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**Incorporating mindfulness into the training of novice therapists and its
effects on counseling skills development**

Tesis en torno a una hipótesis o problema de investigación

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RESUMEN

El mindfulness es una práctica proveniente del budismo que se relaciona con el acto de centrar intencionadamente la atención en el momento presente y observarlo sin realizar ningún tipo de juicio. En la actualidad, el mindfulness está estrechamente relacionado a la psicología, pues es un componente fundamental de varios modelos terapéuticos. Adicionalmente, se ha incluido el mindfulness en los programas de formación profesional de psicólogos debido a los beneficios de esta práctica en el ámbito personal y profesional. Este trabajo académico es una revisión de los estudios publicados hasta la fecha sobre los efectos del mindfulness en el desarrollo de las habilidades terapéuticas, es decir, cómo la conciencia plena influye sobre el conjunto de competencias y técnicas utilizadas en sesión para entablar una relación con el cliente y acompañarle en su proceso terapéutico. Después de analizar la literatura sobre el tema se concluye que el mindfulness fomenta la capacidad de los psicólogos para la exploración del contenido, profundizar en sesión y desarrollar la relación terapéutica. Sin embargo, la investigación parece ser no concluyente sobre el impacto de esta práctica en el desarrollo de otras habilidades.

Palabras clave: mindfulness, habilidades terapéuticas, programas de formación profesional.

ABSTRACT

Mindfulness is a Buddhist practice that refers to the act of intentionally focusing attention on the present moment and observing it without judgment. Today, mindfulness is closely related to psychology as it is a fundamental component of several therapeutic models. Furthermore, mindfulness practice has been included in professional training programs for psychologists due to its benefits in personal and professional settings. The present academic paper is a review of the studies published to date on the effects of mindfulness on the development of therapeutic skills; that is, how it influences the set of competencies and techniques used in sessions to establish a relationship with the client and accompany them in the therapeutic process. After analyzing the literature on the subject, it is concluded that mindfulness fosters the psychologists' ability to explore the content, deepen the session, and develop the therapeutic relationship. However, the research appears to be inconclusive about the impact of mindfulness on the development of other skills.

Keywords: mindfulness, therapeutic skills, professional training programmes.

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INTRODUCTION

Theoretical framework

Mindfulness

Definition and history. Mindfulness or mindful awareness refers to a practice in which the individual deliberately directs his or her attention to the present moment and observes it without judgment (Davis & Hayes, 2011). That is, one focuses on bodily sensations, emotions, thoughts, or environmental stimuli and interacts with them without resisting the experience, trying to change it, or qualifying it as positive or negative. Additionally, the individual doesn't hold on to the experience and allows it to arise and subside spontaneously (Davis & Hayes, 2011).

In addition to a state of awareness, the term mindfulness encompasses other related constructs such as dispositional mindfulness. Dispositional mindfulness is the conceptualization of mindfulness as a psychological trait that represents the innate tendency and capability of an individual to connect with the present moment (Cepeda, 2015; Davis & Hayes, 2011). The word mindfulness is also used to refer to the practices undertaken to cultivate this quality and to an individual's ability to process information in a mindful manner (Davis & Hayes, 2011).

Mindfulness comes from the Buddhist tradition. This philosophical doctrine proposes that suffering (*dukkha*) is an inherent part of human existence and that it stems from attachment and desire (*samudaya*) (De Silva, 2014). Therefore, it suggests that detachment is the answer to the cessation of suffering and the path toward spiritual awakening (*nirodha*) (De Silva, 2014). This can be achieved by cultivating eight aspects in daily life, which are called the Noble Eightfold Path. As part of this path to enlightenment, the practice of “right mindfulness” (*samma sati*) is proposed, which is now known more generally as “mindfulness”

(De Silva, 2014). Over time, the practice of mindfulness has been secularized and is now used in various contexts by people with different beliefs and ideologies (De Silva, 2014).

The practice of mindfulness. One can cultivate mindfulness through both formal and informal practice. Formal practice refers to the various techniques specifically designed to foster the development of mindfulness, including exercises such as mindful movement, body scanning and meditation (Cullen, 2011). Vipassana meditation is especially important for the development of mindfulness, as it consists of focusing attention on the breath or bodily sensations and observing them from a non-judgmental and non-attached point of view (Cullen, 2011).

On the other hand, mindfulness can also be cultivated through informal practice. This refers to purposeful dedication to the development of mindfulness while engaging in daily life (Cullen, 2011). Informal practice is the performance of day-to-day activities such as walking, cleaning the house, or having conversations with others, but doing so with full awareness, paying attention to the present moment, though not necessarily using the techniques of formal practice (Cullen, 2011).

Benefits associated with mindfulness practice. Regular mindfulness practice for a sustained period is associated with numerous benefits. In the first place, mindfulness practice is associated with structural and functional changes in the brain (Davis & Hayes, 2011). Evidence indicates that engaging in mindfulness activities stimulates the prefrontal cortex, which is involved in several aspects of attention and metacognition (Cullen, 2011). In addition, changes are observed in brain regions involved in the processing of sensory stimuli, attention, processing speed and the amount of effort required to perform a task (Davis & Hayes, 2011).

