

## Brief article

# Enhancing professional counselling practice with mindfulness meditation

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### Abstract

The purpose of this review was to gather evidence about the influence of mindfulness meditation on a counsellor's professional practice when approached as self-care. Relevant literature was searched and critically analysed, guided by an assessment of levels of evidence and an appraisal framework. Results indicated that as a self-care approach, mindful meditation may enhance professional practice by reducing stress and anxiety, yet increasing self-compassion and personal confidence. The findings further revealed that the practice of mindfulness meditation has been associated with core counselling attributes such as clearer thinking, increased capacity for reflection, empathy, and compassion. Overall, however, the results do not provide conclusive evidence of a direct causal relationship between mindfulness meditation and enhancement of professional practice. Implications based on the evidence gathered are provided for individual practitioners and organisations.

**Keywords:** mindfulness meditation, professional practice, counselling attributes, self-care, evidence-based

During the past decade and a half, mindfulness meditation, a practice grounded in ancient Eastern philosophy, has found a secure home within contemporary Western psychology and counselling (Ivtzan & Lomas, 2016; Shapiro & Carlson,

2017). Entire therapeutic modalities have been formed around this practice (Hayes & Lillis, 2012; Weiss, Johanson, & Monda, 2015), and mindfulness has been found to be effective in supporting the treatment of a variety of conditions related to mental health (Bowen et al., 2009; Desrosiers, Vine, Klemanski, & Nolen-Hoeksema, 2013; King et al., 2013; Langer, Cangas, Salcedo, & Fuentes, 2012; Miller, Fletcher, & Kabat-Zinn, 1995; Wanden-Berghe, Sanz-Valero, & Wanden-Berghe, 2010), as well as other life challenges which may lead people to seek counselling support. Such research generally focuses on the direct effect of mindfulness training for those experiencing difficulties in coping, supporting a case for counsellors to familiarise themselves with mindfulness meditation so that they are equipped to offer appropriate referral or training to their clients (Dobson & Dobson, 2009; Dunkley & Stanton, 2014).

Rather than focusing on the benefits associated with referral or training for their clients, the aim of this review was to investigate the effect for counsellors of engaging with their own personal mindfulness meditation practice, asking the question, *how can mindfulness meditation enhance a counsellor's professional practice?* This question was approached from three distinct but related directions, essentially comprising three research objectives: investigating mindfulness meditation in relation to counsellor self-care; the development of core counselling attributes; and client outcomes. This study was driven by a desire to disseminate information and stimulate discussion about what constitutes effective, ethical practice among the counselling community in Aotearoa New Zealand, and to support the informed development of evidence-based counsellor education and ongoing professional development programmes.

## **Method**

A search and critical analysis of the relevant literature on how mindfulness meditation might enhance the professional practice of a counsellor was conducted using an appraisal framework.

### *Search strategy*

Literature searches were performed in online databases for *mindfulness AND counseling OR counselor OR counsell\** and were refined to return full text, peer-reviewed articles from academic journals. This search strategy was tailored to return articles with either spelling of the words counselling and counsellor, while

avoiding those articles bringing together mindfulness and legal counsel. The search yielded 61,984 results. Reference lists of relevant articles were also reviewed to yield additional pertinent material.

### *Inclusion criteria*

A mix of qualitative and quantitative, primary source, peer-reviewed research articles was considered for selection for this study. In general, more recent studies were prioritised over earlier ones, and those with relevance to more than one of the research objectives were likewise prioritised.

### *Study selection*

The titles and/or abstracts of approximately 100 articles were initially scanned for relevance, with the full texts of 12 articles being printed off for deeper consideration. From an initial review of methodological rigour, six of the texts most pertinent to this study were selected.

### *Quality analysis*

The Mixed Methods Appraisal Tool (MMAT) was used to critically evaluate the methodological rigour of each of the six selected studies. An initial determination was made as to the methodology of each study, and each was screened based on the MMAT “screening questions” (Pluye et al., 2011, p. 2). Studies were then appraised based on the relevant MMAT “tutorial,” and their respective positions on the Evidence-based Practice (EBP) levels of evidence (Co-Occurring Centre for Excellence, 2007; Winona State University, 2017) were identified.

### *Data extraction*

Each of the selected research articles was assessed and read in full, with relevant data being extracted to construct an overview. Further key data were extracted from the results and/or discussion sections, categorised and synthesised thematically according to the three major themes or research objectives: mindfulness meditation and counsellor self-care; mindfulness meditation and the development of core counselling attributes; and mindfulness meditation and client outcomes.

