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Trevor J. Buser
Rider University, tbuser@rider.edu

Juleen K. Buser
Rider University

Christina Hamme Peterson
Rider University

Don G. Seraydarian
Rider University

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Abstract

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Keywords

Mindfulness, Counseling Skills Development, Counselor Training, Counselor Education, Meditative Practice

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In recent years, several authors have argued for the inclusion of mindfulness practice in counselor education (e.g., Christopher, Christopher, Dunnagan, & Schure, 2006; Christopher & Maris, 2010; Fulton, 2005; Greason & Cashwell, 2009; Grepmaier et al., 2007). Kabat-Zinn (1994) defined mindfulness as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (p. 4). Other theorists, too, have understood mindfulness as the task of attending to current internal and external experience, rather than focusing on past or future issues (Bishop et al., 2004; Lau et al., 2006; Segal, Williams, & Teasdale, 2002; Shapiro, Carlson, Astin, & Freedman, 2006). Attention is theorized to involve abilities for prolonged focus, ease in switching attention between different phenomena, and the inhibition of thought processes that might redirect focus away from immediate experience (Bishop et al., 2004). Additionally, mindfulness has been characterized by an attitude of acceptance. Bishop et al. (2004) suggested that

mindfulness involves curiosity and openness to present experience. Similarly, in his definition, Kabat-Zinn (1994) emphasized the nonjudgmental nature of mindfulness, whereby an individual accepts and explores current experience as it is, rather than seeking to change or manipulate it in some way.

Mindfulness, which is grounded in Buddhist meditative traditions, has been utilized within psychotherapeutic settings for the past few decades (Grepmaier, Mitterlehner, Rother, & Nickel, 2006). The use of mindfulness as an adjunct to psychotherapy has been explored with a wide range of psychological difficulties, including depression, panic disorder, eating disorders, and borderline personality disorder (Baer, 2006). Researchers have also found support for the therapeutic application of mindfulness in programs for anxiety and stress reduction (Lau et al., 2006; Lee et al., 2007).

Authors have recommended the incorporation of mindfulness in counselor

training for a variety of reasons—for example, as a means of developing attending skills (Greason & Cashwell, 2009), instilling methods for self-care (Christopher et al., 2006; Christopher & Maris, 2010), promoting empathic abilities (Fulton, 2005; Greason & Cashwell, 2009; Morgan & Morgan, 2005), and improving the mental health of counselors (Shapiro, Brown, & Biegel, 2007). Unfortunately, however, only a few studies have investigated the relationship between mindfulness practice and students' professional development in counseling. Greason and Cashwell (2009), for example, collected survey-based data from a sample of 179 master's- and doctoral-level counseling students. The results indicated that mindfulness was significantly related to students' counseling self-efficacy (i.e., students' confidence in their ability to fulfill the role of counselor), empathy, and attention (i.e., the ability to sustain attention and direct attention simultaneously to multiple, relevant stimuli). Furthermore, attention functioned as a mediator of the relationship between mindfulness and counseling self-efficacy.

Another pertinent study was conducted by Grepmaier et al. (2007). These researchers compared the clinical outcomes of psychotherapy interns who participated in daily meditation practice (1 hour/day) to the clinical outcomes of interns who were not engaged in meditation practice. Clients (N = 124) were randomly assigned to interns for therapeutic treatment. After a two-month intervention, clients who were treated by interns utilizing meditative practices reported a greater reduction in symptoms related to somatization, insecurity, obsessiveness, anxiety, anger, and psychoticism. They also reported that the therapeutic experience was more beneficial in clarifying presenting issues and problem-solving, compared to the reports of clients treated by interns who were not exposed to

meditation.

A stream of qualitative studies, emanating from the work of John Christopher and colleagues (Christopher et al., 2006; Christopher & Maris, 2010; Schure, Christopher, & Christopher, 2008), has also provided compelling support for the contribution of mindfulness to students' professional development. Christopher et al. (2006) studied counseling students' experiences in an elective course on the topic of self-care and mind/body medicine. This course involved regular, intensive mindfulness practice. At the end of the course, the researchers conducted a focus group with participants and analyzed their comments through inductive content analysis. One of the primary themes in this study pertained to participants' growing sense of clinical presence with clients. Students reported that, as a result of practicing mindfulness, they were able to focus more intently on clients during sessions and bring their full attention to the therapeutic encounter.