Secondly, mindfulness provides benefits in the affective domain. Mindfulness decreases the frequency with which people experience uncomfortable emotions and increases the level of pleasant emotions experienced (Davis & Hayes, 2011). A negative relationship was found between the level of dispositional mindfulness and the activation of the amygdala when the person is at rest (Davis & Hayes, 2011). The activation of this structure is related to the presence of depressive symptomatology; therefore, the difference in functioning could explain the decrease in negative affect in those who have higher levels of mindfulness (Davis & Hayes, 2011). Additionally, evidence suggests that this practice enhances the way in which individuals process and regulate their emotions. People who practice mindfulness tend to be less reactive and have higher cognitive flexibility, which allows them to respond better to stressful or emotionally taxing situations (Davis & Hayes, 2011).

Third, mindfulness brings intrapersonal benefits to those who practice it regularly. This practice increases the activity in the midline prefrontal regions, which is related to introspection and morality (Davis & Hayes, 2011). Additionally, the development of this quality increases the level of willpower and the capacity for self-regulation, which in turn influences other factors such as achievement and productivity and decreases risky behaviors such as substance abuse and binge eating (Canby et al., 2015).

Fourthly, with respect to the interpersonal sphere, increased mindfulness increases empathy and is related to the ability to identify one's emotions and communicate one's desires and needs to others (Davis & Hayes, 2011). People with high levels of dispositional mindfulness have less interpersonal conflict and possess the skills necessary to respond appropriately to confrontation. Because these people are less likely to become entrapped in the emotional climate, they avoid escalating the problem and can resolve it effectively (Davis & Hayes, 2011). The degree of mindfulness could be a protective factor against emotional

stress, given that people with a higher level of mindfulness report feeling less emotional discomfort after an altercation (Davis & Hayes, 2011). A positive relationship was also found between the level of mindfulness of those involved and the degree of satisfaction they feel about their relationships (Davis & Hayes, 2011).

Finally, the practice of mindfulness is associated with a decrease in physiological stress and an increase in vitality and well-being (Canby et al., 2015). This ultimately affects the functioning of other body systems; for example, the practice of mindfulness increases the functioning of the immune system and helps to prevent the onset of disease (Davis & Hayes, 2011).

Mindfulness and psychology. In the present day, mindfulness and psychology are closely related. In the 1970's, John Kabat-Zinn was the pioneer in mindfulness related work within the field of psychology. Kabat-Zinn began using mindfulness in a systematic way and initiated the process of its secularization, which allowed this resource to be utilized within psychology (Bach et al., 2015). He developed Mindfulness-Based Stress Reduction (MBSR) to work with chronic pain patients and improve their quality of life. Since then, several modern therapies have been developed that use the concept and tools of mindfulness as fundamental parts of their model, some of which include Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT) (Bach et al., 2015). The literature suggests that these interventions are effective in the treatment of various conditions such as: affective disorders (Hofmann et al., 2010; Khoury et al., 2013), eating disorders (Turgon et al., 2019), and substance use, among others (Cavicchioli et al., 2018).

Therapeutic skills

Micro- skills Model. Different models for conceptualizing, assessing, and training psychologists in therapeutic skills have arisen throughout the years. One of the most influential proposals in the field is the micro-skills model, which was developed by Allen and Mary Ivey (MacCluskie, 2010). This model originated during the 1960s and 1970s when behaviorism was predominant within psychology and advances emphasized the study of observable and quantifiable behavior (MacCluskie, 2010).

The micro-skills model is based on the premise that helping behaviors are complex interpersonal interactions that can be broken down into isolated components, thereby facilitating their understanding and development (MacCluskie, 2010). Deconstructing more complex skills into specific behaviors allows each one to be described and modeled to the trainees. Moreover, this method of teaching focuses on practice and serves as a framework from which the supervisor can provide detailed feedback (MacCluskie, 2010). Once trainees master the basic components individually, they can combine them to form more complex strategies (MacCluskie, 2010). The model proposed by Ivey & Ivey does not align to a particular theory, but rather provides resources that can be used in a variety of therapeutic approaches (MacCluskie, 2010). The authors argue that developing these skills facilitates effective communication; allows psychologists to help clients explore and solve their problems; and influences the development of the therapeutic alliance, among other factors that play an important role in the therapeutic process (MacCluskie, 2010).

Counseling Skills Scale. Based on the micro-skills model proposed by Ivey & Ivey, Karen Eriksen and Garrett McAuliffe developed the Counseling Skills Scale. Eriksen and McAuliffe identified the need for a reliable and valid scale that could be used by supervisors while observing their supervisees to score their performance in a systematic manner (Eriksen

& McAuliffe, 2003). Consequently, they created the Counseling Skills Scale to assess the competence of psychologists in training (Eriksen & McAuliffe, 2003).