## **Results and discussion**

### *Study characteristics*

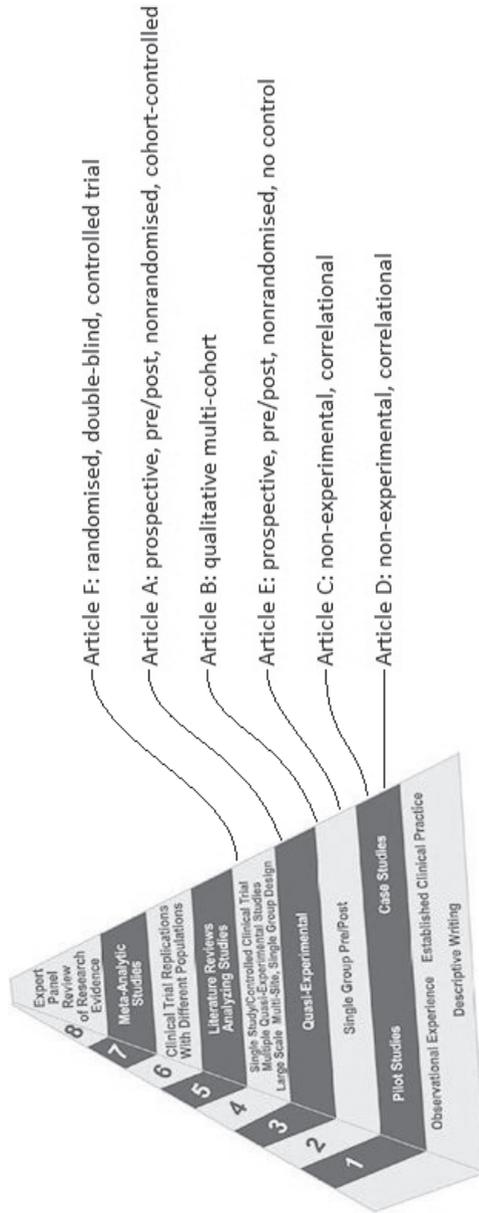
An overview of the selected studies is included in Table 1, the middle row containing the research aims in the words of the respective authors, demonstrating clear relevance to the current study. The final three rows present information about research participants, methods of gathering and analysing data, and ethical considerations. Five of these studies used a quantitative research methodology, while the sixth (Schure, Christopher, & Christopher, 2008) used a multi-cohort qualitative design spanning a period of four years. Of the five quantitative studies, two (Ivanovic, Swift, Callahan, & Dunn, 2015; Shapiro, Brown, & Biegel, 2007) used prospective, pre/post, non-randomised designs, Shapiro et al.'s (2007) study being cohort-controlled, while Ivanovic et al.'s (2015) had no control group. A further two of the quantitative studies used non-experimental, correlational research designs (Fulton, 2016; Greason & Cashwell, 2009), while the final quantitative study took the form of a randomised, double-blind, controlled trial (Grepmaier, Mitterlehner, Loew, Bachler, Rother, & Nickel, 2007).

### *Levels of evidence*

The results from this process of critical analysis offer useful information regarding the quality of each of the six selected studies, with those located higher up the EBP pyramid having greater intrinsic research quality. While those located lower down the EBP pyramid need not be disregarded, their findings should be considered as preliminary, requiring confirmation by additional, more methodologically rigorous studies.

### *Summary of findings*

A comprehensive summary of findings from the six selected articles is included in Table 2, categorised thematically according to the three research objectives of the current study. Key findings are presented, alongside brief descriptions of the various approaches to “mindfulness” used as part of these studies.



**Figure 1:** Location of the selected studies on the EBP levels of evidence, adapted from Co-Occurring Centre for Excellence (2007) and Winona State University (2017)