Similar findings were reached in a qualitative study by Schure et al. (2008). The focus of research was turned to students in this same course, which incorporated regular mindfulness practice. In this case, however, the researchers used inductive content analysis to examine the journal entries of participating students (N = 35) over a four-year period. The findings suggested that students experienced improvements in their clinical work as a result of practicing mindfulness. Specifically, students reported increased comfort with silence in counseling sessions, improved attention on clients and the therapeutic process during sessions, and a new appreciation for the importance of spiritual themes in counseling.

In sum, there exists support for the view that mindfulness practice is related to fundamental counseling abilities (e.g.,

attention and empathy), as well as students' self-efficacy in fulfilling the role of a counselor. It would be expected, therefore, that mindfulness practice may have a positive effect on students' counseling skills and their effectiveness with clients. Preliminary findings in this direction were reported by Grepmaier et al. (2007), who demonstrated that interns with meditating practice had better clinical outcomes than interns without meditating practice.

Limitations of the Research on Mindfulness in Counselor Education

One of the limitations of this growing body of research, however, has been a heavy reliance on self-report data. With the exception of the Grepmaier et al. (2007) study, all of these investigations depended upon students' own evaluations of their interaction with clients (e.g., ability to sustain attention in session) and counseling-related abilities (e.g., levels of empathy toward others). Both Greason and Cashwell (2009) and Christopher and Maris (2010) noted the importance of incorporating observer ratings into future studies.

Additionally, no research to date (to the authors' knowledge) has explored the impact of mindfulness practice on the quality or development of students' counseling skills. In fact, the training literature has often been critiqued for its poor attention to measures of the quality of counseling responses (Brendel, Kolbert, & Foster, 2002; Cunningham & Stewart, 1983; Eriksen & McAuliffe, 2003; Fuqua, Johnson, Anderson, & Newman, 1984; Morran, Kurpius, Brack, & Brack, 1995). Although several recent training studies (e.g., Crews et al., 2005; Downing, Smaby, & Maddux, 2001; Little, Packman, Smaby, & Maddux, 2005; Schaeffe, Smaby, Maddux, & Cates, 2005; Smaby, Maddux, Torres-Rivera, & Zimmick, 1999; Urbani et

al., 2002) have assessed the occurrence of particular skills in session (i.e., skill acquisition), fewer have evaluated whether particular skills were utilized in a well-timed or well-developed manner by trainees (i.e., skills quality). Hence, a contribution to the field—and to the literature on mindfulness in counselor education, in particular—would be an examination of whether the development of students' counseling skills is increased through a training model featuring mindfulness practice.

The current investigation was designed to begin bridging these gaps in the literature on mindfulness in counselor education. Specifically, the goal of this research was to assess the impact of mindfulness practice, incorporated alongside a five-week counselor skills training model, on the students' counseling skills development. In view of research suggesting that mindfulness is related to empathy and attention (Christopher et al., 2006; Greason & Cashwell, 2009; Schure et al., 2008), we hypothesized that trainees with mindfulness practice would outperform trainees with no mindfulness practice on counseling skills development. A second purpose of this study was to determine whether an extended amount of mindfulness practice had a differential impact on the counseling skills development of trainees, compared to a brief amount of mindfulness practice. For the purposes of this study, we defined extended mindfulness practice as 11 mindfulness practice sessions and brief mindfulness practice as five mindfulness practice sessions. Research has supported the relationship between attention and length of meditation experience, showing that long-term meditators have better capacities for attention and concentration, compared to short-term meditators (Lazar et al., 2005; Valentine & Sweet, 1999). Thus, we hypothesized that trainees with an extended amount of mindfulness practice would

outperform trainees with a brief amount of mindfulness practice on counseling skills development.

Method

Participants

Fifty-nine students participated in this study. All participants were enrolled in one of three sections of a three-credit Introduction to Counseling course at a CACREP-accredited master's-level program in the Northeast. The class met weekly for 2.5 hours. One section served as a control group ($n = 20$), one served as a brief intervention group ($n = 19$), and one served as an extended intervention group ($n = 20$). This study, therefore, utilized a posttest-only comparison group quasi-experimental research design. Although this research made use of intact groups for its sample, sections of participants were randomly assigned to the control and intervention group conditions.

