depression and the Mindful Way Workbook*, both by Teasdale, Williams, Segal, and Kabat-Zinn. Both of these books walk people not only through the MBCT curriculum, but explain the principles behind the practices and address common struggles in a very clear, easy to understand and applicable way. Therefore, even though they are not specific to addiction, they are good resources for developing the practices. Ultimately, there is very little difference between how mindfulness targets addiction versus depression, anxiety, etc. If we become comfortable with the practices and the principles behind the practices, they are really trans-diagnostic and trans-theoretical.

Another resource would be the web site of my teacher, Dr. Richard Sears <http://psych-insights.com/>. He is now offering some online training options, especially using videoconferencing. I recognize and acknowledge that it can seem biased or self-serving recommending resources from my teacher, but I have known Richard since 1995 and am very confident in his teaching and training abilities with mindfulness for clinicians. He has published about ten books on mindfulness in clinical practice and has lectured for the continuing education company PESI on MBCT and ACT for the last several years, both nationally and internationally. There are lots of good teachers and trainings out there, but it would be disingenuous of me not to share one about which I have direct knowledge and am confident merely because I have a personal connection to him

I hope this answer helps. Please let me know if I can be of further assistance.

Where do we find such curricula?

A: Good question; thank you for your sincere interest in the topic and taking the time to ask this question.

I am assuming here that you mean where one can find the curricula for Mindfulness-based programs like Mindfulness-Based Relapse Prevention (MBRP) or Mindfulness-Based Cognitive Therapy (MBCT). You can find the entire MBRP program in the primary text on the topic—*Mindfulness-Based Relapse Prevention for Addictive Behaviors: A Clinician's Guide* (by Sarah Bowen, Neha Chawla, and G. Alan Marlatt, Guilford Press). It discusses all aspects of the program, has session-by-session guides, and includes handouts and worksheets. The authors also have free audio recordings of all the practices in the MBRP program on their web site (<https://www.mindfulrp.com/>). I have found this manual to be very helpful with my own training

and with training and supervising newer clinicians. The MBCT program is in the book *Mindfulness-Based Cognitive Therapy for Depression Second Edition* by Segal, Williams and Segal. It discusses the rationale and science behind the program and includes a session-by-session breakdown. The program is also included in *The Mindful Way through Depression and the Mindful Way Workbook*, both by Teasdale, Williams, Segal, and Kabat-Zinn. Those books target a popular audience, so they can be less technical reads (though I have to say I find Teasdale, Williams and Segal to be very clear in their writing and teaching-I use a lot of their materials and recordings when I conduct my group at the jail).

Other programs that incorporate mindfulness into their bigger treatment strategies, like ACT and DBT, do not have, in my experience, the same session-to-session protocols specifically for addiction. A book I referenced in the webinar could help you find some of those however-*Mindfulness and Acceptance for Addictive Behaviors* (edited by Steven Hayes, the developer of ACT, and Michael Levin). Dr. Lane Pederson is a DBT therapist and trainer who has done a lot of work adapting DBT for working with addiction and those with co-occurring disorders. I suggest checking out his web site <http://www.drlanepederson.com/> for further information on training and resources. Last year a regional continuing education conference in our area for addiction professionals that I have the privilege of serving on the planning committee, The Institute for Alcohol and Drug Studies, brought national trainers Bari Platter and Osvaldo Cabral to talk about their program integrating DBT and the Twelve Steps. The materials are available from Hazelden. They offer trainings to organizations and have a guide with session formats, activities, and exercise. I would suggest exploring their materials or seeking out training opportunities with them.

I hope this answer helps. Please let me know if I can be of further assistance.

Is it enough to consider oneself competent to teach mindfulness to a client or does one need to be actually certified?

A: Good question; thank you for your sincere interest in the topic and taking the time to ask this question.