The Counseling Skills Scale evaluates the use of 20 micro skills, which are grouped into six categories (Eriksen & McAuliffe, 2003). The first subscale analyzes the therapist's ability to demonstrate his interest and encourage the patient using body language, modulating vocal tone, and focusing on the client's abilities and strengths (Eriksen & McAuliffe, 2003). In addition, the scale assesses the use of questions, paraphrasing, summarizing and other communication strategies to help the patient explore the material brought to session (Eriksen & McAuliffe, 2003). Subsequently, it evaluates the resources that the therapist can use to deepen the session such as the use of the present moment, confronting a patient, or reflecting their emotions (Eriksen & McAuliffe, 2003). The instrument also includes a subscale to score the therapist's ability to promote change (Eriksen & McAuliffe, 2003). This category includes skills such as goal setting and the use of specific therapeutic strategies to help the patient accomplish the established goals (Eriksen & McAuliffe, 2003). The last two categories correspond to the therapist's ability to develop and maintain a strong therapeutic alliance based on warmth, unconditional positive regard, and empathy as well as his or her ability to manage the session (Eriksen & McAuliffe, 2003).

Each item is punctuated using a Likert scale and a total score can be obtained by adding the partial scores (Eriksen & McAuliffe, 2003). It must be considered that, while evaluating, supervisors must use their clinical judgment to determine whether the therapeutic skills are used within the right context, at the right time, and in a way that is beneficial to the psychological process (Eriksen & McAuliffe, 2003).

Justification of the research topic

Scientific literature suggests that there are several factors that have an impact on the effectiveness of a therapeutic process. These include the techniques used and how effective they are for addressing a specific issue; the client's expectations and whether or not they believe the process will be helpful, and other extra-therapeutic factors such as the presence of a support network or the number of stressors the patient must endure (Castonguay & Hill, 2017). However, an important part of variance is explained by the presence of “common factors”, which are: general competencies all therapists pursue regardless of their theoretical orientation (Araya-Véliz & Porter Jalife, 2017; Castonguay & Hill, 2017). Among the common factors are interpersonal skills such as: warmth, empathy, capacity for verbal and emotional expression, and the ability to nourish the therapeutic alliance (Araya- Véliz & Porter Jalife, 2017). Even though there are numerous factors that complicate the study of the relationship between therapeutic skills and outcomes, the literature suggests that therapeutic skills are a good predictor of a decrease in symptomatology and other positive changes (Anderson et al., 2016; Anderson et al., 2019; Araya-Véliz & Porter Jalife, 2017; Castonguay & Hill, 2017). In addition, skills-focused training has been found to relate to an increase in the self-perception of professional competency and to aid in the development of a professional identity (Aladag et al., 2014).

Consequently, it is essential to develop training programs that promote the development of skills that make therapists effective and allow them to optimally support their clients. Evidence suggests that mindfulness practice will enhance the development of these skills; therefore, making it part of the curriculum for psychologists in training can be very profitable.

Objectives of the dissertation, methodology and structure of the study

This academic paper explores the impact that the inclusion of mindfulness practice might have on the development of counseling skills of psychologists in training.

Consequently, the primary objective is to compile and synthesize the scientific literature that has been published on the subject. Additionally, the limitations of the studies conducted to date will be presented and recommendations will be provided for future research.

To conduct the literature review, a search for the terms: "mindfulness practice" and "counseling skills" was carried out in several databases including Google Scholar, PubMed, ProQuest and Scopus. This step was then repeated, making changes in the search terms used in order to expand the search and try to find more related articles. This procedure was performed in both Spanish and English. Afterwards, the references of all the articles found were reviewed to locate related papers. At the end of the first stage, the articles found were reviewed and those that responded to the research question were chosen. The selected articles were reviewed for key findings as well as limitations. Based on the preceding criteria, 12 articles published from 2006 to 2023 were selected. Finally, the findings were reported grouping the information according to the subscales proposed in the Counseling Skills Scale.

LITERATURE REVIEW

The inclusion of mindfulness practice in training programmes for psychologists

Given the evidence that mindfulness practice is associated with improved health, increased well-being, and benefits in the affective, intrapersonal, and interpersonal domains, numerous theories have been formulated regarding how this practice could contribute to the practice of clinical psychology. As a result, several proposals have been developed and implemented to include mindfulness training in the curricula of instructional programmes for psychologists. The results of the studies conducted to date suggest that mindfulness practice can bring numerous benefits to therapists in training.

There is strong evidence to support the impact of this practice on psychologists' ability to productively manage uncomfortable emotions (Chan et al., 2021; Kalmar et al., 2023; Newsome et al., 2006; Shapiro et al., 2007). Students who received mindfulness training reported declines both in their levels of perceived stress and anxiety (Chan et al., 2021; Kalmar et al., 2023; Newsome et al., 2006; Shapiro et al., 2007). Moreover, the frequency and intensity of coping behaviors such as rumination decreased. On the other hand, it has been found that those who practice mindfulness on a regular basis report an increase in positive affect and they experience positive emotions more fully (Shapiro et al., 2007).