The control group participants were 77% female, 88% Caucasian, 6% African American, and 6% Asian/Pacific Islander. Participants reported a mean age of 28 ($SD = 8.51$) and had completed an average of 3.53 graduate credits hours ($SD = 4.77$) in counseling. Forty-five percent of them had prior experience with meditation/yoga. The brief intervention group participants were 94% female, 88% Caucasian, 6% Hispanic/Latino, 6% Multi-racial, and reported a mean age of 23.4 ($SD = 1.93$). These students had completed an average of 2.14 graduate credit hours ($SD = 3.98$), and 63% had prior experience with meditation/yoga. The extended intervention group participants were 88% female, 88% Caucasian, 6% Hispanic/Latino, 6% Asian/Pacific Islander, and reported a mean age of 25.6 ($SD = 8.08$). Participants in this group had completed an average of 2.00 graduate credits hours ($SD = 2.95$), and 75%

had prior experience with meditation/yoga. The same professor (second author) taught all three classes. This professor holds a doctorate in Counselor Education and Supervision and has completed training in the use of mindfulness in psychotherapy.

Study Design and Procedure

For all three groups, the introductory course in counseling included five weeks of counseling skills training, based on Ivey's (1971) Microcounseling model and Young's (2009) similar approach to training in his text, *Learning the Art of Helping*. In the Microcounseling model, students focus on the development of particular skills (e.g., reflecting feeling) each class period and eventually learn to integrate these skills in a counseling session. This portion of the class also included in-class skills practice, during which time students engaged in role-play counseling sessions with classmates and received feedback from the professor, peer observers, and advanced graduate student facilitators. Practice sessions ranged from 2-10 minutes, with the majority of practice sessions lasting between 6-10 minutes in duration. The course also involved seven weeks of lectures and discussions, which provided an orientation to the profession of counseling (e.g., history, ethics, and overviews of various types of counseling).

Control group

The control group received five weeks of skills instruction and in-class skill practice, as described above. The control group, by virtue of not participating in mindfulness practice during class time, spent additional time discussing issues related to the didactic portion of this introductory course.

Intervention groups: Brief and extended mindfulness

In addition to the skills training model described above, the brief and extended intervention groups received a presentation on mindfulness and in-class mindfulness practice sessions. For the brief intervention group, participants engaged in five weekly mindfulness practice sessions. These practice sessions ranged from 5-10 minutes each, followed by 10-15 minutes of group discussion about the mindfulness experience. For the extended group, participants engaged in 11 weekly mindfulness practice sessions. The mindfulness practice sessions for this group ranged from 5-20 minutes in duration, followed by 10-15 minutes of group discussion about the mindfulness experience.

In addition to the skills training model described above, the brief and extended intervention groups received a presentation on mindfulness and in-class mindfulness practice sessions. For the extended group, participants engaged in 11 weekly mindfulness practice sessions. The mindfulness practice sessions for this group ranged from 5-20 minutes in duration, followed by 10-15 minutes of group discussion about the mindfulness experience. In view of the restraints of the course syllabus, 11 weeks of mindfulness practice was considered the maximum amount of the intervention that could be accommodated in this particular class. For the brief intervention group, we decided to include approximately half of the amount of mindfulness practice provided to the extended group. Therefore, these participants engaged in five weekly mindfulness practice sessions. These practice sessions ranged from 5-10 minutes each, followed by 10-15 minutes of group discussion about the mindfulness

experience. Both the brief and extended intervention groups received the same presentation on mindfulness at the start of the intervention. For this presentation, the course instructor gave a lecture on the history of mindfulness practice, therapeutic applications of mindfulness, and its potential value in developing counseling skills and attention. In order to standardize aspects of the mindfulness intervention across groups, the instructor utilized tape recordings of mindfulness exercises, including sitting meditation, choiceless awareness, and loving kindness meditation. The sitting meditation focused attention on the sensations of breathing and the rhythm of the breath; the choiceless awareness meditation focused attention on body sensations and emotions; and the loving kindness meditation focused attention on feelings of benevolence toward other individuals and inwardly toward the self.

