



Learning and Applying Mindfulness to Relational Client Systems: A Phenomenological Analysis of CMFT Students' Experiences in a Mindfulness Course

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Abstract

The benefits of mindfulness have been well established in mental health research, and many couple, marriage, and family therapists (CMFTs) incorporate mindfulness techniques into clinical practice. Despite its widespread use, there is a dearth of literature examining CMFTs' experiences with mindfulness education within the MFT field. Using a participatory research design, our study analyzed 35 journal entries of seven CMFT graduate students ($N=7$) enrolled in a 5 week, summer mindfulness course within a COAMFTE-accredited program. Data were analyzed using the immersion/crystallization phenomenological technique. Findings illuminated 12 themes, all relating to CMFTs' experiences of learning and applying mindfulness techniques in clinical practice. These themes were grouped within three categories that corresponded with our research questions (*Role of the Mindfulness Class, Personal Mindfulness Experience, and Application of Mindfulness in Clinical Practice*). Clinical and training implications for CMFTs are discussed throughout.

Keywords Mindfulness · Couple, marriage, and family therapy · Clinical training

Mindfulness has become a popular clinical intervention (Gehart 2012; Mahfouz et al. 2018). Its practice yields positive effects on mental health (Hoffman et al. 2010), emotion regulation (Teasdale et al. 1995), and coping (Kabat-Zinn, 1990). The impact of mindfulness practice on relationships has received less empirical attention, but mindfulness has been shown to improve relationship quality (Barnes et al. 2007; Wachs & Cordova 2007). Clients of couple, marriage, and family therapists (CMFTs) may benefit from mindfulness incorporated into therapy treatment. To provide clients with such intervention, it is strongly recommended that clinicians receive specialized mindfulness training (Academic

Mindfulness Interest Group, 2006). However, few empirical studies address mindfulness-based training in CMFT education (McCollum & Gehart 2010). Gehart and McCollum (2008) conceptually outlined a mindfulness training curriculum for master's students in CMFT. McCollum and Gehart (2010) then qualitatively affirmed that their mindfulness training helped beginning CMFT master's students to develop therapeutic presence—a construct defined by a therapist's availability, openness, and capacity to respond to clients' experiences. However, in our review of mindfulness literature, we could find no existing research exploring the experiences of learning mindfulness for CMFT students. More generally, research addressing the experiences of students learning mindfulness in any context is seemingly scant (Mapel 2012). We sought to address this gap by qualitatively investigating the experiences of graduate trainees (both doctoral and master's level) who enrolled in a mindfulness seminar course within a Commission on Accreditation in Marriage and Family Therapy Education (COAMFTE)-accredited CMFT program. We aimed to understand CMFT students' perspectives of the most impactful, effective aspects of their experience in a mindfulness training course. Results of this study would be useful to those who train and

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supervise CMFT trainees striving to incorporate mindfulness into their therapy practice.

Literature Review

Mindfulness is defined as “paying attention in a particular way: on purpose, in the present moment, nonjudgmentally” (Kabat-Zinn 1990, p. 4). Mindfulness practitioners prioritize the physical sensations, emotions, and thoughts they experience in the moment, resisting the urge to alter thoughts or feelings (Bishop et al. 2004). There are two types of mindfulness practice: formal and informal (Kabat-Zinn 2012). Formal mindfulness practice involves scheduled meditation times and guided meditation routines (Kabat-Zinn, 2012). Informal mindfulness practice involves being mindful as one goes through daily routines of living (Hanley et al. 2015). Mindfulness experts recommend developing a formal practice routine to create a habit and practicing formal and informal mindfulness together (Kabat-Zinn 2012). Inherent in the distinction between formal and informal mindfulness is the idea that mindfulness can be both a *state* and a *trait* (Gehart 2012). States of mindfulness are most commonly achieved while practicing formal meditation, while mindfulness traits involve a general disposition (or attitude of awareness or acceptance), which can be experienced throughout daily living, even in stressful environments (Jordan et al. 2014).