I would refer you back to my reply to the first question in this dialogue. Personally, I believe with mindfulness that it is not necessary for one to hold a “certification” generally or any particular certification specifically. However, I think that we need to do on-going, intentional, and honest training with these approaches, to make these skills part of our continuing education efforts, and to continue to seek out resources and opportunities. It is not sufficient to go to a one-day workshop or read a book and think that one can successfully utilize these practices, especially in therapy. We need to train generally in mindfulness skills and approaches. I mentioned earlier that mindfulness is very trans-diagnostic and trans-theoretical. While that is accurate, it is also true that if I use these approaches as an intervention with addiction, then I need to read and study about how these approaches are adapted slightly for addiction. If I am using these approaches for anxiety, PTSD, etc. then I should also do some on-going study and training for how they are adapted to these issues. As a clinician I also need on-going supervision for how I am integrating these practices so that I can ask questions, clarify points of confusion, receive

feedback and process struggles and successes.

At the core, however, there is just the practice. We have to keep working with it, time after time, to enhance our experiential realization for how these practices help us to notice psychological dynamics and reactions that we often either do not notice or end up responding to in ways that while understandable and well intentioned, are generally not helpful. We also come to see how they help us to shift our perspective on and connection to these experiences in a way that allows for more skillful responses. The only way to “see”, realize, or experience these benefits is to engage in the practice for ourselves on an on-going basis. There is no substitution for the practice. I like a comment that my teacher Dr. Richard Sears made in one of his books: “...Mindfulness does not belong to any particular religion, scientific field, association or person. Mindfulness is not something I or anyone else owns. You do not need to be worthy to have it bestowed upon you. It is not something you can get from reading a book, or transmitted from a sacred teacher, because you have this ability already. What teachers and books can do is inspire you to make this natural ability more conscious and more consistent.”

I hope this answer helps. Please let me know if I can be of further assistance.

Would intrusive traumatic thoughts (eg. flashbacks) during mindfulness teaching be a contraindication for mindfulness training for that client? Would that need to be stabilized first, or is mindfulness training shown to help with these types of intrusive, triggering thoughts?

A: Good question; thank you for your sincere interest in the topic and taking the time to ask this question.

The first thing I would like to say is that in such situations we need to use our wise discernment and clinical judgment, and that this needs to be guided by a sense of compassion for the client, their experiences, and what they are willing to do.

In general, I would not say that having intrusions or flashbacks is a contraindication. In fact, it is a specific treatment target with MBCT and ACT for PTSD. Obviously what I am about to suggest is easier said than done, and doing is the hard work that takes time and gentleness. Ultimately, all behavior therapies, including CBT and the third wave therapies like MBCT and ACT, focus on helping the person block patterns of avoidance when they have these experiences. I like the term that ACT uses-experiential avoidance. They suggest that trying to avoid, get rid of, reduce, escape, or not have unpleasant psychological experiences motivates a significant amount of our intentional and unintentional, conditioned coping. With intrusions and flashbacks, we do not want to have certain physical sensations, emotions, thoughts or images because they are unpleasant, uncomfortable, alarming, and seem threatening and dangerous. We come to believe that such experiences are not compatible with health and with the life and sense of identity that we want to have. This gives these experiences so much power, and each time we engage in experiential avoidance we unfortunately and inadvertently put more fuel on the fire.

Mindfulness helps us to see these experiences for what they are-experiences. Unpleasant and unwelcomed experiences, but

experiences. Instead of meeting these experiences with resistance, we increasingly come to stay with them, to make room for them by watching and directly experiencing them moment-to-moment without avoidance. We bring a non-judgmental stance to the experience, and over time, we begin to see how such experiences are transient and impermanent. We begin to realize that even uncomfortable thoughts and images are not ultimately dangerous or harmful—they are merely thoughts and images. This allows us to stay present and create space around such experiences and to respond to them in ways that neither strengthen them nor lead to impulsive, destructive reactions.

There are now several good books and guides out on how to use and apply mindfulness for trauma and PTSD. My teacher, Dr. Richard Sears, and Kathleen Chard recently published a book on this called *Mindfulness-Based Cognitive Therapy for Post-Traumatic Stress Disorder* (Wiley/Blackwell). There are also two Acceptance and Commitment Therapy (ACT) manuals that I think do a great job of explaining the rationale for and application of mindfulness and acceptance strategies with anxiety generally, and with trauma symptoms specifically. They are *Acceptance & Commitment Therapy for the Treatment of Post-Traumatic Stress Disorder & Trauma Related Problems: A Practitioner's Guide to Using Mindfulness & Acceptance Strategies* by Robyn Walser and Darrah Westrup (New Harbinger). In addition, *Acceptance & Commitment Therapy for Anxiety Disorders: A Practitioner's Treatment Guide to Using Mindfulness, Acceptance, and Values-Based Behavior Change Strategies* by Georg Eifert and John Forsyth (New Harbinger) is a great resource for using ACT with anxiety disorders.