Data collection

Participants completed brief questionnaires on demographic information and prior experience with yoga and mindfulness. At the end of the semester, participants completed a 10-minute taped counseling session, which was a standard assignment for the course. Participants were instructed to serve as a counselor in this counseling session and demonstrate skills taught in the course. In each session, advanced graduate students served in the role of client and were instructed to role-play a particular presenting issue. Participants of this study were instructed to demonstrate the following skills in the counseling session: door openers (i.e., "Tell me more about that"), open-ended questions, minimal encouragers, nonverbal attending skills, paraphrasing, reflecting feeling, summarizing, immediacy, and confrontation/noting a discrepancy.

Participants were informed that taped sessions would be evaluated by the instructor as part of the course grade and analyzed separately for the research study. The course professor was not involved in the evaluation of tapes for the research study. Rather, tapes were evaluated for this study by two Ph.D.-level instructors, both of whom currently teach in a graduate counseling program. Student tapes were randomly assigned to the raters, and the raters were blind to the group status of participants.

Study measure

The dependent variable under review was counseling skills development. Raters observed the taped sessions and assessed the counseling skills development of participants with the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003). This measure contains 22 items using a 5-point, Likert-type scale (ranging from -2 to 2). The score of 2 indicates that a counseling response is highly developed, well-timed, helpful communication, whereas the score of -2 rates a response as unhelpful, poorly timed, and harmful to the client. An additional response option is "NN," meaning that the particular counseling response listed in the item is "not necessary" to the session. The measure consists of six subscales, which correspond to four helping stages (Showing Interest, Encourages Exploration, Deepens Session, and Encourages Change) and two global conditions of effective counseling (Develops Therapeutic Relationship and Manages Session). Items address counseling responses or skills relevant to each stage or global condition. Per Eriksen and McAuliffe, subscale scores are the averages of the responses on the scale items. Previous research using this scale has shown high levels of internal consistency ($\alpha = .91$) (Eriksen & McAuliffe,

2003). Moreover, Eriksen and McAuliffe reported evidence for the construct validity of the CSS. They found a significant increase in trainees' scores on the CSS after one semester of skills training.

For the purposes of this study, modifications were made to the CSS. Some items referred to skills that were outside the scope of this five-week training model and were not required to be demonstrated in students' final tape. The following items, therefore, were not evaluated in this study: observing themes and patterns, reflecting meaning and values, and evoking and punctuating client strengths. Additionally, two entire subscales, Encourages Change and Shows Interest and Appreciation, were removed for this study. We removed items associated with Encourages Change because, within the confines of a 10-minute session, we did not expect students to generate solutions or change in relation to the presenting issue. Moreover, although the vast majority of sessions (88%) were recorded on video-tape, seven tapes from the extended intervention group were recorded on audio-tape only, due to a technological failure. Therefore, in evaluating the sessions, the researchers did not use the Shows Interest and Appreciation subscale of the CSS, which addresses nonverbal communication skills. Previous researchers have shown no differences in the assessment of verbal communication skills associated with the format of taped sessions (specifically, audio- versus video-taped formats; Dent, Brown, Dowsatt, Tattersall, & Butow, 2005).

Therefore, the modified measure was composed of the remaining subscales: the Encourages Exploration subscale included 4 items, which tapped the skills of questioning, requesting concrete and specific examples, paraphrasing (reflection of content), and summarizing. Reliability was acceptable for this subscale in the

