

Why mindfulness belongs in counseling psychology: A synergistic clinical and research agenda

Simon B. Goldberg^{a,b*}

^a*Department of Counseling Psychology, University of Wisconsin – Madison, Madison, WI, USA;*

^b*Center for Healthy Minds, University of Wisconsin – Madison, Madison, WI, USA*

(Received 14 December 2016; accepted 29 March 2017)

Mindfulness has become an increasingly visible part of the landscape in psychology and medicine in the past several decades. Only recently has this same interest in mindfulness and mindfulness-based interventions appeared in counseling psychology. This article provides a brief synopsis of the mindfulness literature and explores the theoretical, ideological, and practical overlap between core values of counseling psychology and this burgeoning area of research and practice. In addition, the article explores ways in which counseling psychology can contribute uniquely to mindfulness research and practice through a focus on multiculturalism and social justice, psychotherapy process and outcome, and supervision and training. Further, ways in which mindfulness can inform counseling psychology's mission are examined, including offering a strengths-based approach to psychological intervention and prevention and informing supervision and training. Lastly, five specific recommendations for a synergistic research agenda marrying mindfulness and counseling psychology are offered.

Keywords: prevention/well-being; professional issues; psychotherapy; training; multiculturalism; mindfulness; counseling psychology

Since its inception, counseling psychology has been committed to promoting well-being – whether through vocational guidance, mental health counseling, advocacy, or assessment (Fouad, 2012). Over the history of counseling psychology, the field has also grappled with the question of identity (Howard, 1992; Packard, 2009), and various foci have entered (and left) the discussion over time. This article aims to add an additional voice to this rich discussion of identity within counseling psychology, through exploring the theoretical, ideological, and practical overlap and potential synergy between counseling psychology and a topic of increasing interest within the broader field of psychology that is also committed to promoting well-being: mindfulness. While some of the areas of overlap presented here have been discussed in relation to psychotherapists and health care generally (e.g. Davis & Hayes, 2011; Shapiro & Carlson, 2009), this is the first attempt to explore these themes as they specifically relate to the core tenants and professional identity of counseling psychology. The high rate of publication in this area, while reflecting widespread interest in mindfulness and perhaps the potential value of this work, has resulted in a large body of literature in which the unique relevance to

*Email: sbgoldberg@wisc.edu

counseling psychology can be lost. It is my hope that a focused examination can clarify the unique role that counseling psychologists can play in this work.

Mindfulness, as it has evolved in the Western psychological and medical literatures, is derived from Buddhist contemplative practices, most notably the Theravadan traditions of Thailand and Burma (Kabat-Zinn, 1982, 2011; Rahula, 1974). (Parenthetically, it is worth noting that the values of social justice and inclusivity have deep roots in the Buddhist religious traditions from which secular mindfulness is derived. Indeed, the historic Buddha's [i.e. Siddhartha Gautama] inclusion of individuals from various walks of Indian life [including the lower castes] within the community of monastics [Bodhi, 2015] is a clear example of this.) Mindfulness has been defined as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Kabat-Zinn, 1994, p. 4).¹ This quality of attention is classically cultivated through the practice of mindfulness meditation (Rahula, 1974). Of note, efforts to integrate mindfulness into Western psychological and medical contexts have involved developing secularized versions of these practices (Kabat-Zinn, 2011). The past three decades have witnessed an explosion of scientific interest in mindfulness-based psychological interventions (Figure 1), and there now exists a substantial body of literature exploring these practices in a variety of settings and populations.

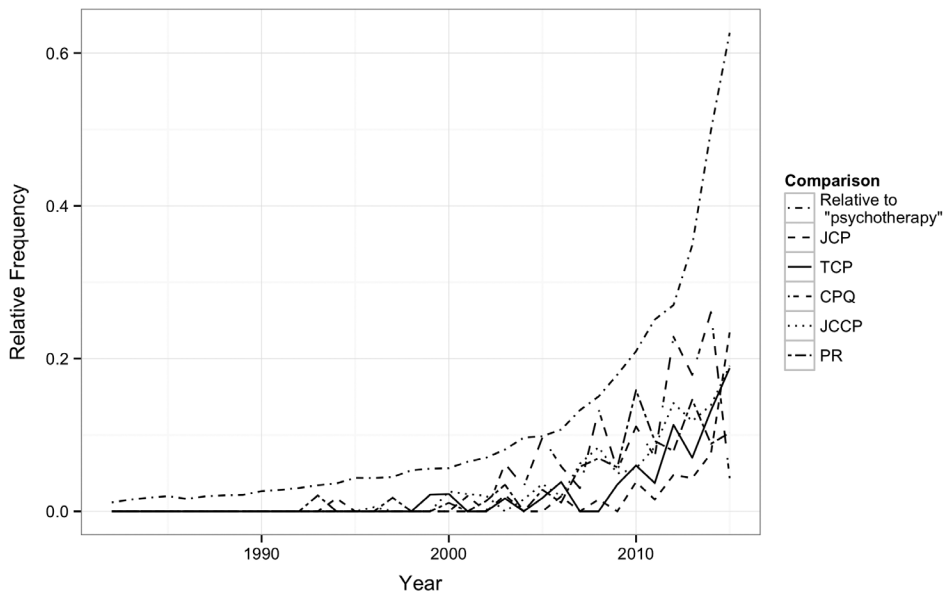


Figure 1. Relative frequency of articles containing the term "mindfulness" published since 1982. Note: Figure displays the number of articles archived in Google Scholar between 1982 and 2015 containing the term "mindfulness." The first comparison group represents articles containing the term "mindfulness" relative to those containing the term "psychotherapy." Subsequent comparisons are relative to all articles published in the specific journal within a given year. JCP = Journal of Counseling Psychology, TCP = The Counseling Psychologist, CPQ = Counselling Psychology Quarterly, JCCP = Journal of Consulting and Clinical Psychology, PR = Psychotherapy Research.

The present article aims to explore the overlap and potential overlap between mindfulness and counseling psychology, with the goal of furthering the synergistic relationship between the two. By way of providing context, the article begins with a brief review of the mindfulness research literature and explores empirically the presence of mindfulness research within counseling psychology and applied psychology. Next, the overlap between core values of counseling psychology and mindfulness are examined, followed by an exploration of the ways in which each area – mindfulness and counseling psychology – might promote the aims and growth edges of one another. Lastly, concrete future directions for research on and practice of mindfulness within the field of counseling psychology are discussed.

A (very brief) history of mindfulness-based interventions

The first application of mindfulness in the Western scientific literature explored the use of mindfulness meditation for patients suffering from chronic pain who were not responding to traditional allopathic (i.e. Western medicine) treatments (Kabat-Zinn, 1982). This study not only outlined the structure of a manualized mindfulness-based group intervention but also provided the first scientific evidence for these practices in the management of medical symptoms. Subsequent research established the promise of mindfulness for other medical and psychiatric conditions (e.g. psoriasis, anxiety; Kabat-Zinn et al., 1992, 1998). The most widely recognized mindfulness-based intervention is mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990). A number of more recent mindfulness-based interventions have adapted the structure (eight-week group-based format) and meditation practices of MBSR for other specific clinical populations (e.g. mindfulness-based cognitive therapy [MBCT] for depression; mindfulness-based relapse prevention for substance use disorder; Bowen et al., 2009; Segal, Williams, & Teasdale, 2002).