As I said, there are now several others on mindfulness for trauma from the major publishing companies. If you have an opportunity, I would also suggest watching a documentary called *Free the Mind*. It features the work of prominent brain and mindfulness researcher Richard Davidson as mindfulness skills and shows war veterans with PTSD working with mindfulness.

Some individuals, however, will not be in a place where they are willing or able to engage in mindfulness practice with these experiences. I would then suggest exploring other approaches.

I hope this answer helps. Please let me know if I can be of further assistance.

What do you recommend for frequency when teaching or using mindfulness in therapy?

A: Good question; thank you for your sincere interest in the topic and taking the time to ask this question.

In general, as with any new skill or coping strategy, the more the better. We cannot expect new strategies to work instantaneously and spontaneously with minimal effort (although admittedly that is what we all secretly wish). The more we practice, in general, the more we will notice our comfort and competency with the skill increase, and the more we will have the opportunity to see the positive benefits.

That said, I think that more is not always better. Many of the mindfulness-based protocols encourage daily practice of almost an hour. Obviously that is great, if possible, but at times I have noticed that people can either get worn out too early with the practice, or they just do not engage because they see it as too much and too overwhelming.

I think what we should encourage more than amount or frequency is **consistency** with the practice and **quality** of practice. Just doing more of something does not always ensure success, especially if we are not doing it correctly. I think it is important to work with our clients to see how often they see it as feasible for them to practice. This also applies to the length of practice. Some people and protocols start out with practices that are 40-50 minutes in length. While I understand and respect the rationale for that, in my experiences with clients they can find that daunting. I think using shorter practices, especially at first, makes the practice more accessible.

More than frequency, I also think that we need to work with clients to help them understand successful contexts for their practice. I encourage them to first practice when they are not necessarily experiencing their symptoms or distress. It is hard to learn how to drive during a demolition derby, so I emphasize the importance of practicing when nothing problematic is necessarily happening. That practice builds the foundation for practicing when their distress arises. This is the key place where we hope mindfulness will serve and benefit our clients in their efforts to cope, but it is hard to apply skills in the presence of distress. Successfully doing so requires previous practice.

Another reason I am cautious about not recommending any specific frequency or length of practice is because over the years I have noticed how when people set "rules" for what they are doing and how to do it "correctly" or "successfully" it creates a chance to violate those rules and then shame and punish themselves. They end up saying to themselves, "I am not doing this enough. I am not trying hard enough. I am not doing this right/correctly. I am failing at this practice. I am a failure, incapable of doing this well and correctly." I try to be very permissive with mindfulness skills. I think it helps people practice more successfully, and it models the open, present moment non-judgmental stance towards experiences and efforts that we are seeking through mindfulness practice.

I hope this answer helps. Please let me know if I can be of further assistance.

CBT and DBT has worked for me, in keeping me substance free. MINDFULNESS is staying in the moment, I know I am safe today. However, sometimes events in the everyday, bring up the "stinking thinking" from past events. How can I learn how not to bring up some much negativity with myself. I actually love myself today, but once in a while, my "UGLY" comes out too, from old scars?

A: Good question; thank you for your sincere interest in the topic, the webinar, and taking the time to ask this question.

How wonderful that you have found healing in your life-very impressive and courageous! My suggestion at first will sound quite odd-do not expect those thoughts to ever go away. Struggling to get rid of thoughts further ensnares us in them and strengthens the degree to which we identify with them. Alan Watts, a famous philosopher, pointed out that trying to get rid of certain thoughts is like trying to smooth water with an iron-you are only going to disrupt it more.

It is very understandable that we would want to get rid of some thoughts, especially ones that are painful and unpleasant.

So one of the first things that we want to do is to extend some compassion to our experience of thinking and to ourselves. The practice also helps us to see that these thoughts and beliefs were early understandable efforts to cope and make sense of the world. They feel believable because our thinking rehearses and repeats them so many times over so many years. We come to see them as accurate or true. Since strong emotions accompany them, they also feel more believable. Perhaps others in our life also said things or acted in ways that seemed to prove how correct these thoughts and beliefs are.