current study ($\alpha = .72$). The Deepens the Session subscale included 3 items, which tapped the skills of reflecting feeling, immediacy, and challenging/pointing out discrepancies (in this sample, $\alpha = .64$). The two final subscales in the original CSS had one item each: Develops the Therapeutic Relationship (e.g., displays genuineness, empathy, acceptance, and positive regard) and Manages the Session (e.g., opens and closes session appropriately, structures session throughout in a smooth manner, and maintains client focus on important concerns). As noted previously, these two subscales assess global conditions of effective counseling. For the purposes of this study, these two subscales were combined to make up the Develops the Therapeutic Relationship subscale. This decision was informed by authors (Kottler & Shepard, 2011), who have characterized the counseling relationship as comprised of both facilitative counselor attitudes (e.g., genuineness, empathy, and positive regard) and the counselor's ability to structure sessions. Moreover, we added two items to this final subscale, in order to assess issues that arise in skills training courses: appropriate self-disclosure and ability to tolerate intense affect. The latter referred to the counselor's capacity to delve into the client's negative affect without resorting to rescuing behavior (Gladding, 2008) or a premature movement to solutions (McAuliffe & Lovell, 2006). These additions were also meant to identify global items that impact the therapeutic relationship. Coefficient Alpha for the Develops the Therapeutic Relationship subscale in this study was 0.89.

Two raters made use of the modified CSS in evaluating taped counseling sessions for this research. Raters met for two training sessions in the use of this scale. Training sessions included a review of three counseling sessions, independent rating of

skills based on the modified CSS, and discussion of items on the scale until consensus was reached for each item in regard to the sessions. Following this practice with the modified CSS, the raters independently used the scale to evaluate the counseling skills development of participants, as demonstrated in taped counseling sessions. Each rater was randomly assigned tapes from multiple groups by the course instructor, who was aware of the group condition of each participant. Each taped session was evaluated by one rater. As noted above, raters were blind to the group condition of participants. Inter-rater reliability, calculated using a 10-subject subset of participants, was strong for two of the scales at $r = .77$ for Encourages Exploration and $.91$ for Develops the Therapeutic Relationship. The inter-rater reliability for Deepens the Session, however, was unacceptable ($r = .52$). Therefore, scores associated with the Deepens the Session subscale were not included in analyses of the study.

Results

Preliminary Analyses

Given that the class used in this study was an introductory course and the first in a sequence required for the counseling program, an assumption of this research design was that the control, brief intervention, and extended intervention groups did not differ in mean counseling skills prior to the intervention. As noted in the description of demographics, the mean amount of credits completed for each group ranged from 2.00-3.53, indicating that most participants had completed less than one graduate class or approximately one class, depending on the group. All participants, therefore, were beginning their course of study in the graduate counseling program.

Because assignment to group condition was not random, however, the groups were statistically compared on potentially confounding variables. Chi-square analysis was performed to compare the groups on previous participation in yoga/meditation (yes/no), gender, and ethnicity. One-way analysis of variance (ANOVA) was also performed to compare the groups on age and number of credit hours completed in the counseling program. There were no significant differences between the groups on any of these variables ($p > .05$).

Principal Analyses

To assess the impact of varying levels of mindfulness intervention on counseling skills, a univariate ANOVA was performed for each of the two counseling skills subscales. Results were interpreted with a bonferroni correction (α/n or $p < .025$) to control for type 1 error. The dependent variables for the analysis were the mean scores for two subscales of the CSS, viz., Encourages Exploration and Develops the Therapeutic Relationship. The effect of group was significant for Encourages

Exploration ($p = .01$) and Develops the Therapeutic Relationship ($p = .018$; see Table1).

Post hoc comparisons indicated that both the brief and extended intervention groups had significantly higher scores on the Develops the Therapeutic Relationship subscale than the control group, although the brief and extended intervention groups did not significantly differ from one another. On the Encourages Exploration subscale, only the extended intervention group had significantly higher scores than the control group, while the control and modest intervention groups and the modest and extended intervention groups did not differ significantly from each other. A review of effect sizes in the pairwise comparisons indicated a medium effect of the brief intervention when compared to the control on both Develops the Therapeutic Relationship and Encourages Exploration (Cohen's $d = .77$ and $.67$, respectively). There was a large effect of the extended intervention when compared to the control (Cohen's $d = .92$ and $.82$, respectively).