To date, several thousand scientific articles exploring mindfulness have appeared in the literature. Figure 1 displays the dramatic rise of interest in this area in the last three decades. In particular, the number of articles archived in Google Scholar that include the term “mindfulness” is shown, relative to the number of articles that include the term “psychotherapy” (in order to control for the increase in scientific publication generally over time). This area of research has witnessed an exponential growth in the past two decades. Numerous meta-analyses have synthesized this work, generally finding promise for these interventions with both adults and children (Khoury et al., 2013; Zoogman, Goldberg, Hoyt, & Miller, 2015). A recent systematic review also found evidence suggesting MBSR and similar interventions may help reduce burnout and promote empathy in health care professionals (Lamothe, Rondeau, Malboeuf-Hurtubise, Duval, & Sultan, 2016). A substantial body of literature has explored potential mechanisms of action in these interventions, often from the perspective of basic science (e.g. epigenetic, neuroendocrine, structural and functional brain changes; Davidson et al., 2003; Kaliman et al., 2014; Fox et al., 2016).

Mindfulness in counseling psychology and applied psychology

Is the same burgeoning interest in mindfulness mirrored within counseling psychology? Figure 1 also displays the proportional rate of publications including the term

mindfulness (relative to all articles published in that time period) that have appeared within the three prominent counseling psychology journals – *Journal of Counseling Psychology* (JCP), *The Counseling Psychologist* (TCP), and *Counselling Psychology Quarterly* (CPQ) – since 1982. Based on a search in Google Scholar, across that time period, 35 articles have appeared in JCP that have included the term mindfulness, 39 have appeared in TCP, and 41 have appeared in CPQ. A considerable proportion of these articles have appeared in the past two years (i.e. 2014 to 2015): 20 out of 35 in JCP (57.1%), 16 out of 39 in TCP (41.0%), and 7 out of 41 in CPQ (17.1%). Although counseling psychology may have been a relatively late adopter (relative to the broader scientific literature), clearly this is a topic of recent and growing interest within counseling psychology.

By way of comparison, proportional rates of publications including the term mindfulness within two other journals in applied psychology (*Journal of Consulting and Clinical Psychology* [JCCP], *Psychotherapy Research* [PR]) are shown in Figure 1. While mindfulness may have been represented in these outlets somewhat earlier than in JCP or TCP (e.g. between 2000 and 2010), proportional rates of publication of articles including mindfulness are similar in recent years. CPQ, in contrast to JCP and TCP, showed historic rates similar to or above JCCP and PR.

Overlap between core counseling psychology values and mindfulness

Core values of counseling psychology

The recent increase in research on mindfulness within counseling psychology is striking. It may be that counseling psychology's recent inclusion of research on mindfulness is particularly apropos given the considerable theoretical overlap between mindfulness and core values of counseling psychology. While a comprehensive discussion of the central tenets of counseling psychology is beyond the scope of this article (and has received excellent treatment elsewhere, e.g. Howard, 1992; Packard, 2009), it is worthwhile identifying some characteristic elements of the field's identity. In the introduction to the most recent *APA Handbook of Counseling Psychology*, Fouad (2012) highlights counseling psychologists' roles addressing professional issues (e.g. integrating theory, research, and clinical practice, studying counseling psychology intervention process and outcome), legal and ethical issues, individual and cultural diversity (e.g. gender, race/ethnicity, religion, and spirituality); providing assessment, consultation, program evaluation, and supervision and training; and understanding vocational behavior and career development. In the first chapter in the same volume, Delgado-Romero, Lau, and Shullman (2012) note the broad roles outlined for counseling psychologists even in early training standards. Delgado-Romero et al. note in particular counseling psychology's historical and contemporary emphasis on a holistic and contextual understanding of the world, acceptance and celebration of diversity, a focus on strengths and prevention, and, increasingly, an emphasis on social justice and advocacy as a natural extension of the core values of the discipline.

Exploration of publications appearing in *The Counseling Psychologist* (TCP) provides another useful lens for defining both the center as well as the boundaries of the field (Delgado-Romero et al., 2012). Buki (2014), in their inaugural issue as editor-in-chief of the journal, outlined three foci including: "address critical societal issues

related to individual, interpersonal, and community well-being ... maintain and expand scholarly contribution to allied fields ... preserve TCP's role of documenting philosophical perspectives, conceptual shifts, and historical events within the field" (pp. 6–7). Trend analysis of major contributions appearing in TCP indicates that the majority have focused on counseling practice, followed by articles focused on multiculturalism and social justice (Delgado-Romero et al., 2012).

Lastly, the *Society of Counseling Psychology* provides yet another perspective on what the core values of the discipline include. Fouad et al. (2004) highlight a focus on multiculturalism, social justice initiatives, vocational issues, supervision, and positive developmental psychology based on conversations had at the Houston Conference in 2001.

Areas of overlap

Given the values outlined briefly here, several specific areas of theoretical and practical overlap are clearly present between counseling psychology and mindfulness. These include an emphasis on psychological interventions, a focus on strengths, alignment with positive psychology, and application in non-clinical populations.

The most basic area of overlap, perhaps, is simply that mindfulness-based interventions are psychological interventions. Even as counseling psychologists expand their areas of practice (e.g. to advocacy; Vera & Speight, 2003), the core day-to-day labors of most practicing counseling psychologists remain focused on the provision of psychological interventions. Of note (and as discussed below), mindfulness-based interventions are increasingly in demand within a variety of clinical and non-clinical settings in which counseling psychologists are employed.

A second key area of overlap between mindfulness and counseling psychology is a focus on strengths. Based in counseling and guidance, counseling psychologists have long sought to identify and bolster the naturally occurring strengths that those with whom they work bring (Packard, 2009). In providing vocational guidance, counseling psychologists focus on work contexts in which an individual's strengths may be built upon and in which the individual may excel (Kosine, Steger, & Duncan, 2008). In psychotherapy, counseling psychologists seek to attend to both clients' difficulties as well as the aspects of their lives and personalities that are serving them well (Packard, 2009). Certain specific theories of counseling frequently represented in counseling psychology also contain a strong emphasis on acceptance and the inherent value and strengths of the individual (e.g. client-centered psychotherapy; Rogers, 1961), thereby overlapping with mindfulness. Mindfulness is radically strengths-based. A basic assumption of mindfulness training is that the individual is, on a fundamental level, whole, unbroken, and already possesses an inherent capacity for healing and well-being (Kabat-Zinn, 1990). Much of mindfulness training (and other third-wave behavioral therapies such as Acceptance and Commitment Therapy [ACT]; Hayes, Villatte, Levin, & Hildebrandt, 2011) involves radical acceptance of oneself and one's experience exactly as it is.