Mindfulness helps us to shift our relationship to experiences. By noticing and relating to thoughts in a different way, we come to realize their true nature. We see that they are just thoughts, not literal truths upon which we must act. One strategy in mindfulness practice is to use a technique called **noting**. When we notice that thinking pulls our awareness away from whatever object of awareness is the current focus of practice (such as the breath), we gently and silently note to ourselves “thinking”. This helps us to see thoughts as thoughts and not the truth of things. We also come to see through mindful attention that thoughts, like all phenomena, are impermanent—they change moment to moment; they arise, they peak, they fade away. Seeing thoughts, this way helps to do what the developers of MBCT call “decentering from thinking”. ACT calls this cognitive Defusion—noticing thought without identifying with them. Over time, especially given the historical contexts and repetition, certain thoughts might not go away, but our relationship to, recognition of, and understanding about those thoughts fundamentally changes. Even if they do not go away, they do not hold the same reactivity and ability to lead us in unskillful directions.

In addition to mindfulness practices, I would also encourage you to explore related compassion-based practices. These practices have now also been standardized and researched. Loving-kindness meditation (LKM) and the Tibetan practice Tonglen (receiving and giving) can augment mindfulness skills, especially when we are using them to work on experiences that bring out the ugly stinking thinking from our past scars. Three great books for this include:

- *Self-Compassion: The Proven Power of Being Kind to Yourself* by Kristin Neff
- *The Mindful Path to Self-Compassion: Freeing Yourself from Destructive Thoughts and Emotions* by Christopher Germer
- *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive* by Kristin Neff and Christopher Germer

I hope this answer helps. Please let me know if I can be of further assistance.

Any tips on working with pregnant mom experiencing high anxiety and claustrophobia?

A: Good question; thank you for your sincere interest in the topic, the webinar, and taking the time to ask this question.

If you go to Amazon and type in Mindfulness and pregnancy or mindfulness and parenting, there is an amazing amount and variety of selections. Honestly, it is hard to keep up with all the applications of mindfulness and who is facilitating those areas of application, so I am not able to provide specific, detailed recommendations. While I am sure that most of these are good resources, the only one that I know some about comes from the developer of

MBSR (and the one who really started this whole area of research and practice for mindfulness-based interventions), Dr. Jon Kabat-Zinn, and his wife Myla Kabat-Zinn titled *Everyday Blessings: The Inner Work of Mindful Parenting*. A good resource for working with the practices with a focus on anxiety is *The Mindful Way through Anxiety: Break Free from Chronic Worry and Reclaim Your Life* by Susan M. Orsillo and Lizabeth Roemer (Guilford). Even though they do not have anxiety in the title, I would also suggest the two additional resources I mentioned previously on the use of mindfulness in general-*The Mindful Way through Depression and the Mindful Way Workbook*, by Teasdale, Williams, Segal, and Kabat-Zinn. Both of these books walk people not only through the MBCT curriculum, but explain the principles behind the practices and address common struggles in a very clear, easy to understand and applicable way (including for anxiety).

I hope this answer helps. Please let me know if I can be of further assistance.

How can a peer mentor use mindfulness?

A: Good question; thank you for your sincere interest in the topic and taking the time to ask this question.

I think there are three ways that peer mentors can utilize mindfulness. I am going to use the agency with which I am associated, NOW Counseling, as a frame of reference. We successfully utilize peer mentors as part of the treatment team. In addition to meeting with clients individually, the peer mentors lead, or help lead, psychoeducation skill building groups. There is no reason that mindfulness skills could not be part of coping skill training. It would just be important that peer mentors were not facilitating MBRP **therapy** groups or programs. Another way they could utilize mindfulness would be in individual coaching with clients. It is important for peers to know and be familiar with what coping strategies clients are learning and being encouraged to use. That way they can encourage and reinforce those skills and that practice in their individual work with clients, providing a continuity of care. Obviously if peer mentors are teaching and using these skills with clients individually or during groups, then it is important that they maintain their own personal on-going practice and receive training and supervision specific to mindfulness.