Table 1: Analyses of Variance Comparing Groups on Counseling Skills Development

Variable	Group Mean Scores (SD)			Univariate F (2,56)	Mean difference ^a P<.05	Effect size (d) ^a		
	Control	Brief	Extended			C to B ^b	C to E	B to E
Develops Relationship	0.17 (0.95)	0.85 (0.81)	0.98 (0.80)	5.049	C<B,E ^b	0.77 ^c	0.92 ^d	0.16
Encourages Exploration	0.10 (0.99)	0.66 (0.66)	0.86 (0.85)	4.336	C<E ^b	0.67 ^c	0.82 ^d	0.26

^a Pairwise comparisons
^b C=control, B=brief intervention group, E=extended intervention group
^c medium effect
^d large effect

Discussion

In view of research and theoretical conjectures supporting the inclusion of mindfulness in counselor education (Anderson, 2005; Christopher et al. 2006; Fulton, 2005; Greason & Cashwell, 2009), this study sought to examine whether a skills training course with regular mindfulness practice led to improvements in counseling skills development, compared to a control group condition receiving the standard skills training model only. An additional purpose of the study was to assess whether an extended amount of mindfulness practice led to higher levels of counseling skills development, compared to a brief amount of mindfulness practice.

The results of this study indicated that the brief and extended mindfulness intervention groups significantly outperformed the control group on the Develops the Therapeutic Relationship subscale. There was no statistically significant difference on this scale between the brief and extended intervention groups. In terms of the Encourages Exploration subscale, participants in the extended intervention group outperformed control group participants. There was no statistically significant difference on this scale between the brief and extended intervention groups or between the brief intervention and control groups. However, on this subscale, the direction of difference between the control group and brief intervention group was in the expected direction (viz., the brief intervention group outperformed the control group), and the effect size of this difference was medium ($d = .67$)—an effect which was larger than the difference between the brief and extended intervention groups ($d = .26$). The lack of statistical significance for the difference between control and brief intervention groups is potentially explained by the small sample size in our study. This

small sample size may have resulted in the failure of a medium effect size to reach statistical significance. Consequently, it appears premature to conclude that extended mindfulness practice was preferable for improvements on the Encourages Exploration subscale, compared to the brief mindfulness practice.

Taken together, the findings of the current study suggested that mindfulness practice contributes to improvements in global counseling skills (e.g., building a therapeutic relationship, managing the session, tolerating affect, and engaging in appropriate self-disclosure) and specific counseling skills (e.g., questioning, paraphrasing, requesting examples, and summarizing). The implication, therefore, is that mindfulness may foster the development of a range of counseling skills. The results of this study warrant further investigation into the mechanism(s) of change behind the influence of mindfulness on counseling skills development. Several potential pathways exist by which mindfulness practice could influence counseling skills. For example, previous researchers have documented a positive relationship between mindfulness and empathy (Greason & Cashwell, 2009). In addition, participants in the Schure et al. (2008) study described their increased ability to focus on the therapeutic process as a result of mindfulness practice. Thus, it is possible that enhanced empathic and focusing abilities contributed to the mindfulness groups' differences in counseling skills, relative to the control group. Students who lack sustained focus may experience difficulties in tracking main themes, which could, in turn, impact their skills of paraphrasing and questioning. Likewise, if mindfulness is associated with gains in empathic abilities, it appears likely that students with mindfulness practice would be more capable of facilitating an

accepting, caring therapeutic relationship with clients.

In addition, mindfulness practice may influence counseling skills through providing an opportunity for experiential learning about the nature of counseling. Students enter counselor education with preconceived assumptions about counseling and helping others (Schein, 1999). In our experience, many students assume that helping another individual, or counseling an individual, involves minimizing the other person's distress and leading the person to a solution or positive change. By operating from this mindset, students often forego the painstaking work of delving into another person's difficulties and, instead, resort to behaviors that avert attention from the client's pain (e.g., rescuing behavior; Gladding, 2008) or initiate a premature movement to solutions (McAuliffe & Lovell, 2006). Such solutions are not grounded in a more complex understanding of the client's situation, and the client is less likely to feel understood or gather new insights into the difficulty.