Similarly, mindfulness shares counseling psychology's longstanding interest in positive psychology – emphasizing research and clinical practice based on positive psychological qualities. In their introduction to the recent special issue published in *The Counseling Psychologist*, Magyar-Moe, Owens, and Scheel (2015) note the considerable

body of work published within counseling psychology on topics such as self-efficacy, well-being, achievement, and motivation. As discussed below (and as noted in Magyar-Moe et al.'s survey of Division 17 members and student affiliates), mindfulness may be yet another positive human capacity that counseling psychologists can help elucidate through research and promote in clinical practice. Mindfulness has been shown to buffer against stress and to promote well-being (Chiesa & Serretti, 2009), and may be theoretically linked to numerous other positive qualities more commonly explored within counseling psychology (e.g. spirituality, life satisfaction, and/or empathy).

Lastly, counseling psychology and mindfulness training share an interest in non-clinical (as well as clinical) populations. Counseling psychologists have long been interested in promoting flourishing for individuals seeking to improve their lives or struggling with difficulties not neatly fit into diagnostic categories (e.g. problems of living; Strong, 1968). Similarly, mindfulness-based interventions have been widely used and studied in non-clinical samples. Indeed, the most widely studied mindfulness-based intervention – MBSR – is not designed as a psychotherapy but is intended to reduce stress and promote well-being in non-clinical populations (Kabat-Zinn, 2011). Of course, MBSR and related interventions have been used and adapted for clinical populations (e.g. MBCT for depression; Segal et al., 2002). Yet, the principles of mindfulness are not predicated on pathology. Trait mindfulness and training in mindfulness have been linked with lower levels of stress, higher perceived health, improved sleep, and higher levels of self-compassion in non-clinical samples including college samples (a population of particular expertise for counseling psychologists; Greeson, Juberg, Maytan, James, & Rogers, 2014; Roberts & Danoff-Burg, 2010).

What counseling psychology can bring to mindfulness

While there is considerable theoretical and ideological overlap between counseling psychology and mindfulness, *a key premise of this article is that the synergy between these two traditions is as yet under-developed*. By synergy, I contend that both areas could benefit beyond the sum of their separate contributions. Indeed, there is much that mindfulness research and practice stands to gain through collaboration with counseling psychology. In particular, counseling psychologists could bring our strengths: a multicultural and social justice perspective, a focus on psychotherapy process and outcome, and a supervision and training lens.

Multiculturalism and social justice

It is only recently that discussions of multiculturalism and social justice have entered the world of mindfulness research (e.g. Hick & Furlotte, 2009). Unfortunately, popular media representations of mindfulness (and similar contemplative interventions) have created an image of mindfulness associated with dominant cultural narratives – with whiteness, attractiveness, youth (see *TIME Magazine*, August 4, 2003; February 3, 2014; issues focused on meditation, both with cover photos showing an apparently young, attractive, European American female meditating). While there have been some attempts to test and adapt mindfulness-based interventions to minority populations (e.g. Dutton, Bermudez, Matás, Majid, & Myers, 2013; Woods-Giscombé & Black, 2010), this is a relatively recent, and sorely needed development within the field.

The *Mind & Life Institute* (MLI), arguably the largest international professional organization focused on the scientific study of mindfulness and other contemplative practices (Barinaga, 2003), has recently begun acknowledging this gap in the literature. MLI's most recent summer research meeting was focused on the topic of context – the program was entitled *People, Place, and Practice: Putting Contemplative Studies into Context* (Mind & Life Institute, 2016). The meeting included a number of presentations exploring cultural identity and the ways in which it interacts with contemplative research and practice (e.g. Rhonda Magee's presentation *What is the Role of Contemplative Practice When Social-Identity-Based Suffering and Structural Violence Has Happened?* and Helen Weng's presentation *Community Engagement and Contemplative Neuroscience within a Diverse Contemplative Community*). This shift, within a leading organization, provides some evidence that the time may be ripe for the multicultural and social justice perspectives counseling psychology can provide.

Counseling psychologists are well suited to answer key questions about mindfulness and under-represented groups: How are these interventions experienced by individuals from marginalized groups? What adaptations may facilitate their acceptability, feasibility, and efficacy? How does mindfulness, as a dispositional quality, interact with individual differences to promote well-being in non-clinical samples? And, of course, other disciplines also have things to contribute to bringing a social justice and multicultural lens to mindfulness. Important work examining the social justice dimensions of mindfulness is already taking place, for example, in social work (Hick & Furlotte, 2009). And while others have also begun exploring multicultural dimensions of mindfulness (e.g. Masuda, Anderson, & Sheehan, [2009] demonstrating that dispositional mindfulness predicts emotional distress and psychological symptoms and mediates the relationship between self-concealment and emotional distress in a sample of African-American undergraduate students), much remains to be learned.

Psychotherapy process and outcome

Psychotherapy process and outcome research is another area of relative strength for counseling psychology that can provide unique contributions to the mindfulness literature. Counseling psychologists have historically been champions of contextual and common factors models of psychotherapy (Wampold & Imel, 2015). This work has focused on interpersonal aspects of the psychotherapy relationship and factors common across treatments such as the therapeutic alliance (Horvath, Del Re, Flückiger, & Symonds, 2011) and a treatment rationale (Frank & Frank, 1991). Understanding these key therapeutic ingredients can help improve treatments and therapist training (Wampold & Imel, 2015). To date, the mindfulness literature has focused heavily on biological (e.g. immune, neurological, epigenetic; Davidson et al., 2003; Kaliman et al., 2014), psychological (e.g. cognitive reappraisal, decentering; Gu, Strauss, Bond, & Cavanagh, 2015), and cognitive (e.g. executive functioning; Flook, Goldberg, Pinger, Bonus, & Davidson, 2013) mechanisms, with limited attention paid to aspects of the treatments themselves.

Much of the existing research on mindfulness interventions that has examined psychotherapeutic factors – that is, aspects of the interventions themselves that may predict outcomes – has been conducted by counseling psychologists. For example, Imel, Baldwin, Bonus, and MacCoon (2008) showed evidence that group membership (i.e. the particular collection of individuals one was grouped with) explained 7% of variance

in psychological symptoms in MBSR groups. Imel et al. note the possibility that social and contextual factors may be at play in these interventions – not a surprise to counseling psychologists but a perspective not routinely emphasized in the mindfulness literature. Similarly, Goldberg, Davis, and Hoyt (2013) showed that a stronger therapeutic alliance was associated with positive changes in emotion regulation, mindfulness, and negative affect as well as greater treatment compliance in a mindfulness-based smoking cessation intervention. Counseling psychologists have also been involved in developing novel methods to assess intervention-specific components as well. Del Re, Flückiger, Goldberg, and Hoyt (2013) validated a measure of mindfulness practice quality, and showed that improvements in practice quality were linked with improvements in psychological symptoms. Others outside of counseling psychology have also begun exploring the impact of factors common across therapies (a perspective championed by counseling psychologists; Wampold & Imel, 2015) in predicting outcomes in mindfulness-based interventions (e.g. Bowen & Kurz, 2012; Day, Halpin, & Thorn, 2016; Snippe et al., 2015).