Therapeutic Benefits of Mindfulness

Mindfulness practice has shown to carry benefits for clinicians and therapy clients alike. Grepmaier et al. (2007) found that clients working with therapists who received Zen-mindfulness training reported greater symptom reduction than patients who worked with non-meditating therapists. Research has shown that mindfulness ameliorates symptoms of anxiety, depression, and addiction (Gambrel & Keeling 2010). In relational therapy, mindfulness contributes to greater intimate relationship satisfaction (Wachs & Cordova 2007), improves the capacity to respond constructively to relationship stress (Barnes et al. 2007), and fosters empathy in couple relationships (Block-Lerner et al. 2007). In another study, mindfulness practice enhanced family members’ capacity for empathy and improved emotion regulation and communication, which improved relationship satisfaction and ultimately relational well-being (Gambrel & Keeling 2010).

Influence of Mindfulness Practice on Therapist Characteristics

Extensive research has also focused on the integral nature of mindfulness for therapists (Germer 2005). Mindfulness enhances self-awareness and develops the capacity to attune

to others (Keane 2014). As such, scholars have asserted that mindfulness is infused in the therapist’s actions (Bien 2008). Previous research has found that mindfulness can promote therapist qualities needed for a strong therapeutic alliance (Lambert & Ogles 2004). For example, therapist empathy, understanding, warmth and acceptance are qualities that clients state are important to the development of a strong therapeutic relationship (Bruce et al. 2010; Lambert & Barley 2002), and mindfulness practice has shown to support these qualities (e.g., Gyatso, 2001; Wallace 2005). For example, mindfulness practice has been empirically shown to support therapist empathy (Sweet & Johnson 1990) and sustained attention (Valentine & Sweet 1999). Moreover, mindfulness practice may provide a way to develop the attitudes and qualities associated with effective therapeutic relating (Lambert & Ogles 2004).

Further studies have found that counseling students who engaged in mindfulness reported increased awareness and acceptance of personal issues and emotions, increased mental clarity and organization, increased sense of relaxation and tolerance of physical and emotional pain, and interpersonal changes such as increased capacity for compassion and empathy (Christopher et al. 2011). These benefits translated into their mental health practice, as students felt more attentive to the therapy process and more comfortable with silence (Christopher et al. 2011). They incorporated meditative practices into their work and recommended specific practices to clients (Christopher et al. 2011).

Mindfulness Training in CMFT

Considering the benefits of mindfulness practice, scholars have suggested that mindfulness training could be integrated into therapist training curricula (Caldwell et al. 2010; Campbell et al. 2018; Cigolla & Brown 2011; McCollum & Gehart 2010). Although mindfulness is beginning to be more integrated into CMFT training, most research on the topic only focuses on the outcome of the training for the student (Campbell & Christopher 2012; Shapiro et al. 2007) or the integration of mindfulness into clinical work (Gehart 2012). For example, one study showed that mindfulness training led to positive changes in counseling students, including improved awareness of one’s self and one’s body, increased attention, responsiveness and increased capacity for relating to themselves and their clients (Schure et al. 2008). In another example, student participation in an 8-week mindfulness-based stress reduction (MBSR) program was associated with lower stress levels, increases in positive affect and self-compassion, and enhanced emotional regulation among counselling trainees (Shapiro et al. 2007). Although positive outcomes of mindfulness training have been found, little research has examined the process of learning mindfulness,

or what CMFT students experience as they learn mindfulness. In a study of undergraduates primarily going into helping professions, Mapel (2012) explored what students experienced as they engaged in a brief mindfulness exercise at the beginning of each class. Students reported struggling at times to maintain awareness during meditations but expressed satisfaction at how the process helped them to clear their minds. Students also reported beginning to use mindfulness outside of class to reduce stress. However, Mapel's (2012) study does not address experiences related to therapist trainees or experiences related to an intensive mindfulness training course.

Challenges Associated with Mindfulness Training

Researchers and scholars have also noted challenges in relationship to training future mental health practitioners in mindfulness. Specifically, researchers and scholars have suggested that mindfulness practice takes a considerable amount of time and attention to learn. The process of introducing trainees to mindfulness practice and helping them practice initial skills may be realistic goals for the students as they complete their training program. However, it may be incumbent upon the trainees to continue cultivating and honing their mindfulness practice to continue to experience the benefits of mindfulness (Cigolla & Brown 2011).