Mindfulness practice, therefore, may encourage students to slow down for a few moments, sit with present sensations and feelings, and recognize the value of exploring the subtleties of experience. Put another way, mindfulness may facilitate a "reperceiving" regarding the nature of counseling (Shapiro et al., 2006, p. 378). This hypothesized mechanism of change, involving a shift in students' beliefs about counseling, mirrors changes that participants have reported in similar studies. As one student reported in a study by Christopher and Maris (2010), mindfulness practice facilitated a movement away from the need to "guide" or "inform" clients to the willingness to "witness and support without rushing in to take charge" (p. 122). When discussed in the context of results from the current study, students who do not feel a

rush to solve a client's problem and who feel at ease sitting with a client's difficulty would be expected to display better skills on the Develops the Therapeutic Relationship and Encourages Exploration subscales. Specifically, students would be expected to have improved skills in areas such as displaying care toward a client and tolerating the affect of a session. In addition, students would be expected to engage in exploration of the client's concerns (through skills such as questioning, paraphrasing, and summarizing), rather than offering the client advice for a way to solve those concerns.

It was hypothesized that more mindfulness practice would be associated with greater gains in skill effectiveness, given research showing a link between length of meditation experience and counseling-related capacities (e.g., attention; Lazar et al., 2005; Valentine & Sweet, 1999). The results of the study, however, showed no differences between the brief and extended intervention groups on the counseling skills under review. It may be that the potency of the extended intervention (that is, the duration and quantity of mindfulness practice sessions) did not diverge enough from that of the brief intervention. In our study, the lengthiest mindfulness practice session for the extended group was 20 minutes, compared to 10 minutes for the brief intervention group. The two intervention groups also differed by quantity of mindfulness practice sessions, with the brief group receiving 5 sessions compared to the extended group's 11 sessions. Other studies (e.g., Christopher et al., 2006; Schure et al., 2008) have integrated a far more intensive package of mindfulness training than was completed by the extended group in this study. Christopher et al. (2006) dedicated 75 minutes of each class, which met twice per week over the course of a semester, to the teaching and practicing of various forms of

mindfulness. It may be that differences exist between intensive (75 minutes per class) and brief (10 minutes per class) mindfulness interventions, but not between the extended and brief mindfulness interventions used in this study. Alternatively, it is possible that benefits derived from extended mindfulness practice, compared to brief mindfulness practice, did not register in the 10-minute counseling sessions utilized by this study. For example, if sustained attention is assumed to be a positive outcome of mindfulness practice (Greason & Cashwell, 2009), then researchers may need to evaluate longer counseling sessions (e.g., 40-minute sessions), in order to discern the benefits of mindfulness practice.

Strengths and Limitations of the Study

The study had a number of strengths, including its unique focus on mindfulness in counselor training. Previous researchers have documented positive relationships between mindfulness and various constructs related to counseling (e.g., Christopher et al., 2006; Greason & Cashwell, 2009; Schure et al., 2008). This study, however, was distinctive in its attention to the relationship between mindfulness practice and counseling skills development. The internal validity of the study was another strength. The study employed a quasi-experimental design, which supported claims for the causal relationship between the independent and dependent variables. The presence of a control group, for instance, accounted for a number of rival explanations (e.g., Hawthorne effect) of the change in the dependent variable. Moreover, the study's design allowed for temporal precedence of independent variable, relative to the dependent variables, which further supported claims for a causal relationship between variables. Last, the integration of blind observer ratings addressed concerns in

the literature regarding an over-reliance on self-report data (Christopher & Maris, 2010; Greason & Cashwell, 2009).

The study was limited in several ways, as well. The external validity was weakened due to the convenience sampling method. Participants were sampled from one university, which undermined the researchers' ability to make inferences about the wider population of counseling students. The internal validity of the study was also compromised by the use of intact groups, rather than groups created through random assignment. Without random assignment of participants to groups, it is possible that, prior to the intervention, groups differed on their counseling skills or on another variable, which may have differentially affected the outcome. Further, without a pre-test of counseling skills, it is unknown whether participants differed on baseline counseling skills development. Participants' shared early status in the counseling program, relative comparability on demographic characteristics, and the random assignment of the treatment to groups, however, diminished the likelihood of such confounds.

Implications for Counselor Education

The results of this study suggested that mindfulness practice may contribute to counseling skills development, as evidenced by improvements in the brief and extended intervention groups relative to the control group. Counselor educators are, therefore, encouraged to consider the implementation of mindfulness practice in coursework for trainees. Given that mindfulness practice has already been incorporated within a number of therapeutic approaches (Baer, 2006; Kabat-Zinn, 1990; Segal et al., 2002), models of mindfulness training are readily available. Mindfulness practice may be particularly relevant to coursework on

clinical skills, counseling theories, and field education experiences, since mindfulness is a current therapeutic approach for a variety of presenting issues.