The third application of mindfulness for peer coaches has nothing directly to do with what they teach individuals, but more with how they are with those individuals. It has to do with us as practitioners. Even if we are not teaching mindfulness skills to others, it is very beneficial for us as helping professionals to practice these skills for ourselves. Mindfulness skills help us as practitioners to be present with the individuals we are serving, to more actively attend and respond to their needs. By being present with clients, we generally facilitate a stronger therapeutic relationship and alliance, which is the dynamic most responsible for therapeutic change and positive outcome. Mindfulness can also help us in our own self-care, allowing us to stay healthy and motivated so that we can provide high quality services to the individuals we serve.

This is an important point, one I wish I had made more fully in the webinar that mindfulness is as much for us as it is for our clients. Mindfulness supports our presence, attention, and responsiveness to the individuals we serve. It also helps us to respond to their, and our, experiences with less judgment and aversion while imbuing more perspective, compassion and

wisdom. Some of the greatest benefits I have noticed from mindfulness practice are in how I engage and interact with clients and colleagues, how I am in the moment with others.

I hope this answer helps. Please let me know if I can be of further assistance.

How young of a client can mindfulness be used in therapy? How old should a client be to start this practice?

A: A: Good questions; thanks to both of you for your sincere interest in the topic, the webinar, and taking the time to ask these questions

I combined these two questions because they both focus on the same topic-how young is too young to teach mindfulness? I unfortunately have a disappointing answer-I do not know. I have not used mindfulness clinically with children or adolescents, and I have not done so in my role as a teacher and leader at my Buddhist meditation group (we have talked about and explored having a children/adolescents group, but have never done it). I have guest presented on two separate occasions about mindfulness to a high school resource class for students with emotional needs and multiple psychosocial challenges, but it is hard for me to base anything off those experiences. With those groups of students, I was only with them once, and the class was first period at eight in the morning, so I am not even sure that they, or I, were fully awake.

That said, in Buddhist communities and training centers, including monasteries, kids are often involved in the practice. I have watched videos of where children come to monasteries for a type of “summer camp” where they learn about the Buddha and how to meditate. Young children (i.e. grade school aged) in Buddhist cultures (especially the Tibetan culture) ordain as monks at this early age. They receive an education at monasteries, including meditation practices.

I think the best determinant is not necessarily age, but remembering that we need to adapt the practices to particular ages and developmental levels. I would suggest watching a documentary called *Free the Mind*. It features the work of prominent brain and mindfulness researcher Richard Davidson. It shows young schoolchildren with emotional disturbances learning mindfulness skills. I was impressed with how the mindfulness teacher adapted the instructions and practices to young children and with the activities she used with them.

There are many wonderful resources out there now for teaching and adapting mindfulness practices to children and adolescents. I would suggest looking up sources on mindfulness in education. There are now several initiatives to teach mindfulness in schools, and those might provide some ideas. Clinically three resources that I would suggest as good starting places are:

- *Mindfulness-Based Cognitive Therapy for Anxious Children: A Manual for Treating Childhood Anxiety* by Randy J. Semple and Jennifer Lee (New Harbinger)
- *A Still Quiet Place: A Mindfulness Program for Teaching Children and Adolescents to Ease Stress and Difficult Emotions* by Amy Saltzman (New Harbinger)
- *Teaching Mindfulness Skills to Kids and Teens* by Christopher Willard and Amy Saltzman (Guilford)

I hope this answer helps. Please let me know if I can be of further assistance.

These have all been great questions. I appreciate each of you asking—they have helped me to grow. From looking at the survey results, I am also grateful that most participants stated that they benefited from the webinar. Some expressed disappointment, wishing that I had either included certain information or focused more on certain details than I did. I apologize for those shortcomings. It is always so hard to know what to emphasize and focus on in a one-hour overview of information, especially once you start and realize you are up against the clock. As I stated in the webinar, if you have further questions please let me know. I will do my best to be of service, benefit, resource or support to you. We can connect by phone, email, or if circumstances permit, I am also getting better at using the video conferencing program Zoom that my university uses and would be glad to try to arrange a time to chat.

Wishing each of you continued success in your efforts to serve our fellow beings in need. I value sharing this profession and this practice with you.

John Paulson