Furthermore, this type of practice helps to prevent the occurrence of phenomena such as burnout and vicarious trauma, which are common problems in this profession (Gockel, 2010; Reilly, 2016). It has also been found that psychologists who receive mindfulness training from their early professional education develop better self-care practices, and these tend to be maintained several years after the initial training (Christopher et al., 2011).

On the other hand, less research has been conducted on the impact this practice might have on the development of counseling skills. Often, training programmes teach therapeutic

skills from a behaviorally- focused perspective. The lessons focus exclusively on the concrete skills that psychologists are expected to perform (Gockel, 2010). For example, there are exercises that allow trainees to practice specific techniques such as reflecting, paraphrasing, and summarizing. However, for these skills to be effectively transferred to clinical practice and for psychologists to be able to use them appropriately in a suitable moment, other qualities and attitudes need to be developed, including the ability to focus on the present, openness to experience, and the capacity to self-regulate and manage emotions, among others (Gockel, 2010). Given that many of these qualities are cultivated through mindfulness practice, it is likely that practicing mindfulness will influence the development of the therapeutic skills of psychologists in training.

General review of articles selected.

Newsome et al. (2006) examined the impact of the inclusion of the class "mind/body medicine and the art of self-care" in the curriculum at Montana State University. The course was taught for 15 weeks and addressed the topic of mindfulness and how it can be integrated into one's personal life and professional practice (Newsome et al., 2006). This study consisted of a quantitative component that assessed the students' response to the course. In addition, participants were asked to keep diaries and a focus group was conducted to obtain qualitative data (Newsome et al., 2006). The results indicate that the students' perception of the course was positive and that they experienced numerous benefits, both personally and professionally. After receiving mindfulness training, therapists reported being more present in session, being more aware of their emotions and they were able to slow down their thoughts to analyze them clearly. In addition, participants stated it was easier for them to focus on the material brought by the patient (Newsome et al., 2006). Moreover, counselors noticed an improvement in their active listening skills, and at the same time they felt more comfortable with silence and were

able to make better use of this resource. Students also perceived an increase in their level of compassion and empathy, which influenced both their interaction with the patient and their conceptualization of the case (Newsome et al., 2006).

McCollum & Gehart (2010) designed a curriculum in which mindfulness practice is used to cultivate therapeutic presence. This program included both theoretical and hands-on components and was implemented at Virginia Tech University and California State University for four years. Participants were asked to keep a journal reflecting on their experience and the effect the practice had on their personal and professional lives and thematic analysis of this information was conducted (McCollum & Gehart, 2010). When discussing the differences that they were able to identify in their professional practice after undergoing mindfulness training, therapists reported a change in their way of being present. They described an increase in their level of awareness, both of themselves and the patient, and their ability to use that information in session. In addition, participants commented that they were better capable of connecting emotionally with the patient, and they were able to do so without being absorbed by the material (McCollum & Gehart, 2010). They described themselves as calmer and more focused, with a reduction in the sense of urgency to respond or act, which led to a decrease in the pacing of the session. Finally, students observed an increase in their self-acceptance and self-compassion, which served as a basis for extending these qualities to their relationship with the client (McCollum & Gehart, 2010).

Buser et al. (2012) studied the relationship between mindfulness training and the development of therapeutic skills. The study comprised a control group and two experimental groups. All participants received a course aimed at the development of therapeutic skills. In addition, students in the experimental groups received theoretical and experiential training in mindfulness (Buser et al., 2012). The experimental groups differed in the number of

mindfulness practice sessions they received, with one group receiving 5 sessions while the other received 11. At the end of the training period, participants were assessed using the Counseling Skills Scale to determine if there were differences between groups (Buser et al., 2012). At the end of the study, it was found that both experimental groups scored significantly higher than the control group on the subscale assessing the ability to develop the therapeutic relationship. However, no significant difference was found in this domain between the experimental groups, meaning between the students who received 5 training sessions and those who received 11 sessions (Buser et al., 2012). On the other hand, the extended experimental group showed a significant difference with the control group in the ability to promote content exploration. In contrast, there was an increase in this skill in the students of the brief experimental group but the difference with the control group wasn't significant, however, a medium effect size was found (Buser et al., 2012).

Campbell & Chambers (2012) developed and implemented a mindfulness curriculum for trainee psychologists. The program consisted of a 15-week course covering various theoretical aspects of mindfulness accompanied with applied exercises. Each participant was asked to keep a diary of their experience on the course and information was collected in this way over 7 years. Subsequently, a qualitative analysis of the data was carried out to identify common themes (Campbell & Christopher, 2012). The two main themes identified were an increase in awareness and acceptance, both of self and others. In addition, students described being more attentive in session, more patient, less reactive to the material presented, and better able to manage countertransference (Campbell & Christopher, 2012). They also reported a decreased sense of inadequacy and need for control, which allowed them to take themselves less seriously and to focus on being present in session rather than on the techniques they need to implement. Additionally, they reported an increase in empathy and

described the connection with their patients as more genuine (Campbell & Christopher, 2012). In a follow-up study, Campbell & Christopher interviewed some of the original participants and they found that some of these benefits were sustained up to 6 years after training (Christopher et al., 2011).