For example, mindfulness practice could be included in a counseling theories course in class sessions on behavior therapy. Several models of behavior therapy, such as Dialectical Behavior Therapy (Linehan, 1993a, 1993b) and Mindfulness-Based Cognitive Therapy (Segal et al., 2002), use mindfulness as part of the treatment model. Students could be exposed to these treatment models and be invited to engage in mindfulness practice during class time. Mindfulness could also be incorporated in courses which discuss the importance of counselor self-care. Authors have discussed the problems of burnout among counselors (Lee, Cho, Kissinger, & Ogle, 2010; Wilkerson, 2006), and mindfulness has been proposed as a self-care practice which could avert counselor burnout (Christopher & Maris, 2010). In addition, researchers have documented that mindfulness practice decreases stress among counseling psychology trainees (Shapiro et al., 2007). Likewise, in a study of counseling professionals, participants reported that mindfulness practice offered a range of personal benefits (Rothaupt & Morgan, 2007).

The results of the current investigation indicated that large amounts of mindfulness practice may not be necessary for students to see gains in counseling skill development. In skills associated with the development of a therapeutic relationship, it appeared that students benefited from even five sessions of brief meditation, followed by group discussion of the experiences. This finding suggests that, even in coursework with high levels of content demands, brief mindfulness practice might be introduced to yield observable changes in skill outcomes.

Conclusion and Directions for Future Research

More research is needed in a variety of areas related to this study. The literature on mindfulness would benefit from a replication of this study, with the addition of assessments for variables that potentially mediate the relationship between mindfulness and counseling skills development. As hypothesized by other theorists (e.g., Greason & Cashwell, 2009), it may be that mindfulness contributes to improvements in attention, which in turn, lead to increased counseling skills development. Alternatively, given research indicating (1) that mindfulness practice contributes to reductions in anxiety (Lee et al., 2007), and (2) that anxiety is inversely related to both empathy (Shapiro, Schwartz, & Bonner, 1998) and counseling self-efficacy (Larson et al., 1992), it may be that mindfulness practice helps students reduce their anxiety and, in turn, carry out counseling functions more effectively.

Additionally, although the level of intervention did not result in significant differences between the brief and extended groups on skills development, it is possible that higher levels of intervention will have a significant impact on other outcomes variables (e.g., attention, anxiety, or counseling self-efficacy). Future research should include attention to such variables and assess which variables contribute most to group separation and which are essentially irrelevant.

Finally, future research should explore whether a significant difference in counseling skills development exists between participants of a brief mindfulness intervention (similar to the one provided in this study, e.g., 5-10 minute weekly practice sessions for five weeks) and a highly intensive mindfulness intervention (similar to that provided by Christopher et al., 2006,

or the typical Mindfulness-Based Stress Reduction program; Kabat-Zinn, 1990, e.g., 75-minute practice sessions over the course of the entire semester). If there is no difference in outcome measures between highly intensive and brief mindfulness interventions, then the case could be made for more economical, brief form of intervention—particularly in view of time constraints in most counselor education programs.

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Author Note

Trevor J. Buser, Assistant Professor, Rider University, Department of Grad Education, Leadership, & Counseling, Memorial Hall 202-M, 2083 Lawrenceville Rd., Lawrenceville, NJ 08648

Juleen K. Buser, Assistant Professor, Rider University, Department of Grad Education, Leadership, & Counseling, Memorial Hall 202, 2083 Lawrenceville Rd., Lawrenceville, NJ 08648

Christina Hamme Peterson, Assistant Professor, Rider University, Department of Grad Education, Leadership, & Counseling, Memorial Hall 202, 2083 Lawrenceville Rd., Lawrenceville, NJ 08648

Don G. Seraydarian, Visiting Professor, Assistant Professor, Rider University, Department of Grad Education, Leadership, & Counseling, Memorial Hall 202, 2083 Lawrenceville Rd., Lawrenceville, NJ 08648

Correspondence concerning this article should be addressed to Trevor J. Buser at tbuser@rider.edu