Employing the theoretical and methodological perspectives drawn from counseling psychology, future work could productively unpack key specific *and* common factors at play in these now widely used interventions. For example, what specific therapy ingredients are most important for communicating a clear treatment rationale (Frank & Frank, 1991)? Are certain individuals more likely to find the therapeutic tasks of mindfulness-based interventions compelling, and perhaps thereby derive greater clinical benefits? And, at a basic level, how well do mindfulness-based interventions compare with other treatments that are also intended to be therapeutic (including those that have been deemed evidence-based)? Such work could be vital for improving the quality and scientific understanding of mindfulness-based treatments. And, as discussed below, work examining trait mindfulness could help understand therapist variables that may impact outcome across a range of therapeutic modalities.

Supervision and training

The last key area in which counseling psychology may contribute to mindfulness research relates to supervision and training. As the clinical and research interest in mindfulness-based interventions grows exponentially, pressing questions arise regarding who is qualified to offer these treatments. Kabat-Zinn (2011) has taken the position that extensive specialized training is required. The course plan offered through the University of Massachusetts Center for Mindfulness outlines a six-course sequence (which includes several intensive retreats), at a total cost of over \$10,000 (<http://www.umassmed.edu/cfm/training/MBSR-Teacher-Education/teacher-education-tuition/>). A training program like this is time-consuming and expensive, making it potentially unfeasible for many practicing clinicians. In all likelihood, many therapists offering mindfulness-based interventions may have relatively little specific training in mindfulness or meditation, certainly less than that suggested by Kabat-Zinn and colleagues.

In many ways, the dissemination of mindfulness-based interventions has been a relatively haphazard affair thus far, and a wide variety of training programs have sprung up in the United States and the UK to provide training to interested clinicians (Crane et al., 2012). Counseling psychologists have a lot to offer, given our expertise in supervision, training, and our capacity for exploring various models of training and assessing

the subsequent outcome (Bernard & Goodyear, 2014). Counseling psychologists could offer a unique perspective in helping outline core competencies for mindfulness instructors and designing curricula for developing these (see Crane et al., 2012 for a discussion of some candidate competencies and assessment methods). To be fair, this is not to suggest that mindfulness simply be co-opted as yet another brand of psychotherapy. Mindfulness is drawn from millennia-old contemplative traditions – arguably assuming the role of teacher providing instruction in these practices should require ongoing personal experience and one's own mindfulness practice. Indeed, questions about who is qualified to offer mindfulness training and how instructors should be trained and vetted interface with intersecting aspects of identity (e.g. meditation practice, spirituality, religion, professional identity, and/or gatekeeping). With counseling psychology's sensitivity to contextual factors (be they organizational, cultural, interpersonal), these discussions would be enriched by a counseling psychology perspective.

What mindfulness can bring to counseling psychology

Alongside the substantial ways in which a counseling psychology perspective could benefit mindfulness research, these are several key ways in which counseling psychology stands to gain from greater inclusion of mindfulness research and clinical practice. Specifically, mindfulness may inform the psychological interventions offered by counseling psychologist, could be used as a prevention strategy, and can support supervision and training goals.

Psychological intervention

As discussed in the areas of overlap, mindfulness-based interventions are, at the most basic level, psychological interventions. As these treatments become increasingly visible and in demand, future counseling psychologists will be asked to provide them in the variety of clinical settings in which counseling psychologists are employed. Some of the key areas of expansion outlined in the *APA Handbook of Counseling Psychology* – organizations and schools – are two arenas in which mindfulness is being introduced (e.g. with teachers and students, within business; Flook, Goldberg, Pinger, & Davidson, 2015; Flook et al., 2013; Lampe & Engleman-Lampe, 2012). Just as current counseling psychology trainees would be expected to have a basic familiarity with cognitive behavioral therapy when applying for internship (Stedman, Hatch, & Schoenfeld, 2001), future counseling psychology trainees will likely be expected to have some exposure and understanding of mindfulness-based interventions like MBSR and MBCT. In addition, a background in mindfulness is vital for other third-wave behavioral interventions (such as ACT, Dialectical Behavior Therapy; Linehan, 1993) that are routinely offered in the settings in which counseling psychologists train and work (e.g. counseling centers, Veterans Affairs [VA] hospitals). In light of this, graduate training that does not expose students to mindfulness may be doing those students a disservice.

Of course, the idea that mindfulness-based interventions may be particularly effective treatments will raise questions for many counseling psychologists steeped in the common factors tradition (Frank & Frank, 1991; Wampold & Imel, 2015). Whether or not mindfulness-based interventions show superior relative efficacy (Wampold & Imel, 2015) or whether training in mindfulness improves general clinical outcomes

(as discussed below) are open, testable hypotheses. These are precisely the kinds of questions that counseling psychologists are especially fit to address.

Prevention

Prevention and the promotion of well-being in both clinical and non-clinical populations has long been a core tenet of counseling psychology (Delgado-Romero et al., 2012; Packard, 2009; Romano & Hage, 2000). Counseling psychologists have been influential in studying and promoting prevention programs and have devised practice guidelines for prevention practice and research (e.g. Hage et al., 2007). Mindfulness interventions represent a family of approaches that can support counseling psychology's mission of prevention. Mindfulness training involves teaching individuals a practice – one that can be used long after the intervention is complete. Thus, unlike prevention programs that may require ongoing intervention (e.g. a 12-h workshop and 10 support group sessions in a teacher training program to reduce middle school violence; Orpinas, Horne, & the Multisite Violence Prevention Project, 2004), mindfulness training has shown benefits even from relatively brief interventions (e.g. four days of training; Zeidan, Gordon, Merchant, & Goolkasian, 2010).² And, as noted above, MBSR has been widely used in non-clinical samples to promote well-being and protect against stress. MBSR and similar interventions have been shown to promote stress reduction and improve sleep in college samples and have shown promise as a preventive measure in children and adolescents (Flook et al., 2015; Zoogman et al., 2015). Mindfulness-based interventions represent an established collection of potential tools that could be explored for the range of prevention purposes in which counseling psychologists are interested.