**Table 1: Overview of the six selected studies**

Article	A	B	C
<b>Title</b>	Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training	Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong	Mindfulness and counseling self-efficacy: The mediating role of attention and empathy
<b>Author(s)</b>	Shapiro, S. L., Brown, K. W., Biegel, G. M.	Schure, M. B., Christopher, J., Christopher, S.	Greason, P. B., Cashwell, C. S.
<b>Year</b>	2007	2008	2009
<b>Journal</b>	<i>Training and Education in Professional Psychology</i> , 1 (2), 105-115	<i>Journal of Counseling &amp; Development</i> , 86 (1), 47-56	<i>Counselor Education and Supervision</i> , 49 (1), 2-19
<b>Country</b>	USA	USA	USA
<b>Research aim</b>	To test the efficacy of MBSR in enhancing the mental health of therapists in training, to examine the processes by which MBSR achieves its beneficial effects, and to explore the relationship between mindfulness practice and mental health outcomes	To explore counseling students' perceptions of the influence of mindfulness practices on their lives (broadly defined) and their work with clients	To investigate the relationships between mindfulness and the counselor skills and attributes of counseling self-efficacy, attention, and empathy
<b>Methodology</b>	Quantitative—prospective (pre-post), non-randomized, cohort-controlled	Qualitative—multi-cohort	Quantitative—non-experimental correlational
<b>Participants</b>	54 Master's-level counseling psychology students—22 enrolled in intervention course, 32 enrolled in control courses	33 Master's-level counseling students, enrolled in an elective graduate course, spanning four years	179—129 Master's-level counseling interns, 50 Doctoral-level interns
<b>Data gathering and analysis</b>	Self-report measures—MAAS, PANAS, PSS, STAI, RRQ, Self-Compassion Scale	End of course questionnaire as part of a course journal assignment, inductive content analysis, cross-case analysis	Self-report measures—FFMQ, CAS, IRI, CASES
<b>Ethical considerations</b>	Introduction to study and invitation to participate, told it was completely voluntary, written informed consent	Students given the option of not having their responses included in the study, responses stored and analysed anonymously	Institutional review board approval, informed consent obtained, strictly voluntary participation, no incentives offered, identities and responses anonymous

D	E	F
Mindfulness, self-compassion, and counselor characteristics and session variables	A multisite pre/post study of mindfulness training for therapists: The impact on session presence and effectiveness	Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study
Fulton, C. L.	Ivanovic, M., Swift, J. K., Callahan, J. L., Dunn, R.	Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., Nickel, M.
2016	2015	2007
<i>Journal of Mental Health Counselling</i> , 38 (4), 360-374	<i>Journal of Cognitive Psychotherapy: An International Quarterly</i> , 29 (4), 331-342	<i>Psychotherapy and Psychosomatics</i> , 76 (6), 332-338
USA	USA	Germany
To examine the relationships between counselor trainee mindfulness and client perceived empathy, counselor trainee self-compassion, ambiguity tolerance, experiential avoidance, and session depth	To assess whether a brief 5-week mindfulness training program could lead to improved session presence and effectiveness for trainee clinicians	To assess whether the promotion of mindfulness, through daily Zen meditation, in psychotherapists in training influences the treatment results of their patients
Quantitative—non-experimental correlational, lacking manipulation of an independent variable, non-causal statistical relationship between variables	Quantitative—multisite prospective (pre/post), non-randomized, no control	Quantitative—RCT
55 client-counselor dyads	31 trainee clinicians	18 psychotherapists in training, 124 inpatients
Self-report and client-report measures—FFMQ, SCS, SEQ, AAQ-II, MSTATS, BLRI	Client report measures—TPI-C, SRS	Client report measures—STEP, VEV, SCL-90-R
Institutional review board approval, informed consent obtained from counselor trainees, clients invited to participate, voluntary participation, client consent obtained, clients and trainees offered \$3.00 as incentive for participation, clients and trainees completed surveys in separate rooms	Participation in training and study was optional, no demographic data was obtained from clients - secondary participants and unaware of purpose or nature of study, all participants treated in accordance with APA code of ethics	Planned and performed in accordance with Declaration of Helsinki and ethics laws, approved by clinic's "Ethikkommission," conducted independently of institutional influence, not funded, full disclosure upon completion of the trial, post-trial written permission for all participants