Hopkins & Proeve (2013) administered an 8-week mindfulness coaching program to a group of trainee psychologists using a repeated measures model. Three separate assessments were conducted, one before the start of the study, one at the end of the intervention, and a follow-up assessment 2 months later. The Perceived Stress Scale (PSS14), the Five-Facet Mindfulness Questionnaire (FFMQ), and the Interpersonal Reactivity Index (IRI) were used in conjunction with semi-structured interviews (Hopkins & Proeve, 2013). After partaking in mindfulness training, participants were significantly less reactive and better able to observe without judgment. In the thematic analysis, students reported that after the intervention their response to stress was different, as they were more capable of identifying stress, not getting caught up in the emotion, accepting the situation for what it was and staying focused on the present moment (Hopkins & Proeve, 2013). They also reported greater self-awareness, which enabled them to improve their relationship with the patient and repair ruptures in the alliance. This increase in the quality of the therapeutic relationship was also enhanced by a higher level of empathy (Hopkins & Proeve, 2013). Additionally, they commented that after receiving mindfulness training, they felt less pressure and were less likely to let worries about their performance interfere with their work and their ability to accompany the patient. Sub-themes related to increased mindfulness and the ability to manage emotions remained present in the follow-up interview. These benefits persisted even in cases where participants stopped formal practice and replaced it with informal mindfulness practice (Hopkins & Proeve, 2013).

A qualitative study carried out by Duffy et al. (2017) analyzed the experience of psychology students receiving mindfulness training and the perceived impact of this practice on their professional development. For this research, several mindfulness-related activities were included in a 15-week theoretical and practical introductory course on psychological theories. Students from two cohorts were interviewed and data was analyzed to find common themes (Duffy et al., 2017). Upon completing the intervention all the participants reported some benefit to their professional development, even though some were hesitant about its impact at the beginning (Duffy et al., 2017). According to the students, mindfulness practice allowed them to put aside possible distractions in order to focus completely on their client, what happened in the session, and the content of the conversation. In addition, therapists reported feeling less anxious and being more capable of managing emotions that might otherwise interfere with their work in session (Duffy et al., 2017).

Swift et al. (2017) ran a Randomized-Controlled Crossover Trial to observe the impact of a 5-week mindfulness course on the development of psychologists-in-training. For this study two groups were used, an experimental group and a control group that later received the mindfulness training as well. Data was gathered using the Five-Facet Mindfulness Questionnaire (FFMQ), the Therapist Presence Inventory (TPI), the Toronto Mindfulness Scale (TMS) and the Session Rating Scale (SRS) (Swift et al., 2017). The results indicate that, in comparison to the control group, the experimental group had a significantly greater increase in the level of mindfulness and therapeutic presence as perceived by the counselors. However, no significant differences were found in patients' ratings of therapeutic presence and session effectiveness (Swift et al., 2017).

Johnson et al. (2019) conducted a study on the relationship between mindfulness training, the frequency with which this practice is carried out and different qualities of the

therapeutic alliance. The Working Alliance Inventory-Short Revised (WAI-SR) was used to assess the counselor-patient relationship and an interview was carried out to obtain more detailed information (Johnson et al., 2019). A relationship was found between frequency of mindfulness practice and the therapist ability to plan goals collaboratively with the patient. Those who practice mindfulness 4 times a week or more have a significantly higher score on this scale than those who practice mindfulness less than 3 times or not at all. No significant differences were observed in the therapeutic alliance, which contrasts with findings in other similar studies (Johnson et al., 2019).

Chan et al. (2021). conducted a randomized controlled trial to study the relationship between mindfulness practice and empathy, self-compassion, counseling self-efficacy and stress experienced in session. Neuropsychological responses to meditation were also studied using biofeedback systems designed to measure the level of skin conductance, respiration rate, and brain wave patterns. The sample was divided into two groups: the experimental group received an 8-week training program on mindfulness-based cognitive therapy while the control group participants were on a waiting list. Data was collected using The Interpersonal Reactivity Index (IRI), The Self-Compassion Scale, The Depression Anxiety and Stress Scale (DASS-21) and The Counselor Activity Self-Efficacy Scales (CASES) (Chan et al., 2021). After receiving mindfulness training, participants showed increased levels of mindfulness and self-compassion. Furthermore, their capacity to adopt the patient's frame of reference increased as did their perceived efficacy as therapists. Moreover, the level of stress reported and its physiological expressions decreased significantly, which allowed them to respond appropriately and made them less likely to react unproductively to emotions (Chan et al., 2021).

