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**Counseling Intern Self-awareness and Readiness for Practice:
Reports from a Mindfulness Challenge.**

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Abstract

Mindfulness can support clients and can support trainee counsellors in dealing with internship anxiety. Since the personal development of a counsellor is core to therapy outcomes, the positive impact of mindfulness practice on therapeutic presence validates mindfulness programs within counsellor education. This qualitative study applied thematic analysis to written reports from 53 post-graduate counselling interns who participated in piloting an eight-week mindfulness challenge. Six major themes emerged: the variety of mindfulness activities, observations of self, insights about self and mindfulness, hindrances to practice, outcomes from participation, and advice for others. Intern reports indicated that mindfulness was not easy to learn, could be explored through a range of activities, and for most the practice contributed to growth in self-awareness.

Key words: counselling, counselling interns, mindfulness, self-awareness, self-care

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Counselling Intern Self-awareness and Readiness for Practice: Reports from a Mindfulness Challenge.

Mindfulness practices offer counsellors and psychotherapists ways to positively influence therapeutic factors that account for successful treatment (Davis & Hayes, 2011). Therapeutic approaches that incorporate mindfulness practices have been shown to be supportive of clients in terms of enhancing emotional regulation, decreasing reactivity and stress, improving interpersonal relating, and increasing self-insight (Davis & Hayes, 2011; Hopkins & Proeve, 2013). Use of mindfulness methods can support counsellors and interns, both personally and professionally, in enhancing therapist skills such as empathy (Hopkins & Proeve, 2013), in supporting positive outcomes for clients (Grepmaier et al., 2007), and in managing self-care (Goodman & Schorling, 2012; Hofmann, Sawyer, Witt, & Oh, 2010; Newsome, Christopher, Dahlen, & Christopher, 2006).

Since the personal awareness of the counsellor and the development of therapeutic alliances are considered core ingredients in effective practice (Duncan, Miller, Wampold & Hubble, 2010), growth in therapeutic presence and relational attunement, reported outcomes from mindfulness practice (Campbell & Christopher, 2012), widen the rationale for the inclusion of mindfulness programs within counsellor education. Therapist self-development and self-care, as practices that can contribute to the provision of quality support of clients, as well as reducing new interns' anxieties (Hofmann, Sawyer, Witt, & Oh, 2010) are areas receiving growing attention (Christopher & Maris, 2010), and efforts with mindfulness practice are one way of enhancing this development.

Relationships with others are improved through the ability to sense the internal world of others, which increases empathy and compassion (Siegel, 2007). Further, cognitive benefits, that have obvious relevance to positive therapy outcomes, include the mind disentangling itself from premature conclusions, categorizations and routine ways of

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perceiving and thinking (Langer, 1989). Mindfulness practice has also been shown to make learning more effective, enjoyable, and stimulating (Langer & Moldoveanu, 2000), and can lead to openness to novelty, alertness to distinction, sensitivity to different contexts, awareness of multiple perspectives and orientation to the present. Harris (2010) describes a wide range of benefits attributed to mindfulness, that are highly relevant to the needs of counselling clients, such as: helping individuals to be fully present in the moment, experience unpleasant thoughts and feelings safely, become aware of what is being avoided, being more connected to self, others, and the wider world, becoming less judgmental, gaining in self-awareness, and being less disturbed by, and less reactive to, unpleasant experiences.

Somewhat lacking in the contemporary mindfulness literature, are extensive descriptions of the efforts and challenges required to gain competence in mindfulness skills and the efforts required for clients to practice these skills. Experiential knowledge of these challenges could be seen as a prerequisite for safely recommending a mindfulness practice to clients. This article presents an analysis of written reports from two cohorts (total $n = 53$) of post-graduate counselling interns, who found that persistence and struggle actually characterized their efforts within an eight-week mindfulness assignment, offered as part of their coursework. The interns participated in a twelve-week course that incorporated theory and experience with much of the Mindfulness-based Cognitive Therapy Program (MBCT; Segal, Williams, & Teasdale, 2002). Within a 12-week university course, after four weeks of skills training (which remained ongoing), students commenced their own 8-week practice challenge, as a course task. The 'challenge' involved regular class and home practice with mindfulness activities introduced within the course, as well as encouragement to explore personal preferences from among the prescribed activities, supported through weekly class debriefing and formal group practice. Interns were asked to keep a journal of their exploration of ways they could translate class activities into their daily living, and their observations and

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reflections on this process.