Supervision and training

The last area in which counseling psychology could benefit from mindfulness is for supervision and training. Mindfulness-based interventions and the principles contained in these interventions may be particularly valuable for promoting self-care and for training core clinical competencies that can be notoriously difficult to teach (Bernard & Goodyear, 2014; Davis & Hayes, 2011). With regard to self-care, it has widely been acknowledged that learning to care for oneself is vital for a career in mental health and for the prevention of burnout (Skovholt & Trotter-Mathison, 2011) and other psychological occupational hazards (e.g. compassion fatigue; Figley, 2002). While training programs commonly emphasize the importance of self-care, concrete training in these skills is often lacking (Newsome, Christopher, Dahlen, & Christopher, 2006). Training in mindfulness has shown promise as a method of self-care for health care professionals in quantitative (Shapiro, Brown, & Biegel, 2007), qualitative (Hopkins & Proeve, 2013; Newsome et al., 2006), and most recently meta-analytic studies (Lamothe et al., 2016). Several studies suggest that mindfulness training may be particularly helpful for promoting self-care for counselors-in-training (Collard, Avny, & Boniwell, 2008; Newsome et al., 2006; Shapiro et al., 2007).

In addition, mindfulness training may be a promising route through which to teach inter- and intrapersonal aspects of clinical competencies. An emphasis on clinical competencies has become increasingly central within the American Psychological Association (APA) since 2002 (APA, 2002). This is apparent in the accreditation process for

graduate education that has shifted from emphasizing assessment of curricula to assessment of clinical competencies (Rodolfa et al., 2005). Rodolfa et al. (2005) provided the competency cube model that conceptualizes competency as the intersection of three dimensions: foundational competency domains (e.g. scientific knowledge, individual and cultural diversity), functional competency domains (e.g. intervention, consultation), and stages of professional development (e.g. doctoral education, postdoctoral supervision). Rodolfa et al. define competency as meaning that “a professional is qualified, capable, and able to understand and do certain things in an appropriate and effective manner” (p. 348). Many of the foundational competency domains they describe may lend themselves to didactic instruction (e.g. Ethical and Legal Standards). However, two of the core foundational competency domains – Reflective Practice/Self-Assessment, Relationships – may be more difficult to teach in traditional didactic formats and may lend themselves to experiential instruction.

Fouad et al. (2009) expanded on the cube model introduced by Rodolfa et al. (2005), providing specific benchmarks that may be used in the assessment of the competency domains. This expanded description offers numerous concrete examples of competencies that may be cultivated through mindfulness training. Again, the most obvious areas are within the Reflective Practice, Self-Care, and Relationships domains. In the Reflective Practice category, Fouad et al. note broadening self-awareness, self-monitoring, and modeling self-care as specific behavioral anchors. The Self-Care category likewise emphasizes attention to personal well-being as important for effective professional functioning. Within the Relationships domain, several behavioral anchors may be supported by mindfulness training including demonstrating empathic listening and forming an effective working alliance with clients (Interpersonal Relationships), affect tolerance and awareness of inner emotional experience (Affective Skills), and the ability to express feelings verbally and non-verbally (Expressive Skills). Indeed, research suggests that capacities supporting these skills can be developed in psychology graduate student trainees through mindfulness practice (e.g. emotional intelligence, social connectedness; Cohen & Miller, 2009). Further, correlational data suggest that key aspects of psychotherapeutic process dependent on inter- and intrapersonal competencies are associated with trait levels of mindfulness (e.g. management of countertransference and self-focused attention; Fatter & Hayes, 2013; Wei, Tsai, Lannin, Du, & Tucker, 2014).

Some less obvious domains highlighted by Fouad et al. (2009) may also be supported by mindfulness training. At its core, mindfulness training involves the cultivation of awareness (Kabat-Zinn, 1990), and many of the competencies have awareness as an explicit goal (or at least a prerequisite; Pieterse, Lee, Ritmeester, & Collins, 2013). Individual and Cultural Diversity is one domain dependent on awareness that may be supported by mindfulness. Consistent with much of the multicultural counseling literature that emphasizes awareness (along with knowledge and skills; APA, 2003), Fouad et al. highlight the importance of self-knowledge and awareness in supporting cultural competence. Moreover, Fouad et al. include behavioral anchors that emphasize awareness of the role of culture in a variety of contexts and interactions. It may be that mindfulness training improves awareness of these cultural dimensions. In addition, it may be possible that mindfulness training improves one's ability to become aware of less acceptable aspects of cultural dimensions as well, such as stereotypes and biases that, particularly if gone unnoticed and unacknowledged, can significantly undermine our efforts as psychologists (APA, 2003). Recent correlational data suggest that counselors-in-training

with higher trait mindfulness report higher levels of multicultural competence (Ivers, Johnson, Clarke, Newsome, & Berry, 2016). And recent experimental data suggest that brief mindfulness training can reduce implicit racial bias (Lueke & Gibson, 2015). These findings are of course preliminary, and the relevance of mindfulness training for promoting multicultural competence in psychotherapist training is an important area for future research.

Preliminary evidence for the benefits of therapist mindfulness on clinical outcomes

Two studies are worth noting in particular as examples of the promise mindfulness training may have in improving clinical outcomes, arguably a central motivator for including mindfulness within the auspices of counseling psychology. The first is a double blind, randomized controlled trial exploring mindfulness training for therapists-in-training. Grepmaier et al. (2007) recruited a sample of 18 therapists-in-training and provided them with nine weeks of meditation instruction. Instead of focusing on changes within these clinicians (as other research has done, e.g. Cohen & Miller, 2009), Grepmaier et al. measured outcomes of the clients ($n = 124$) seen by these therapists. Grepmaier et al. reported that the clients treated by those therapists randomly assigned to meditation instruction showed greater reductions in psychological symptoms and gave higher evaluations of their therapy than those clients treated by waitlist therapists. This study is particularly notable given the relatively brief period of training (i.e. nine weeks) in addition to outcomes at the client level (impressive given that therapist differences account for only 5% of variance in client outcomes; Baldwin & Imel, 2013).

A second study examined therapists' trait mindfulness as a predictor of clinical outcomes in naturalistic psychotherapy data. Studies attempting to predict clinical outcomes from therapist-level variables have increased in recent years with acknowledgment of therapist effects (i.e. systematic variation across therapists) in clients' outcomes (Goldberg, Hoyt, Nissen-Lie, Nielsen, & Wampold, 2016). A few predictors have been identified (e.g. therapist self-doubt, therapist experience; Goldberg et al., 2016; Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2013), but much remains unknown about the therapist variables that predict successful clinical outcomes (Baldwin & Imel, 2013). In a recent study, Pereira, Barkham, Kellett, and Saxon (2016) examined therapists' level of self-reported trait mindfulness as a predictor of patient post-treatment depression scores in a sample of $n = 37$ clinicians and the $n = 4,980$ clients that they treated. Pereira et al. found that the therapists with higher levels of trait mindfulness had clients who showed superior gains in therapy relative to clients seen by therapists with lower levels of trait mindfulness. As noted above, this finding is impressive given the relatively limited amount of variance for which therapists account relative to client variance (Baldwin & Imel, 2013).