Table 2: Summary of findings from the six selected articles

Mindfulness meditation and counselor self-care	Theme	Mindfulness meditation and client outcomes
<p>A mindfulness-based stress reduction (MBSR) program was associated with improvements in graduate counseling psychology students' mental health. Compared to cohort controls, students in the MBSR program reported significant prepost course declines in perceived stress, negative affect, state and trait anxiety, and rumination, and significant increases in positive affect and self-compassion. These findings suggest that MBSR may not only lower stress and distress but also enhance the ability to regulate emotional states, as reflected in the declines in rumination. (Article A, p. 111)</p>	<p>The increases in self-compassion are particularly relevant to the field of counseling and therapy, as compassion for self, as well as for clients, has been posited as an essential part of conducting effective therapy (Gilbert, 2006). Research demonstrates that therapists who lack self-compassion and are critical and controlling toward themselves, are more critical and controlling toward their patients and have poorer patient outcomes (Henry, Schacht, &amp; Strupp, 1990). (Article A, pp. 111-112)</p>	<p>Although no differences were found between the baseline and posttraining sessions in terms of the therapists' level of presence, pretraining sessions were rated as significantly more effective by the participating clients. These results provide preliminary evidence that mindfulness training and practice for therapists can have some benefit on psychotherapy outcomes for clients. (Article E, p. 338)</p>
<p>Several participants expressed an additional benefit of getting sick less frequently than normal while taking the course. This statement appears to suggest that mindfulness practices may improve immune systems, which is similar to what was reported by Davidson et al. (2003). (Article B, p. 53)</p>	<p>Reports of a greater capacity for empathy and compassion. This increased capacity is related to previously mentioned changes in perceptions and attitude, mental clarity, and enhanced listening abilities. In counseling sessions, this translated into feeling more comfortable sitting in silence with clients and being able to stay focused on the therapeutic process at hand. (Article B, p. 54)</p>	<p>When added to the results from the Grepmar studies, it appears that mindfulness training for therapists not only can have an impact on end-of-treatment outcomes for clients but it can also have an impact on the effectiveness of individual sessions. (Article E, p. 338)</p>
<p>Students also expressed an increased awareness and sensitivity to their bodies. Such findings are congruent with those in Bruce et al.'s (2002) study with nursing students. It is encouraging to see these results given that these practices encouraged mindful attention and sensitivity to bodily movements and states. (Article B, p. 53)</p>	<p>This study provides empirical support for the theorized relationship between mindfulness and key counselor preparation and development outcomes. The results support the hypothesis that mindfulness is a predictor of counseling self-efficacy. Our study found that attention was a mediator of that relationship. Although empathy did not predict counseling self-efficacy as hypothesized and was not a mediator, mindfulness did significantly predict empathy. (Article C, p. 13)</p>	<p>Patients treated by [trainee therapists] who regularly participated in Zen meditation before therapy sessions scored significantly higher on their assessments of individual therapy (on 2 of 3 STEP scales; clarification and problem-solving perspectives) than patients treated by [trainee therapists] that did not meditate before sessions. (Article F, p. 337)</p>
<p>Emotional changes—the increased ability and capacity to deal with so-called negative emotions—composed a second theme of short-term effects. Through this course, students were given the time, space, and tools to address fears, anxieties, and doubts that contributed to their stress. Students indicated making progress in both accepting and letting go of these negative emotions and thought patterns. (Article B, p. 53)</p>	<p>Our study provides evidence that a sizable portion of the variance in counseling self-efficacy (34%) can be explained by a counselor's ability to be mindful, and to strategically control attention in the counseling session. Students who can be mindful in everyday life are more likely to strategically control their attention in the counseling session and to be empathic. They can sustain nonjudgmental attention on the client's narrative as well as, divide attention to observe such things as clients' nonverbal without getting lost in their own inner dialogue. (Article C, p. 14)</p>	<p>The subjectively perceived results of the entire inpatient treatment (VEV) were significantly better for the [meditation intervention] patients than the [control] patients. (Article F, p. 337)</p>