Current mindfulness-based interventions reveal differences in the way mindfulness is conceptualized and practiced (Chiesa & Malinowski, 2011). However, mindfulness has been described in a number of ways, for example, as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 144); and “Mindfulness involves intentionally bringing one’s attention to the internal and external experiences occurring in the present moment” (Baer, 2003, p. 125). The opposite of mindfulness has been termed ‘mindlessness’ and defined as “Mindlessness is being caught up in distracting thoughts, rushing through activities without being attentive to them . . . finding yourself preoccupied with the future or past” (Germer, 2005, p. 4).

Paying attention in the present moment can directly improve the functioning of body and brain, and subjective mental life (Siegel, 2007). There are emotional, cognitive, somatic and relational benefits that have been attributed to mindfulness practice: for example, improved capacity to regulate emotions (Hill, 2011), improvement in patterns of thinking, reduction in negative mindsets, enhancement of physical functioning, including: healing immune responses, reducing stress reactivity, and improved well-being (Siegel, 2007). Mindfulness has been shown to reduce emotional exhaustion and increase job satisfaction (Hülshager, Alberts, Feinholdt, & Lang, 2013), contribute to self-regulated behaviour, positive emotional states and declines in mood disturbance (Brown & Ryan, 2003), and reductions in self-perceived stress and rumination (Shapiro, Oman, Thoresen, Plante, & Flinders, 2008).

Around the middle of the 20th century, the work of Carl Rogers and Eugene Gendlin addressed humanistic psychology’s affinity with the experiential perspectives from phenomenology (Felder et al., 2014, p. 7). Kabat-Zinn and Burney’s (1981) study on the

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application of mindfulness for pain reduction/management in medical settings ignited the growing generation of a solid evidence base for the wider application of mindfulness within western therapy, and hence the current claiming of mindfulness by a number of approaches and the dramatic increase in research evidence over the last 30 years.

Therapeutic approaches that incorporate mindfulness practices have been shown to be supportive of clients, for example: the introduction and practice of mindfulness meditation within psychological therapy (Davis & Hayes, 2011), Acceptance and Commitment Therapy (Pull, 2008; Walser et al., 2015), Mindfulness-based Stress Reduction (Kabat-Zinn, 1982), Mindfulness-based Cognitive Therapy (Segal, Williams, & Teasdale, 2002), Dialectical Behavior Therapy (Lynch et al., 2007), and relapse prevention in drug and alcohol treatments (e.g., Witkiewitz, Marlatt, & Walker, 2005).

Mindfulness within counsellor education

Mindfulness has been shown to contribute to student self-care, self-acceptance and self-compassion within counselling education programs (Christopher & Maris, 2010). Training in mindfulness practices helps counsellors ‘embody the personal characteristics that foster therapeutic presence’ (Campbell & Christopher, 2012, p. 213), which ‘involves therapists using their whole self to be both fully engaged and receptively attuned in the moment’ (Geller & Porges, 2014, p. 178).

In supervision sessions, a mindfulness practice background allowed counselling interns to integrate clinical feedback more immediately (Christopher & Maris, 2010). Interns with mindfulness training were observed to be generally easier to supervise because they were “more open, aware, self-accepting, and less defensive in supervision” (Christopher & Maris, 2010, p. 123). Christopher (Christopher & Maris, 2010) also provides an anecdotal observation of a pattern in supervising counselling interns who were concurrently taking a

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mindfulness course, noting that they gained an experiential foundation ‘in which they were able to experience less reactivity, less automaticity. Supervision began to involve reminding supervisees of their experiences of non-reactivity in the mindfulness class, and that just as they could observe their reactions in yoga or meditation, they could do the same thing while with clients’ (Christopher & Maris, 2010, p. 123).

Hopkins and Proeve (2013) explored involvement of trainee clinical psychologists in an eight-week mindfulness-based cognitive therapy program. Themes identified across trainee self-reports included challenging experiences, changed stress experiences, altered therapy experiences, and expanded knowledge. Psychotherapists in training who participated in mindfulness training were more positively rated by their clients, and their clients showed greater symptom reduction than a non-mindfulness trained control group (Grepmaier et al., 2007).

As higher levels of anxiety are routinely experienced by new counselling interns (Ellis, Hutman, & Chapin, 2015), as well as the standard educational and supervisory preparation, the teaching of self-care may be strongly indicated at the start of internships, and an established mindfulness practice may be a welcome tool for such care at this time. As frequently noted in the clinical supervision literature, most new counsellors experience marked anxiety which can significantly disrupt clinical supervision (Bernard & Goodyear, 2014; Ellis, 2010). Fulton (2012) found that when new interns practiced mindfulness it decreased anxiety and increased their ability with affective empathy.