Mindfulness Training and Relational Therapy

The extent to which mindfulness training influences clinical work specifically for relational therapists is also understudied. It seems that one significant challenge for CMFTs seeking to incorporate mindfulness into clinical training and clinical practice is determining how mindfulness-based interventions fit within a systemic paradigm (Gambrel & Keeling 2010). Mindfulness is fundamentally an individually oriented practice; yet, the professional identity of CMFTs is tied to systemic conceptualization and relational intervention (Wampler et al. 2019). Thus, in training CMFT students to utilize mindfulness with clients, it seems important to explore where CMFT students come to view mindfulness as fitting within their systemic treatment models. Unfortunately, scant extant research addresses these questions.

Purpose of Study

Further research is needed to understand how CMFT trainees experience mindfulness training. Previous findings suggest that mindfulness practice can enhance therapeutic presence

(McCollum & Gehart 2010) and that clinicians are better equipped to introduce mindfulness with clients if they have experienced the benefits of mindfulness practice personally (Montes-Maroto et al. 2018). Little is understood, though, about what processes and experiences within a mindfulness training course are most impactful for students. We sought to explore how CMFT students in a mindfulness course came to practice mindfulness themselves *and* how they came to use mindfulness in therapy, realizing that both processes are closely linked (Gehart 2012). Understanding these parallel experiences for CMFT students is critical to understanding how to teach trainees most effectively about mindfulness. Thus, our specific aim was to investigate CMFT students' experiences engaging in mindfulness training, guided by the following research questions:

What are CMFT Students' Experiences of Learning About Mindfulness in An Intensive Summer Course?

How did a Mindfulness Course Impact CMFT Students' Personal Mindfulness Practice and Willingness to Use Mindfulness in Clinical Practice with Relational Cases?

Methods

A phenomenological approach was selected to guide the present study because it best captures participants' lived experiences of mindfulness training and personal and clinical application (Creswell & Poth 2018). Specifically, we employed the immersion/crystallization approach to phenomenological analysis (Borkan 1999). This analysis process involves iterative cycles whereby analysts immerse themselves in collected data and then carefully reflect upon the intuitive crystallizations, or insights, that emerged (Borkan 1999). This iterative process of immersion and reflection continues until reportable interpretations are reached (Miller & Crabtree 1992, 1994a, b). We chose the immersion/crystallization technique because it was especially well-suited for our participatory research design. As both participants and researchers for this study, we experienced the phenomena for ourselves while simultaneously analyzing the experiences of other participants. This allowed for extensive immersion, reflection, and crystallization (Borkan 1999). We were also reflexive and transparent as we described our influence as participants and researchers on the results (Miller & Crabtree 1999).

Participants and Procedure

Participatory research is a qualitative methodology that emphasizes collaboration between researchers and participants for the purpose of changing an aspect of the participants' world (Piercy & Thomas 1998). Using self-selected sampling, the present study sampled trainees in a CMFT

doctoral and master's program. Participants were enrolled in a five-week, summer intensive introduction to mindfulness course. Participants were concurrently treating relational clients and reflected on how they incorporated mindfulness into their daily life and clinical practice in weekly journal entries. The phenomenon under investigation was the experience of learning about and infusing mindfulness in professional therapy practice. As both participants and researchers for this study, the researchers were uniquely immersed in the experiences of CMFT trainees who studied mindfulness (Borkan 1999). Current trainees experienced mindfulness personally and simultaneously learned to use mindfulness in their clinical practice. The fact that this study occurred concurrently with that learning process allowed for extensive immersion, reflection, and crystallization (Borkan 1999).

After obtaining approval from The Institutional Review Board (IRB), data were collected from the seven graduate students enrolled in the mindfulness course. Five of the participants (one female and four males) were first-year CMFT doctoral students, and two participants (both female) were first-year CMFT master's students. Participant ages ranged from 24 to 36 ($M=30$). Six participants were White, and one participant identified as Mexican American. The instructor of the course, an assistant professor and licensed marriage and family therapist (LMFT), participated in data analysis alongside the participants. Of the eight analysts, the instructor was the most experienced qualitative researcher and took the lead in training the analysts. Additionally, three students had previous experiences conducting qualitative research and mentored those with less experience. In total, we coded seven responses to each journal entry prompt, resulting in a sample of 35 journal entries.