Kalmar et al. (2023) recruited a group of psychology students to assess the impact of a mindfulness training program on self-compassion and empathy. A 6-week course was implemented combining workshops with virtual resources that participants were required to review at home. Quantitative data were collected using the Kentucky Inventory of Mindfulness Skills (KIMS-D), the Self-Compassion Scale (SCS-D) and the Empathy Scale for Social Workers (ESSW) and additional interviews were conducted to obtain qualitative data (Kalmar et al., 2023). There was an increase in the counselors' ability to be in the present moment, without judgment or rumination, and to act consciously rather than responding automatically or impulsively. In addition, there was a significant difference in the level of acceptance without judgment before and after receiving the intervention (Kalmar et al., 2023).

A randomized controlled trial conducted by Garrote-Caparrós et al. (2023) studied the effect of a mindfulness and compassion training program on mindfulness skills, the degree of empathy and the impact on the psychotherapeutic process. The experimental group received eight weeks of mindfulness training while the control group was asked to maintain a journal recording their reflections on the feelings of empathy experienced towards their patients in session. Therapists were asked to complete the Psychotherapeutic Mindfulness Skills-Scale (PMS-S) and the Empathic Understanding Scale-Therapist form (EUS-T) before and after receiving training. Similarly, patients were asked to rate different therapist attributes and alliance qualities using the Empathic Understanding Scale-Patient form (EUS-P) and the Working Alliance Theory of Change Inventory (WATOI). In addition, patients were asked to complete the Brief Symptom Inventory, whose score was taken as a measure of the effectiveness of the therapeutic process (Garrote-Caparrós et al., 2023). Once the intervention was concluded it was found that the therapists' ability to be present in session increased. Regarding empathy, patients' scores reflected an increase in this construct and, consequently,

an improvement in the quality of the therapeutic alliance. On the other hand, the therapists' scores did not show a significant difference in the level of empathy measured at the end of the course. However, in the follow-up evaluation, a significantly higher score was observed (Garrote-Caparrós et al., 2023).

Impact of the inclusion of mindfulness practice on the development of counseling skills

Showing interest and encouragement

Most of the papers did not report an effect on skills related to showing interest in or encouraging the patient during the psychological process. Most of the studies selected focused on assessing the therapeutic presence, interpersonal reactivity, therapeutic relationship, the level of empathy and compassion and do not include tools to measure the use of body language, vocal modulation, or use of minimal encouragers, among other related skills. Similarly, in cases where information was collected through diaries or interviews, participants made no mention of the topic. The only significant change reported in this area is that those who practice mindfulness reported feeling more comfortable with silence, so they were able to make better use of this resource, control the pace of the session, and give the client the time required to process what has been discussed (Newsome et al., 2006).

Encouraging exploration

The findings of the articles selected indicate that those who received mindfulness training scored significantly higher on the use of communication skills to encourage exploration of the content brought to the session (Buser et al., 2012). These skills included asking questions to help the patient elaborate on a topic and asking for examples when an answer is vague or needs to be grounded in something more concrete (Buser et al., 2012). In addition, psychologists who received mindfulness training were able to make better use of their ability to summarize and paraphrase, so they could make key comments highlighting the

most important aspects of the conversation. This strengthens the therapeutic relationship, validates the patient, and encourages further self-exploration and insight (Buser et al., 2012).

Deepening the session

Regarding skills that enable counselors to deepen the session, it was found that mindfulness practice makes psychologists more aware of the present moment and allows them to use immediacy within the therapeutic process. Students reported that after having received mindfulness training, they had a greater degree of self-awareness (McCollum & Gehart, 2010). Participants stated that they were able to identify their thoughts and emotions clearly, which in turn enabled them to manage and use them consciously (Campbell & Christopher, 2012). Moreover, trainees noted that mindfulness made them more perceptive of their patients' reactions to experiences within the therapeutic space (McCollum & Gehart, 2010). This newfound ability allowed them to reflect on the patient's non-verbal language and make observations about the communication patterns and dynamics that exist within the therapeutic relationship and may be replicated in other interpersonal relationships.

Additionally, mindfulness was found to influence the development of therapeutic presence, that is, the counselor's ability to "be" in session (Campbell & Christopher, 2012; Duffy et al., 2017). Therapeutic presence is a fundamental skill because it enables the practitioner to genuinely connect with their patient while not being consumed by the difficult material and emotions brought to the session and not being carried away by the techniques or tools that they believe they must provide (Duffy et al., 2017; McCollum & Gehart, 2010).

On the other hand, there is no mention in the research of changes in the therapist's ability to identify patterns or recurring themes in the patient's narrative. Also not discussed is the ability to identify and point out possible discrepancies in the content provided, to reflect on the patient's values or comment on other underlying material. These skills are fundamental

because they allow the counselor to adopt the patient's frame of reference, they foster the development of self-awareness and strengthen the therapeutic relationship.

Encouraging change

In relation to fostering change, it was found that psychologists who received mindfulness training were more skilled at setting therapeutic goals collaboratively and in accordance with patients' values (Johnson et al., 2019). In addition, it was found that having experience performing the various mindfulness practices makes practitioners more skilled at guiding their patients when applying these techniques (Baker, 2016; Hopkins & Proeve, 2013). No evidence was found that mindfulness practice helps develop the ability to contemplate different alternatives, evaluate their possible consequences, or anticipate possible obstacles.