A lack in the contemporary mindfulness literature, is descriptions of the inevitable struggles, efforts and challenges faced by those who persist in mindfulness practice. The current study presents counselling interns’ direct experiences with these challenges, which appear to have added to their preparation to introduce mindfulness to clients safely and effectively.

Methodology

In this qualitative study, thematic analysis (Braun & Clarke, 2012) was used to identify themes from 53 de-identified written reports, from two cohorts of counselling interns from an accredited Master of Counselling Program at an Australian university. Both university ethics committee approval and individual consents were first established, on the condition that the identities of interns would not be known to the researcher. As the researcher was also the mindfulness course coordinator, to reduce reporting bias, interns were only invited to participate (by agreeing to have their reports included in the study), after submission of the reports, and, as required by the university ethics committee, i.e. before submitting written reports the interns were unaware that the study was proposed. Analysis of the de-identified reports commenced months after student grades and course feedback were complete. The possibility of potential participants experiencing any pressure to give permission was reduced by the request for inclusion of their written reports in the study being issued after all coursework and assessment was complete and all requirements for graduation from the degree were finalized. It was also made clear to interns that at no time would the course coordinator know whose texts were being included and analysed.

Participants were anonymous final year post-graduate counselling students who had also commenced supervised internships. They reported on their experiences with a guided mindfulness practice, that included the teaching of skills, practice sessions (in class and as homework) and feedback from the lecturer, that was required within their coursework. This practice was guided by reviews of the literature and twelve weeks of training in a number of mindfulness techniques drawn from the MBCT (Segal, Williams, & Teasdale, 2002). The mindfulness self-challenge commenced after week four of their coursework, and emphasized individuals finding their preferred ways (from among activities they were training in during

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coursework) of applying mindfulness concepts and practices in their daily life. During the eight-week self-challenge, weekly debriefing and in-class mindfulness practice continued.

Of the 53 interns who agreed to have their written accounts analysed, four reported familiarity with mindfulness practices prior to their course. Ten percent of the cohort were international students, and the remainder were domestic Australian students. Ages ranged from 23 to 61 years, and it is assumed the enrolment gender ratio of 83% female relates to this study.

The emerging themes are discussed, in order to illuminate possible recommendations for clinical practice and counsellor education. Qualitative studies that reveal experiences of a particular group are highly relevant for drawing implications for counselling education and the application of therapeutic methods (Langdrige & Hagger-Johnson, 2009).

Data was analysed using thematic analysis, a method for “systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set” (Braun & Clarke, 2012, p. 57). It is a way of identifying what is common within an area of investigation and of making sense of the commonalities. In addition, simple frequency counts on repeated topics were used to support identification of the most common outcomes.

The mindfulness self-challenge was provided within a 12-week course on using mindfulness with counselling clients, at a time when students were beginning internships. They were asked to critically and personally reflect on an eight-week period of supervised mindfulness practice, that included home practice of activities taught within coursework, summarizing their record of in-class and weekly practice and experiments with mindfulness, noting their own practice preferences and observations of any outcomes. Mindfulness activities taught within the course included: sitting with breath focus, the raisin exercise, body scans, mindful walking meditations, listening activities, a self-compassion meditation, and several preparatory relaxation exercises. After participating in and researching the various

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approaches to mindfulness and mindfulness-based therapeutic interventions, and training in a number of MBCT activities in class, they were asked to develop a deliberate daily and weekly plan to experiment with finding their preferred style of practice, and, to replicate client efforts, they were asked to find their own preferred frequency of practice.

Findings

Six major themes emerged from an analysis of the interns' de-identified written reports: the variety of activities chosen for exploring mindfulness, observations of self, insights about self and mindfulness, hindrances to mindfulness, overall outcomes and changes as a result of participation, and advice interns might offer to others commencing mindful practice. Intern reports indicated that mindfulness was not easy to learn, could be explored through a range of activities, and for most the practice contributed to growth in self-awareness. It was clear there were some differences in how the practice and gauging of success were interpreted. Additionally, four interns reported no success with their practice and concluded that mindfulness was not helpful for them.

Types of activities chosen for practice.

There was a variety of approaches chosen for exploring mindfulness practice, some were drawn from the class practice of MBCT activities, some were intern's own adaptations. Not surprisingly, a focus on breath was most commonly reported (48% of interns). One intern typified the observations reported on efforts with breath focus: "Initially there was impatience as it was difficult to keep the mind focused on the breath as it got caught up in stories and completely forgot about the present moment".

The use of body scans or a focus on body awareness was reported by 36% of interns. One intern wrote: "I tried a whole-body progressive muscle relaxation. I had felt particularly

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stressed and busy that day, so this exercise was good timing. I felt that physically it worked as I did relax and fell asleep quite easily, but I had the usual trouble with my random thoughts”.