<p>Findings from this study are congruent with controlled MBSS studies that found lower anxiety and depression levels (Astin, 1997; Shapiro et al., 1998; Speca et al., 2000; Teasdale et al., 2000) and increased quality of life because of program participation (Carlson et al., 2004; Roth &amp; Robbins, 2004). <b>(Article B, p. 53)</b></p>	<p>Students who are more mindful would be able to accept current experience without reacting to it or judging it and, therefore, would be more likely to remain focused on the present moment in the counseling session rather than getting lost in cognitive exploration of what to do or how to fix the problem... Our findings suggest that mindfulness may be an important tool not only for cultivating attentional capacities in counselling students, but also for helping students learn to be with clients. <b>(Article C, p. 14)</b></p>	<p>These results suggest that the promotion of mindfulness in [trainee therapists] positively affects the course of therapy and the treatment results in their patients. <b>(Article F, p. 337)</b></p>
<p>Increased clarity of thought and capacity for reflection were often mentioned as beneficial mental effects of practice. Many students experienced changes in attitudes and perceptions. By engaging in counselling practices and exploring ideas from readings, students tapped into previously unexplored modes of awareness and experienced new ways of relating to themselves and their worlds. Such effects may be a direct result of the process of slowing down the mind and its constant thought patterns—an often-stated occurrence of meditative practices (e.g., Goleman, 2003; Kabat-Zinn, 1990; Welwood, 2000). <b>(Article B, p. 53)</b></p>	<p>On the basis of these exploratory findings, mindfulness training may be an important tool for cultivating the internal skills that are fundamental to the counseling relationship. Additional empirical inquiry, however, is needed. <b>(Article C, p. 15)</b></p>	<p>Promoting mindfulness in psychotherapists shows promise as a useful tool for improving the treatment results of their patients and, if further research concurs, should be adopted as part of psychotherapeutic training procedures and practices. <b>(Article F, p. 337)</b></p>
<p>Students also reported effects on their belief and value systems... instilling a greater sense of reported trust and confidence about themselves. Several students also reported an increased sense of purpose and direction in their lives. These statements are supported by the concept of feeling "grounded," a frequently mentioned concept among participants. <b>(Article B, p. 53)</b></p>	<p>Counselor trainees' self-report of mindfulness was directly related to clients' perceptions of counselor empathy. Further, both counselor self-reported mindfulness and self-compassion were predictive of lower experiential avoidance and greater session depth (counselor rated), however, only self-compassion was predictive of greater ambiguity tolerance and neither was related to session depth as rated by the client. <b>(Article D, p. 369)</b></p>	
	<p>In the current study, both counselor mindfulness and self-compassion were strongly and significantly related to lower experiential avoidance. <b>(Article D, p. 370)</b></p>	
	<p>Self-compassion was related to higher tolerance for ambiguity among the study sample. It was surprising that mindfulness was not related to ambiguity tolerance given that mindfulness training encourages an attitude of equanimity, however, self-compassion focuses more directly on being gentle with one's self when confronted with difficult experiences, and is negatively associated with harsh self-judgment (Neff, 2003). <b>(Article D, p. 370)</b></p>	
	<p>Both mindfulness and self-compassion were associated with greater session depth as evaluated by the counselor only, even though counselor and client rated depth were significantly related. <b>(Article D, p. 370)</b></p>	
	<p>The session outcome measure that we used is closely linked to concept of the working alliance (Duncan et al., 2003). Thus, our results lend some initial support to Bruce et al.'s hypothesis that a therapist's mindfulness impacts the therapist's ability to relate to clients. <b>(Article E, p. 338)</b></p>	

### *Mindfulness meditation and counsellor self-care*

In Shapiro et al.'s (2007) study, one cohort of trainee therapists took part in an eight-week Mindfulness-Based Stress Reduction (MBSR) programme. Compared with two cohort controls, the students in the intervention group reported significantly greater pre-post reductions in "perceived stress, negative affect, state and trait anxiety, and rumination, and significant increases in positive affect and self-compassion" (p. 111). In Schure et al.'s (2008) investigation, multiple cohorts of trainee counsellors took part in 15-week elective courses loosely based on the MBSR programme, incorporating yoga, qigong, and conscious relaxation techniques, as well as more traditional sitting meditation. Qualitative participant feedback included "getting sick less frequently," "an increased awareness and sensitivity to their bodies," "the increased ability and capacity to deal with so-called negative emotions... making progress in both accepting and letting go of these negative emotions and thought patterns," "increased clarity of thought and capacity for reflection," "a greater sense of reported trust and confidence about themselves," and "an increased sense of purpose and direction in their lives" (Schure et al., p. 53).

### *Mindfulness meditation and the development of core counselling attributes*

Shapiro et al. (2007) associated the demonstrated increase in self-compassion among the intervention group with the development of a core counselling attribute, noting that "compassion for self, as well as for clients, has been posited as an essential part of conducting effective therapy" (p. 111). Participants in the study by Schure et al. (2008) reported "a greater capacity for empathy and compassion...related to...changes in perceptions and attitude, mental clarity, and enhanced listening abilities. In counselling sessions, this translated into feeling more comfortable sitting in silence with clients and being able to stay focused on the therapeutic process at hand" (p. 53).