Recommendations for future research

Having explored key areas of overlap between mindfulness and counseling psychology, as well as potential contributions that each area can make to one another, several specific recommendations for future research are clear. These recommendations may promote the goals and core values of both counseling psychology and mindfulness research and clinical practice.

- (1) The first and broadest recommendation is that counseling psychologists become actively involved in the design, testing, and dissemination of mindfulness-based interventions. In particular, counseling psychologists may be well-suited to conduct this work within underserved communities (e.g. transgendered individuals, racial/ethnic minority groups). With a focus on social justice and multiculturalism, counseling psychologists are equipped to explore the cultural implications of mindfulness practices and to adapt and develop interventions that will fit culturally with diverse groups. In addition, the potential of mindfulness interventions to form core components of prevention programs (e.g. for children and adolescents; Zoogman et al., 2015) should be explored within counseling psychology.
- (2) Counseling psychologists should study both the process and the outcome of mindfulness-based interventions. The vast majority of research on mindfulness-based interventions has focused on the outcome of these treatments, with relatively little attention paid to either the intervention-specific (e.g. mindfulness practice time) or common factors (e.g. therapeutic alliance, group cohesion, and/or therapist effects) at play. Counseling psychologists are uniquely positioned to explore both process and outcome (Wampold & Imel, 2015).
- (3) Counseling psychologists could add their voice to discussions regarding how best to train clinicians to deliver mindfulness-based interventions (Crane et al., 2012). This discussion impacts not only the broader community of clinicians delivering these treatments, but also graduate trainees within departments of counseling psychology who will be expected to have familiarity with mindfulness-based interventions and other third-wave behavioral therapies.
- (4) In addition to training clinicians to deliver mindfulness-based interventions, counseling psychologists could explore the ways that training in mindfulness and trait mindfulness may support the development of clinical competencies and impact client outcomes. The potential of mindfulness training to promote self-care and support the development of inter- and intrapersonal skills, as well as multicultural competence in therapists (Fouad et al., 2009) may be particularly promising areas to explore.
- (5) Mindfulness, as a dispositional trait, should be added to the family of protective factors and positive psychological characteristics that counseling psychologists research and seek to promote in the clients they serve. Counseling psychologists are well positioned to examine how mindfulness may or may not relate to or interplay with other better understood positive psychological characteristics (e.g. self-esteem, optimism, motivation, and/or coping) in predicting outcomes of interest (e.g. quality of life, distress, academic persistence, and/or health behaviors). In addition, counseling psychologists could explore mindfulness as a component of theories of change within psychotherapy (which commonly emphasize changes in self-awareness, e.g. interpersonal process; Teyber & McClure, 2011).

Conclusion: a synergistic research agenda

This article has had an ambitious agenda: discussing a new movement within applied psychology, providing sufficient historical and scientific background in order to

contextualize this work, and offering key areas of overlap and synergy between counseling psychology and the burgeoning area of mindfulness research and practice. Necessarily, this attempt has omitted many details and key findings from the mindfulness literature, and many areas of potential synergy have likely been left unexplored.

However, one final area of overlap that should not go unmentioned encompasses the worlds of both mindfulness and counseling psychology: mindfulness research as opportunity for interdisciplinary collaboration. Buki (2014) highlighted the importance of interdisciplinary and transdisciplinary research. Mindfulness research has been thoroughly characterized by collaboration across disciplines, with significant contribution from numerous subspecialties in medicine (e.g. family practice, oncology), psychology (e.g. neuroscience, clinical, counseling, developmental, social, cognitive), and allied fields (e.g. social work, nursing). With the rapidly growing interest in mindfulness, this area is likely to be an increasingly fertile place for continued collaboration. As counseling psychology continues to define itself, particularly in an era of increasing pressure to secure external funding (Martens et al., 2016), interdisciplinary projects focused on mindfulness may be a promising research avenue. Indeed, mindfulness research and practice may be an apt mechanism through which to express our unique contributions as counseling psychologists just as mindfulness may be a welcome addition for promoting and deepening the work that we do.

Acknowledgments

The author gratefully acknowledges Drs. William T. Hoyt and Stephanie L. Budge for conversations that sparked the inspiration for this manuscript as well as comments on a previous draft.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes

1. The term mindfulness is used throughout this article to refer to a dispositional trait (as it is defined here) as well as to interventions based on training in mindfulness (i.e. mindfulness-based interventions) and the body of research exploring the application of mindfulness in various clinical and non-clinical populations. I have attempted to provide sufficient context to allow disambiguation of the term when used.
2. Albeit, several standard mindfulness-based interventions are eight weeks in length (e.g. MBSR, MBCT).

Notes on contributor

Simon B. Goldberg is a doctoral candidate in counseling psychology at the University of Wisconsin – Madison and a psychology intern at the VA Puget Sound Health Care System – Seattle Division. His research program is focused on common and specific factors at play in psychological interventions. He has a particular emphasis on mindfulness-based interventions and quantitative research methods.

References

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, *57*, 1060–1073. doi:10.1037//0003-066X.57.12.1060
- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, *58*, 377–402. doi:10.1037/0003-066X.58.5.377
- Baldwin, S. A., & Imel, Z. E. (2013). Therapist effects: Findings and methods. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 258–297). Hoboken, NJ: Wiley.
- Barinaga, M. (2003). Buddhism and neuroscience: Studying the well-trained mind. *Science*, *302*, 44–46.
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Upper Saddle River, NJ: Merrill.
- Bodhi, B. (2015). *In the Buddha's words: An anthology of discourses from the Pali canon*. Somerville, MA: Wisdom.
- Bowen, S., Chawla, N., Collins, S., Witkiewitz, K., Hsu, S., Grow, J., ... Marlatt, A. (2009). Mindfulness-based relapse prevention for substance use disorders: A pilot efficacy trial. *Substance Abuse*, *30*, 295–305. doi:10.1080/08897070903250084
- Bowen, S., & Kurz, A. S. (2012). Between-session practice and therapeutic alliance as predictors of mindfulness after mindfulness-based relapse prevention. *Journal of Clinical Psychology*, *68*, 236–245. doi:10.1002/jclp.20855
- Buki, L. P. (2014). The relevance of counseling psychology in addressing major social issues. *The Counseling Psychologist*, *42*, 6–12. doi:10.1177/0011000013516369
- Chiesa, A., & Serretti, A. (2009). Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *The Journal of Alternative and Complementary Medicine*, *15*, 593–600. doi:10.1089/acm.2008.0495
- Cohen, J. S., & Miller, L. J. (2009). Interpersonal mindfulness training for well-being: A pilot study with psychology graduate students. *Teachers College Record*, *111*, 2760–2774.
- Collard, P., Avny, N., & Boniwell, I. (2008). Teaching mindfulness based cognitive therapy (MBCT) to students: The effects of MBCT on the levels of mindfulness and subjective well-being. *Counselling Psychology Quarterly*, *21*, 323–336.
- Crane, R. S., Kuyken, W., Williams, J. M. G., Hastings, R. P., Cooper, L., & Fennell, M. J. V. (2012). Competence in teaching mindfulness-based courses: Concepts, development and assessment. *Mindfulness*, *3*, 76–84. doi:10.1007/s12671-011-0073-2
- Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., ... Sheridan, J. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, *65*, 564–570. doi:10.1097/01.PSY.0000077505.67574.E3
- Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, *48*, 198–208. doi:10.1037/a0022062
- Day, M. A., Halpin, J., & Thorn, B. E. (2016). An empirical examination of the role of common factors of therapy during a mindfulness-based cognitive therapy intervention for headache pain. *The Clinical Journal of Pain*, *32*, 420–427. doi:10.1097/AJP.0000000000000277
- Del Re, A. C., Flückiger, C., Goldberg, S. B., & Hoyt, W. T. (2013). Monitoring mindfulness practice quality: An important consideration in mindfulness practice. *Psychotherapy Research*, *23*, 54–66. doi:10.1080/10503307.2012.729275
- Delgado-Romero, E. A., Lau, M. Y., & Shullman, S. L. (2012). The society of counseling psychology: Historical values, themes, and patterns viewed from the American Psychological Presidential Podium. In N. Fouad (Ed.), *APA handbook of counseling psychology: Vol. 1. Theories, research, and methods*. Washington, DC: American Psychological Association. doi:10.1037/13754-001