Other approaches that stood out were mindful walking, mindful eating and car-driving (not an activity promoted within the course). While not identified as a major theme, a focus on music, was also found by some to be helpful.

Observations of self.

The wide range of self-observations reported by participants, included observations of early stage struggles, changes over time, the timing of mindfulness practice and observations of cognitive, emotional and somatic aspects of practice. Overall, observations of self-criticism were reported more frequently than any other.

In terms of beneficial outcomes from the mindfulness practice, interns’ expansion of self-awareness was considered of major importance. Areas of enhanced self-awareness included experience of difficulty in staying focused, incremental increases in duration of attempting practice, noting self-commentary on progress of the effort, being self-conscious while practicing in public, and enhanced visual perception, for example: “Every little detail appeared to stick out as my world was in focus.”

Insights about self and the mindfulness process.

Insights emerged in three key areas: insights about the self-relationship, cognitive insights, and insights about the practice. Among the insights about the self-relationship were comments such as: “Being more gentle and compassionate towards myself helped me continue with my practice”; “I aim to be kinder to myself”; “Not to be so quick to pass judgment on self” and “Self-criticism was rampant”.

Insights about their own cognitive process included clarity about the difference between awareness and thinking about awareness. Participant comments included: “It is not

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about stopping thoughts, but becoming involved in the present”, and “Procrastination covers fear of not doing well”.

Insights about mindfulness practice included: “Mindfulness practice is an evolution of experience”; “Finding a personalized program is the key to success”; and “Being deliberate was required to reduce hindrances”. A clear intent to maintain a mindfulness practice beyond the 8-week self-challenge was described by several participants.

Hindrances to mindfulness practice.

In reporting hindrances to engagement in the mindfulness challenge, time constraints were frequently mentioned. The range of themes included cognitive, emotional and somatic hindrances, as well as environmental. Cognitive hindrances identified included: starting with assumptions about outcomes, prioritizing other activities, mental scatteredness, self-judgment and rigidity.

Emotional and somatic hindrances were described as: stress, tiredness, perfectionism, avoidance and stubbornness, the impact of a self-critical internal voice, and impatience. For one participant who had previously maintained a practice over time, but not recently practiced, there was a longing for previous positive experiences, and these were compared to the present challenges.

Hindrances identified from the environment included environmental chaos, outer distractions, and “having other people around”. It was noted by several participants that they needed a deliberate intent to not allow distractions.

Overall outcomes and changes.

Observed outcomes included cognitive, emotional, somatic outcomes, increases in awareness, self-relationship changes, impacts on professional work, emergence of gratitude and a range of individual observations. Two interns commented on their use of the MAAS

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(Mindful Attention Awareness Scale; Brown & Ryan, 2003), finding moderate increases in their mindfulness scores over the eight weeks.

Some changes in the self-relationship were reported, such as a reduction in self-blaming, increases in self-compassion, enhanced feelings of self-connection, and an increase in the ability to let go of judging the mindfulness effort and ‘just do it!’

Advice to others commencing practice.

The most often stated advice for beginners in mindfulness practice was to find a way to practice that they enjoyed and that “worked for them”. Categories of advice included advice about starting practice, about letting go of expectations, about outcomes and benefits, and a few practical tips.

Advice offered for those about to start a mindfulness practice, included: “Identify the methods of practice you enjoy and work for you”, “It does require effort and commitment”, and “Have a plan and be persistent despite challenges”. One intern stated that “a kind and gentle curiosity is needed”. Letting go of expectations was a repeated recommendation, for example: “Don’t expect instant miracles”, “It is not an exercise that requires perfection”, “Start small”, and “Challenges should be expected”.

Five statements that summarized key advice that emerged from the interns’ experience also indicated that they had begun to understand the elusive nature of focused attention: “It is not as easy as it seems, and results are not immediate”, “Thoughts are always going to come”, “Relapse (into non-practice) is natural”, “See it as a journey not a goal to achieve” and “There is no right or wrong way to do mindfulness”.

Discussion and Implications for Practice

Reported insights suggest that the task was a valuable learning experience, which for some, both established humility towards practice and self-acceptance which may be both

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personally and professionally beneficial. Within a contemporary, pluralistic approach to providing therapy, flexibility in methods and tailoring treatment to match client preferences has become an ethical imperative (Cooper & McLeod, 2011). Interns having experiences of exploring their own preferences in mindfulness practice, may mean they are willing and able to be flexible in responding to client preferences. The practical nature of the mindfulness challenge discussed here, and the focus on finding individual best fit with practice methods, provides experience that can contribute to a pluralistic, collaborative therapy style.