Developing therapeutic relationship

The selected studies show substantial evidence to sustain the claim that mindfulness practice contributes to the development of skills needed to build and maintain the therapeutic relationship. The results indicate that mindfulness helped therapists to become more compassionate (Campbell & Christopher, 2012; Christopher et al., 2011; Fletcher et al., 2022; Shapiro et al., 2007) and empathic (Campbell & Christopher, 2012; Chan et al., 2021; Christopher et al., 2011; Garrote-Caparrós et al., 2023; Kalmar et al., 2023; Swift et al., 2017), which in turn allowed them to put themselves in their client's frame of reference and generate a genuine connection. Evidence indicates that, besides an increase in the level of empathy reported by the therapist, patients perceived their therapist as significantly more empathetic when their therapist had received training in mindfulness (Garrote-Caparrós et al., 2023). In addition, mindfulness training enhances the ability to be non-judgmental (Campbell

& Christopher, 2012; Christopher et al., 2011; Kalmar et al., 2023), leading to the unconditional positive regard that characterizes the therapeutic relationship.

Managing the session

In the literature reviewed no information was found on the impact of mindfulness on the psychologist's ability to manage the session. There is no mention of the ability to manage time appropriately or structure sessions in a coherent way.

Other benefits of the practice of mindfulness for therapists

The studies selected for the present review discuss other benefits of mindfulness practice. While these cannot be considered within the therapeutic skills proposed by Eriksen & McAuliffe, they are directly related to them, so they are briefly discussed below.

Mindfulness practice has been found to help therapists engage with patients during sessions (Campbell & Christopher, 2012; Fletcher et al., 2022). While attentiveness is not a therapeutic skill in itself, it is the basis for active listening and the foundation on which all other skills are built, so cultivating the ability to stay focused is essential. It was also found that a higher level of mindfulness allows therapists to put aside their personal concerns to better connect with what is being discussed in session. Furthermore, mindfulness allows the therapist to not fixate on what happened in previous sessions and to approach this new encounter with an open mind while simultaneously considering the context (McCollum & Gehart, 2010).

Mindfulness also increases the psychologist's ability to self-regulate and decreases their level of emotional reactivity (Christopher et al., 2011; Fletcher et al., 2022). This is important because finding a state of calm and being able to act deliberately rather than react is essential. Without this skill it would not be possible to create a space within which the more complex therapeutic skills can be applied.

As previously mentioned, mindfulness practice is associated with an increased level of compassion towards the patient. In addition, this quality extends to the therapist themselves and allows them to rethink their role within the session (Campbell & Christopher, 2012; Chan et al., 2021; McCollum & Gehart, 2010). Self-compassion helps therapists to reduce their need for control and sense of inadequacy. In this way, practitioners do not feel pressured to "fix the patient" and do not focus on what they should "do" in session. Ultimately, this enables them to focus on accompanying the patient and contributes to the development of the therapeutic relationship (Campbell & Christopher, 2012; Chan et al., 2021; McCollum & Gehart, 2010). Ultimately, mindfulness practice is associated with therapists having better communication skills and being able to set clearer boundaries with their patients (Fletcher et al., 2022; Kalmar et al., 2023). Counselors with a mindfulness practice also tend to have a greater awareness of how they relate to others, which leads to better interpersonal relationships with their patients and the ability to build rapport (Christopher et al., 2011).

CONCLUSIONS

Methodological limitations of the selected studies

While reviewing the existing literature, several limitations that hinder the study of this topic were noted. Firstly, there are marked differences in the methodology used in the different studies and in the operationalization of constructs. As there are several models used to conceptualize therapeutic skills and numerous tools that can be used to assess them, it is difficult to compare the information obtained from different studies and to accumulate knowledge to generate a body of robust evidence to support a hypothesis. To address this issue, standardization or unification of the definitions and instruments used could be sought, so that future studies can be cross-checked and replicated.

Secondly, it is important to acknowledge that there are difficulties inherent to the study of mindfulness. Mindfulness practice is an experiential phenomenon, so it is difficult to capture or measure that experience and translate it into research findings (Davis & Hayes, 2011; Hemanth & Fisher, 2015). Qualitative designs are often used to study such phenomena. Although this methodology can provide truly valuable information for understanding complex phenomena, it has other limitations such as a lack of statistical generalization (Davis & Hayes, 2011; Hemanth & Fisher, 2015). In addition, due to the depth with which data is analyzed and other factors such as the search for diversity of experience and the demands of time and resources, qualitative research tends to have smaller samples, as is the case in several of the selected studies. On the other hand, even quantitative research on the topic tends to rely on self-reporting tools, which makes it susceptible to bias and may not adequately represent reality. To lessen the impact of these limitations, research can be designed to combine different types of measurements, including observations by third parties, to provide a more complete picture (Davis & Hayes, 2011; Hemanth & Fisher, 2015).