- Dutton, M. A., Bermudez, D., Matás, A., Majid, H., & Myers, N. L. (2013). Mindfulness-based stress reduction for low-income, predominantly African American women with PTSD and a history of intimate partner violence. *Cognitive and Behavioral Practice, 20*, 23–32.
- Fatter, D. M., & Hayes, J. A. (2013). What facilitates countertransference management? The roles of therapist meditation, mindfulness, and self-differentiation. *Psychotherapy Research, 23*, 502–513. doi:10.1080/10503307.2013.797124
- Figley, C. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology, 58*, 1433–1441. doi:10.1002/jclp.10090
- Flook, L., Goldberg, S. B., Pinger, L., Bonus, K., & Davidson, R. J. (2013). Mindfulness for teachers: A pilot study to assess effects on stress, burnout, and teaching efficacy. *Mind, Brain, and Education, 7*, 182–195. doi:10.1111/mbe.12026
- Flook, L., Goldberg, S. B., Pinger, L., & Davidson, R. J. (2015). Promoting prosocial behavior and self-regulatory skills in preschool children through a mindfulness-based kindness curriculum. *Developmental Psychology, 51*, 44–51. doi:10.1037/a0038256
- Fouad, N. (2012). Introduction. In N. Fouad (Ed.), *APA handbook of counseling psychology, Vol. 1: Theories, research, and methods*. Washington, DC: American Psychological Association. doi:10.1037/13754-001
- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., et al. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology, 3*, S5–S26. doi:10.1037/a0015832
- Fouad, N. A., McPherson, R. H., Gerstein, L., Blustein, D. L., Elman, N., Helledy, K. I., & Metz, A. J. (2004). Houston, 2001: Context and legacy. *The Counseling Psychologist, 32*, 15–77.
- Fox, K. C. R., Dixon, M. L., Nijeboer, S., Girm, M., Floman, J. L., Lifshitz, M., ... Christoff, K. (2016). Functional neuroanatomy of meditation: A review and meta-analysis of 78 functional neuroimaging investigations. *Neuroscience and Biobehavioral Reviews, 65*, 208–228. doi:10.1016/j.neubiorev.2016.03.021
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore, MD: Johns Hopkins University Press.
- Goldberg, S. B., Davis, J. M., & Hoyt, W. T. (2013). The role of therapeutic alliance in mindfulness interventions: Therapeutic alliance in mindfulness training for smokers. *Journal of Clinical Psychology, 69*, 936–950. doi:10.1002/jclp.21973
- Goldberg, S. B., Hoyt, W. T., Nissen-Lie, H., Nielsen, S. L., & Wampold, B. E. (2016). Unpacking the therapist effect: Impact of treatment length differs for high- and low-performing therapists. *Psychotherapy Research*. Advance online publication. doi:10.1037/cou0000032
- Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielsen, S. L., Hoyt, W. T., & Wampold, B. E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of Counseling Psychology, 63*(1), 1–11. doi:10.1037/cou0000131
- Greenson, J. M., Juberg, M. K., Maytan, M., James, K., & Rogers, H. (2014). A randomized controlled trial of Koru: A mindfulness program for college students and other emerging adults. *Journal of American College Health, 62*, 222–233. doi:10.1080/07448481.2014.887571
- Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics, 76*, 332–338. doi:10.1159/000107560
- Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical Psychology Review, 37*, 1–12. doi:10.1016/j.cpr.2015.01.006

- Hage, S. M., Romano, J. L., Conyne, R. K., Kenny, M., Matthews, C., Schwartz, J. P., & Waldo, M. (2007). Best practice guidelines on prevention practice, research, training, and social advocacy for psychologists. *The Counseling Psychologist*, 35, 493–566. doi:10.1177/0011000006291411
- Hayes, S. C., Villatte, M., Levin, M., & Hildebrandt, M. (2011). Open, aware, and active: Contextual approaches as an emerging trend in the behavioral and cognitive therapies. *Annual Review of Clinical Psychology*, 7, 141–168. doi:10.1146/annurev-clinpsy-032210-104449
- Hick, S. F., & Furlotte, C. R. (2009). Mindfulness and social justice approaches: Bridging the mind and society in social work practice. *Canadian Social Work Review*, 26, 5–24.
- Hopkins, A., & Proeve, M. (2013). Teaching mindfulness-based cognitive therapy to trainee psychologists: Qualitative and quantitative effects. *Counselling Psychology Quarterly*, 26, 115–130.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48, 9–16. doi:10.1037/a0022186
- Howard, G. S. (1992). Behold our creation! What counseling psychology has become and might yet become. *Journal of Counseling Psychology*, 39, 419–442.
- Imel, Z., Baldwin, S., Bonus, K., & MacCoon, D. (2008). Beyond the individual: Group effects in mindfulness-based stress reduction. *Psychotherapy Research*, 18, 735–742.
- Ivers, N. N., Johnson, D. A., Clarke, P. B., Newsome, D. W., & Berry, R. A. (2016). The relationship between mindfulness and multicultural counseling competence. *Journal of Counseling & Development*, 94, 72–82. doi:10.1002/jcad.12063
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4, 33–47.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Delta.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York, NY: Hyperion.
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism: An Interdisciplinary Journal*, 12, 281–306.
- Kabat-Zinn, J., Massion, A. O., Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., ... Santorelli, S. F. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 149, 936–943.
- Kabat-Zinn, J., Wheeler, E., Light, T., Skillings, A., Scharf, M., Cropley, T. ... Hosmer, D. (1998). Influence of a mindfulness meditation-based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing photo therapy (UVB) and photochemotherapy (PUVA). *Psychosomatic Medicine*, 60, 625–632.
- Kaliman, P., Álvarez-López, M. J., Cosín-Tomás, M., Rosenkranz, M. A., Lutz, A., & Davidson, R. J. (2014). Rapid changes in histone deacetylases and inflammatory gene expression in expert meditators. *Psychoneuroendocrinology*, 40, 96–107.
- Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., ... Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*, 33, 763–771. doi:10.1016/j.cpr.2013.05.005
- Kosine, N. R., Steger, M. F., & Duncan, S. (2008). Purpose-centered career development: A strengths-based approach to finding meaning and purpose in careers. *Professional School Counseling*, 12, 133–136.
- Lamothe, M., Rondeau, É., Malboeuf-Hurtubise, C., Duval, M., & Sultan, S. (2016). Outcomes of MBSR or MBSR-based interventions in health care providers: A systematic review with a focus on empathy and emotional competencies. *Complementary Therapies in Medicine*, 24, 19–28. doi:10.1016/j.ctim.2015.11.001