Reflexivity

Due to the nature of participatory research (see Piercy & Thomas 1998), the participants were also the researchers. As such, a detailed description of our position in relationship to the topic of study was needed since we were the tools through which data analysis was conducted (Creswell & Poth 2018; Daly 2007). Through personal memoing and in class discussion, each of us reflected on our personal desires, interests, and beliefs regarding mindfulness and how they might influence our analyses. We had various degrees of experience with mindfulness prior to entering the course, with the majority of us reporting little to no formal experience with mindfulness practice. When asked to describe the reasons for taking the course, two main reasons emerged: (a) wanting to learn how to better incorporate mindfulness into clinical practice, and (b) desire to experience the personal benefits of mindfulness. Though we had limited experience formally practicing mindfulness, we considered mindfulness a potentially useful tool for helping clients achieve

relationship health and satisfaction. Thus, one limitation of our study is that it does not include participants who held negative opinions of mindfulness before beginning their course; rather, each of us began with a general interest in mindfulness and desire to incorporate it more fully into our personal and professional lives.

We engaged in further reflexivity as we considered our unique, potentially conflicting, position as both researchers and participants for this study. We noted in class discussion that we might be inclined to exaggerate the benefits of mindfulness or focus only on our positive experiences with mindfulness in our journal entries. Further, we acknowledged that our collective awareness of extant mindfulness literature might lead us to focus our journal entries toward perceived gaps in the literature. To avoid these confounds, we collectively resolved to approach our weekly journal entries as participants, not as researchers, who spoke freely about our experiences in response to the provided prompts. Still, we acknowledge our dual roles for this study as a limitation.

Class Structure and Data Collection

The course formed the context for the present study's development and implementation. The course was titled, "Introduction to Mindfulness in Family Therapy: A Seminar." This course was offered as a summer elective course under the umbrella of 'Advanced Family Therapy Topics.' This course was offered to master's and doctoral students in a COAM-FTE-accredited program in the Southern United States. This course was created based on student and instructor interest in the role of mindfulness in relational therapy. The purpose of the course was to offer an introduction to mindfulness practice, including mindfulness techniques and theory, and to discuss the potential application of mindfulness in clinical practice. However, this course was not clinical in nature, and students were not required to implement mindfulness techniques in their clinical practice. Students were required to read four seminal introductory texts on the topics of mindfulness and using mindfulness in clinical practice (Table 1).

The class was held 4 days a week for 3 h each day, over a five-week period. On average, about 20 min of each class period was dedicated to formal mindfulness practice. During these activities, the instructor used online meditations or personally guided students through meditations. Lecture and group discussion were other vital components of the class. During lecture, the instructor provided education related to key concepts of mindfulness or using mindfulness with clients. During group discussions, students discussed their personal struggles applying mindfulness, questions regarding mindfulness, or difficulties implementing mindfulness with clients. As part of the course, each student completed 5 weekly journal entries wherein they reflected on their experiences in the course. The instructor and students

Table 1 Mindfulness course readings

Gehart, D. (2012). <i>Mindfulness and acceptance in couple and family therapy</i> . Springer: New York, NY
Hanh, T.N. (1976). <i>The Miracle of Mindfulness</i> . Beacon Press: Boston, MA
Kabat-Zinn, J. (2012). <i>Mindfulness for Beginners</i> . Sounds True: Boulder, CO
Siegel, R. (2010). <i>The Mindfulness Solution: Everyday Practices for Everyday Problems</i> . The Guilford Press: New York, NY

collaboratively developed the research study, research plan, and methodology. The following prompt for each journal entry was developed collaboratively:

Journal Entry Prompt: Describe your Experience with Mindfulness this Week

- Identify and Describe Personal Gains or Challenges you Experienced
- Describe the role of the class in your learning mindfulness.
- Describe the role of mindfulness in your therapy practice.

Students were not required to respond to each question in the prompt. Although participants were informed that they could have journal entries excluded from analysis by noting within the submission, no participants elected to have journal entries excluded. In total, 35 journal entries were analyzed.