Thirdly, it must be acknowledged that there are many factors that influence mindfulness training and that may indirectly affect the phenomenon studied. The literature indicates that, to obtain the benefits discussed above, mindfulness practice must be done consistently over an extended period; however, there is no clarity on the issue of how much time one must practice mindfulness to observe such changes (Johnson et al., 2019). For example, the number of days participants practiced per week was found to influence their ability to set collaborative goals. Practitioners who practiced mindfulness 3 times a week or less showed significantly less development of this skill than those who practiced it 4 times or more (Johnson et al., 2019). Furthermore, the change isn't exclusively related to the number of hours of practice, but there are other factors involved such as readiness and discipline that may affect the outcome (Fletcher et al., 2022).

Fourthly, most of the studies selected did not carry out a manipulation check. This error in methodological design does not allow the establishment of a causal relationship between the independent variable, in this case mindfulness practice, and the dependent variable, in this scenario the development of therapeutic skills. Since many studies do not include an instrument to assess the level of mindfulness and hence track changes in this construct, it is not possible to determine whether the manipulation, meaning mindfulness training, was effective. This affects the validity of the data and its interpretation.

Finally, there are several difficulties associated with teaching mindfulness. The professionals conducting the training programmes must have experience in mindfulness practice so that they can transmit not only their knowledge, but also the attitude towards the practice and the habit of doing it (Campbell & Christopher, 2012). In addition, they must be able and willing to accompany students in their process of learning and the changes it entails for their lives and professional roles (Campbell & Christopher, 2012). Although these factors

are important for mindfulness training to be effective, the studies reviewed do not control for them, which could affect the interpretation of the results.

Recommendations for future studies

The research articles selected for this literature review seek to determine if there is a relationship between the practice of mindfulness and the development of therapeutic skills, however they do not study the mechanism by which this effect is produced. Other preliminary investigations propose different models to explain this relationship. For instance, it was found that the level of personal distress experienced by the therapist could act as a mediator in the relationship between the level of mindfulness and the quality of the therapeutic relationship (Leonard et al., 2018). Another theory proposed is that the ability to regulate emotions and not over-identify with the content that the patient brings to session mediates the relationship between mindfulness and the strength of the alliance (Leonard et al., 2018). It has also been suggested that the relationship between these variables is explained because mindfulness allows the therapist to connect with himself and be aware of his internal experience. At the same time, it enables the counselor to tune in with the patient and reflect his experience, inviting self-exploration (Baker, 2016). Through this process of co-mediation, the patient eventually learns to tune in to his own experience (Baker, 2016). Understanding the processes or mechanisms that underlie the relationship between mindfulness practice and therapeutic skills would allow practitioners to develop more solid theories, formulate more effective treatment strategies, and design training programs that maximize these qualities.

Another area that should be explored in future studies is the relationship between mindfulness practice and therapeutic skills with treatment effectiveness. Since the main objective of psychology is to improve patients' quality of life and accomplish life-enhancing changes, it is important that clinical practice focuses on obtaining said results. Since

practicing psychologists should implement models and practices that most benefit the patient, it is necessary to know if mindfulness training contributes to therapists using counseling skills effectively in session. Ivanovic et al. (2015) conducted a repeated measures study and found that patients rated post-training mindfulness sessions as more effective. On the other hand, Grepmaier et al. (2007) found that the patients of therapists who received mindfulness training scored significantly higher on the scale of perceived changes during the therapeutic process. In addition, they reported a significant decrease in the global severity index and a decrease in symptoms associated with somatization, discomfort in social situations, obsession index, anxiety, phobia, anger, paranoia, and psychoticism (Grepmaier et al., 2007). While these results are promising, it is important to replicate and deepen them in new studies.

Conclusions

Although the research conducted so far is promising, important limitations of the selected studies must be taken into account, such as the lack of standardized methodology to compare findings from different studies and the common lack of manipulation checks. Additionally, there are other areas that need to be explored in the future, such as the mediators of the relationship between mindfulness and the development of therapeutic skills and how these changes influence the outcomes obtained in the therapeutic process.

However, research findings to date suggest that the inclusion of mindfulness practice within the curriculum of psychology programmes has a significant impact on the development of certain therapeutic skills. An enhancement is observed in skills related to encouraging exploration of content, deepening the session, and developing the therapeutic relationship. In the case of other therapeutic skills such as showing interest, or the ability to foster change and manage the session, little or no information is found, so it is of utmost importance to study the subject in the future. In addition, mindfulness practice is related to the strengthening of other

qualities such as the ability to focus and sustain attention, the capacity to self-regulate and manage emotions, and self-compassion, among others, which serve as a baseline for the development and implementation of more complex skills. After reviewing the benefits of mindfulness training, it is considered that its inclusion in the curriculum would be decisive in the process of training psychologists capable of making effective use of therapeutic skills in their clinical practice to carry out processes with a greater probability of success.

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