- Lampe, M., & Engleman-Lampe, C. (2012). Mindfulness-based business ethics education. *Academy of Educational Leadership Journal*, *16*, 99–111.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
- Lueke, A., & Gibson, B. (2015). Mindfulness meditation reduces implicit age and race bias: The role of reduced automaticity of responding. *Social Psychological and Personality Science*, *6*, 284–291. doi:10.1177/1948550614559651
- Magyar-Moe, J. L., Owens, R. L., & Scheel, M. J. (2015). Applications of positive psychology in counseling psychology. *The Counseling Psychologist*, *43*, 494–507. doi:10.1177/0011000015581001
- Martens, M. P., Herman, K. C., Takamatsu, S. K., Schmidt, L. R., Herring, T. E., Labuschagne, Z., & McAfee, N. W. (2016). An update on the status of sponsored research in counseling psychology. *The Counseling Psychologist*, *44*, 450–478. doi:10.1177/0011000015626271
- Masuda, A., Anderson, P. L., & Sheehan, S. T. (2009). Mindfulness and mental health among African American college students. *Complementary Health Practice Review*, *14*, 115–127. doi:10.1177/153321011036893
- Mind & Life Institute. (2016). *2016 mind and life summer research institute: People, place, and practice: Putting contemplative studies into context*. Charlottesville, VA: Author.
- Newsome, S., Christopher, J., Dahlen, P., & Christopher, S. (2006). Teaching counselors self-care through mindfulness practices. *Teachers College Record*, *108*, 1881–1900.
- Nissen-Lie, H. A., Monsen, J. T., Ulleberg, P., & Rønnestad, M. H. (2013). Psychotherapists' self-reports of their interpersonal functioning and difficulties in practice as predictors of patient outcome. *Psychotherapy Research*, *23*, 86–104. doi:10.1080/10503307.2012.735775
- Orpinas, P., Home, A. M., & the Multisite Violence Prevention Project. (2004). A teacher-focused approach to prevent and reduce students' aggressive behavior: The GREAT teacher program. *American Journal of Preventive Medicine*, *26*, 29–38. doi:10.1016/j.amepre.2003.09.016
- Packard, T. (2009). The 2008 Leona Tyler award address: Core values that distinguish counseling psychology: Personal and professional perspectives. *The Counseling Psychologist*, *37*, 610–624. doi:10.1177/0011000009333986.
- Pereira, J., Barkham, M., Kellett, S., & Saxon, D. (2016). The role of practitioner resilience and mindfulness in effective practice: A practice-based feasibility study. *Administration and Policy in Mental Health and Mental Health Services Research*. Advance online publication. doi:10.1007/s10488-016-0747-0
- Pieterse, A. L., Lee, M., Ritmeester, A., & Collins, N. M. (2013). Towards a model of self-awareness development for counselling and psychotherapy training. *Counselling Psychology Quarterly*, *26*, 190–207.
- Rahula, W. (1974). *What the Buddha taught* (2nd ed.). New York, NY: Grove Press.
- Roberts, K. C., & Danoff-Burg, S. (2010). Mindfulness and health behaviors: Is paying attention good for you? *Journal of American College Health*, *59*, 165–173.
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, *36*, 347–354.
- Rogers, C. (1961). *On becoming a person: A therapist's view of psychotherapy*. New York, NY: Houghton Mifflin.
- Romano, J. L., & Hage, S. M. (2000). Prevention and counseling psychology. *The Counseling Psychologist*, *28*, 733–763.
- Segal, Z., Williams, J. W., & Teasdale, J. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford Press.
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: The effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, *1*, 105–115.

- Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.
- Skovholt, T. M., & Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals* (2nd ed.). New York, NY: Routledge.
- Snippe, E., Schroevers, M. J., Annika Tovote, K. A., Sanderman, R., Emmelkamp, P. M., & Fleer, J. (2015). Patients' outcome expectations matter in psychological interventions for patients with diabetes and comorbid depressive symptoms. *Cognitive Therapy and Research*, 39, 307–317. doi:10.1007/s10608-014-9667-z
- Stedman, J. M., Hatch, J. P., & Schoenfeld, L. S. (2001). Internship directors' valuation of preinternship preparation in test-based assessment and psychotherapy. *Professional Psychology: Research and Practice*, 32, 421–424. doi:10.1037//0735-7028.32.4.421
- Strong, S. R. (1968). Counseling: An interpersonal influence process. *Journal of Counseling Psychology*, 15, 215–224.
- Teyber, E., & McClure, F. H. (2011). *Interpersonal process in therapy: An integrative model* (6th ed.). Belmont, CA: Brooks/Cole.
- Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: expanding our roles. *The Counseling Psychologist*, 31, 253–272.
- Wampold, B., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). New York, NY: Routledge.
- Wei, M., Tsai, P. C., Lannin, D. G., Du, Y., & Tucker, J. R. (2014). Mindfulness, psychological flexibility, and counseling self-efficacy hindering self-focused attention as a mediator. *The Counseling Psychologist*, 43, 39–63. doi:10.1177/0011000014560173
- Woods-Giscombé, C. L., & Black, A. R. (2010). Mind-body interventions to reduce risk for health disparities related to stress and strength among African American women: The potential of mindfulness-based stress reduction, loving-kindness, and the NTU therapeutic framework. *Complementary Health Review*, 15, 115–131.
- Zeidan, F., Gordon, N., Merchant, J., & Goolkasian, P. (2010). The effects of brief mindfulness meditation training on experimentally induced pain. *The Journal of Pain*, 11, 199–209.
- Zoogman, S., Goldberg, S. B., Hoyt, W. T., & Miller, L. (2015). Mindfulness interventions with youth: A meta-analysis. *Mindfulness*, 6, 290–302. doi:10.1007/s12671-013-0260-4

Copyright of Counselling Psychology Quarterly is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.