The interns' reports and reflections on their efforts provide suggestions for both personal self-care during the higher anxiety times of initial internships, and for conveying self-management options to clients. The reported outcomes of increased awareness of, and reduction in self-blaming, increases in awareness and the emergence of gratitude, suggest that (as observed by Christopher & Maris, 2010) some interns achieved a more positive mental state, and therefore have the option for better engagement in the learning experiences of internships.

The reports indicate that, through engaging personally in the mindfulness challenge and discovering their preferences, the interns may more confidently know how, when, and why offering mindfulness tasks in response to clients' struggles. This higher sensitivity to their own and their clients' cognitive differences and preferences, and empathy for the struggles of practice, seems to be a positive outcome from engaging in the experiential learning of the challenge. Practical suggestions, such as beginning with attentive focus on breath and somatic sensation, are likely to be suggested to clients as foundations of practice, as is recommended in several mindfulness programs (e.g., MBCT, MBSR) and traditions (e.g., Vipassana).

The frequency of observations of self-criticism suggest engagement with a framework for understanding the automatic nature of this habit may also be beneficial in early stages of

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practice. Working with Stone and Stone's (1993) client-friendly inner critic concepts and methods, or use of anthetic dialogue a way of "challenging dysfunctional beliefs, based on the idea that such beliefs seem to have their source in an inferred internal agency known as the inner critic" (Elliott, 1992, p. 137) may add a fuller understanding of this process.

Reported signs of success were observations of the difficulty in maintaining focus. This suggests that when introducing clients to mindfulness practices, observations of mindlessness might be considered a first goal and even a sign of achievement, rather than being interpreted as failures. The interns' insights about self, such as needing to be kinder to self and the need to reduce self-criticism, suggest that additional training in self-compassion (Germer & Neff, 2013) may be a valuable component to a mindfulness program. In terms of the advice interns might offer to others commencing mindfulness practice, their acknowledgement of the challenges and hindrances led to the formulation of compassionate advice for beginners.

The recommendation that beginners find a practice they enjoy contrasts somewhat with the seriousness of much of the literature, but may however be a useful doorway in early stages of practice for their clients. In the light of reports of time constraints on practice, the recommendation to use the 'Three-Minute Breathing Space' (Teasdale, Williams, & Segal, 2014) and other brief techniques may be helpful for beginners.

Interns' reports on the value of defining an intent for practice and being deliberate, suggests that guiding clients to formulating and re-formulating their own intents for practice may support their experience. It is hoped that interns' practice in formulating advice, based on both reviewing the literature, and sharing a wide range of personal experiences with their cohort, will be most likely to support their future clients with realistic goals and methods and timeframes. One intern displayed an increase in self-awareness that was typical of the reports:

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“My self- judgments regarding frequency and success have lessened. I regularly find myself becoming mindful of the present moment throughout my daily life”.

Limitations

This study was based on an assumption that participants’ self-reports were authentic. Themes emerging from the analysis of the subjective self-reports are presented as guides for further discussion and planning for counselling educators, and not intended to be generalized to the field.

Conclusion

Counselling intern reports indicated that mindfulness was not easy to learn, could be explored through a wide number of activities, and for most participants the practice contributed to growth in self-awareness. Contrary to the literature that suggests mindfulness skills are easy and quick to develop, feedback from counselling interns, after engaging in an eight-week mindfulness challenge, suggests that persistence and struggle actually characterize these efforts. Many of the participants discovered subtle aspects of the effort/non-effort and doing/non-doing dualities that can underlie the subtle shifts in the establishment of a practice.

For counselling educators, the themes identified in this study may support the importance of, and flexibility in the teaching of mindfulness, and emphasis on individual shaping of mindfulness programs and selection of specific activities, and confidence in the application of mindfulness within a pluralistic framework. Specifically, counselling educators will be interested in the ways intern self-awareness emerged through mindfulness attempts, such as recognition of self-judgement, recognition of the need for self-care, and the humility gained through personal engagement. The interns’ reports indicate that their development as a person was advanced through mindfulness practice, and humility in advising clients emerged.

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It is anticipated that these counselling interns will be more confident and competent in offering mindfulness interventions to clients, on a basis of not only sound theoretical preparation, but from clearer understanding of the personal and psychological challenges that emerge on the way to establishing a useful practice. Furthermore, the wider implications for the introduction of mindfulness within psychological therapy will have personal relevance for participants' future practice.

Conflict of Interest: The author declares that he has no conflict of interest.

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