In Greason and Cashwell's (2009) study, counsellor trainees completed a questionnaire purported to measure a variety of factors of mindfulness, including an individual's self-reported capacity to observe, describe, act with awareness, and be non-judgemental. Measurements from this questionnaire were correlated with those from a variety of other self-report research instruments, designed to measure "counsellors' ability to strategically control their attention," "multidimensional empathy," and "counselling self-efficacy" (p. 9). Based on their findings, the

researchers suggested that “mindfulness is a predictor of counselling self-efficacy” and that “mindfulness did significantly predict empathy” (Greason & Cashwell, 2009, p. 13). They argued that, while additional research is required, “students who can be mindful in everyday life are more likely to strategically control their attention in the counselling session and to be empathic” (p. 14).

Counsellor trainees who participated in Fulton’s (2016) study completed the same mindfulness measurement instrument as those in Greason and Cashwell’s (2009) research, along with a variety of other self-report instruments intended to gauge session depth, self-compassion, experiential avoidance, and ambiguity tolerance. Clients of these participants were asked to complete similar research instruments, measuring clients’ perceptions of session depth and their counsellors’ empathy. Fulton (2016) found that “counsellor trainee self-report of mindfulness was directly related to clients’ perceptions of counsellor empathy,” “both counsellor mindfulness and self-compassion were strongly and significantly related to lower experiential avoidance,” and “self-compassion was related to higher tolerance for ambiguity” (p. 369).

### *Mindfulness meditation and client outcomes*

Trainee therapists took part in a brief five-week manualised mindfulness training in the study conducted by Ivanovic et al. (2015). In comparison to pre-training therapy sessions, “post-training sessions were rated as significantly more effective by the participating clients,” providing “preliminary evidence that mindfulness training and practice for therapists can have some benefit on psychotherapy outcomes for clients” (p. 338). In Grepmaier et al. (2007), however, trainee therapists were randomly assigned to an intensive programme of Zen meditation or to a control group. Clients were then randomly and blindly assigned to these trainee therapists, and a variety of measurement instruments were used to track session progress and therapeutic outcomes. Compared with those assigned for treatment to the control group, clients treated by trainee therapists who had experienced the Zen meditation group “scored significantly higher on their assessment of individual therapy,” and rated their entire inpatient treatment as “significantly better” (Grepmaier et al., 2007, p. 337).

While further research is certainly required to support this position, the findings from a range of studies with varying degrees of methodological rigour

suggest that the practice of mindfulness meditation can enhance a counsellor's professional practice in each of three interrelated ways. First, the practice of mindfulness meditation may be a valuable method of self-care, decreasing stress and anxiety while enhancing self-compassion and personal confidence. Mindfulness meditation has also been associated with clearer thinking and increased capacity for reflection, which can both be regarded as important elements of counsellor self-care and core counselling attributes.

As well as increasing clarity of thought and reflective capacity, mindfulness meditation may support the development of other core counselling attributes, including empathy (as reported by counsellors and their clients), compassion, and the strategic control of attention. Mindfulness meditation has also been shown to support counsellors' comfort with silence, thus decreasing experiential avoidance while increasing their ability to tolerate ambiguity. Finally, the practice of mindfulness meditation may enhance a counsellor's professional practice as measured by improved session effectiveness and improved therapeutic outcomes as experienced by clients.

### *Implications for practice*

As identified, the studies which generated these findings had varying degrees of methodological rigour. Each study, if taken in isolation, offers, at best, the suggestion of a correlation or relationship between the practice of mindfulness meditation and the enhancement of some aspect of professional counselling practice. When taken together, the findings from these six studies tend to support one another, building a foundational if relatively preliminary evidence base. While this is certainly valuable in opening up directions for further empirical research, an irrefutable, direct causal relationship between mindfulness meditation and the enhancement of professional practice cannot yet be claimed.

What can be said, however, based on the findings of the current study, is that there may be some value in introducing experiential training in mindfulness meditation to counsellor education programmes. In addition, the practice of mindfulness meditation could be suggested to practitioners as one possible means for promoting self-care, pursuing the development of professional competencies, and enhancing session effectiveness. In keeping with contemporary evidence-based practice philosophy, the evidence base is only one part of the equation. Those who

choose to engage with mindfulness meditation would ideally undertake a process of personal and/or organisational reflection and ongoing development, keeping up to date with advancements in empirical research while gathering feedback from their own experience as well as from that of their clients.

Empirical research is of little value unless the findings can be disseminated among those to whom it is applicable, in this case to those in the fields of counselling and counsellor education. We hope that the publication of this research is a valuable first step, facilitating conversations and potential applications in professional development and practice that not only benefit counsellors but also ultimately benefit clients.

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