Data Analysis

To begin data analysis, the instructor blinded all journal submissions before sharing them with the research team. Eight researchers (seven participants and the instructor) analyzed the data. To prevent participants from coding their own submissions, analysts were split into two teams of four individuals. The instructor and three participants formed group one; the other four participants formed group two. Group one coded data from the students in group two; group two coded data from the students in group one. Within each group, two analysts served as primary coders, while the other two analysts served as secondary coders. The instructor served as a secondary coder. Recognizing her unique power within the research group, she largely avoided challenging other researchers' codes and interpretations, focusing, instead, on coding process. While she was specifically assigned to group one, she sat-in on group two's coding meetings and reviewed their codes on multiple occasions. Despite these precautions, we acknowledge that the instructor's involvement in coding might have created imbalances of power between and within the two groups. Primary coding teams compared codes to ensure consistency among coders. When areas of discrepancy arose, the coders discussed their thoughts related to the

transcript until they reached consensus on the most appropriate code. These codes were then shared with the secondary coders. Secondary coders reviewed the primary codes and discussed areas of discrepancy. Finally, primary and secondary coders discussed discrepancies together until reaching a consensus. The participant researchers engaged in this process for each journal entry.

Consistent with the immersion crystallization method of phenomenological inquiry, data were analyzed in iterative cycles, whereby analysts immersed themselves in the collected data, and then carefully reflected upon the intuitive crystallizations, or insights, that emerged (Borkan 1999). During this phase of the data analysis, all researchers discussed their codes to develop patterns and connections among the codes (Borkan 1999). Because of the participatory nature of this study, researchers had the unique opportunity to engage in member checking throughout the analysis process. In some cases, researcher participants would identify their personal data in open discussions regarding analysis to be able to explain and clarify their emergent experience, ensuring that data was not misconstrued. After completing coding for journal entry three, the group decided that the connections between codes became adequately apparent to form initial themes. Through discussion, the group collectively identified three primary themes. In subsequent analyses of journal entries four and five, the group assessed for saturation by examining if new themes emerged from the data (Borkan 1999). While several additional sub-themes emerged, no new themes were identified.

Trustworthiness

Lincoln & Guba's (1986) criteria were used to support trustworthiness and rigor. To account for the potential for researchers to unduly influence the analysis, we followed guidelines presented in participatory studies (Rocheleau 2003; Vernooy & McDougall 2003) and those outlined in phenomenology (Borkan 1999; Daly 2007; Creswell & Poth 2018; Miller & Crabtree 1999). Researcher participants were able to maintain awareness of biases and perspectives through daily discussions of coding and of the material learned through the mindfulness course, increasing dependability of the findings. Additionally, research participants formed coding groups, and each served as secondary coders and peer debriefers to ensure that the data were analyzed by multiple individuals (Perakyla 2005).

Collaboration and codetermination are two criteria suggested to increase trustworthiness in participatory research designs (Piercy & Thomas 1998; Spinuzzi 2005). Participant-researchers anonymously clarified other participant researchers' interpretations of the data which helped shape the project to reflect the goals, values, and ends of the study (Spinuzzi 2005). Through these rich group discussions, emergent themes became fully crystallized (Borkan 1999). To support transferability, researchers provide a thick and rich description including participant quotations, so that readers can learn about the phenomenon from the participants' perspectives. Participants also wrote multiple field notes and discussed them as they analyzed the results, which also supported transferability.

Results

Several themes emerged within three main categories. The three categories correspond to the research questions and journal prompts given to the students: *Role of the Mindfulness Class, Personal Mindfulness Experience, and Application of Mindfulness in Clinical Practice*.

Category 1: Role of the Mindfulness Class

Theme 1: Class Facilitated Expanded View of Mindfulness

Most participants described developing an expanded conceptual understanding of mindfulness. They reported shifting from regarding mindfulness as a stress relieving technique, akin to a simple deep breathing exercise, to regarding mindfulness as a way of living. One participant explained, "My experience over the past week has transformed my idea of what 'mindfulness' actually is. Mindfulness is not a practice as much as it is a way of being." Another reported: "I feel my understanding of mindfulness prior to taking this class was limited to seeing it as a technique used to manage unwanted in-the-moment symptoms rather than a way of being." These excerpts exemplify the participants experience of expanding their view of mindfulness as a direct result of the class.

Theme 2: Class Discussions Improved Personal and Clinical Application of Mindfulness

The benefits of mindfulness were frequently attributed to class discussions. One participant stated, "The discussion also helped me feel like I wasn't alone in my initial frustration with learning mindfulness and allowed me to explore how others would experience mindfulness different from me." Another participant wrote,

"I am getting A LOT out of class discussions. It's nice to be able to ask questions and discuss things as a group. Hearing about others' positive experiences with mindfulness and their efforts has motivated me to be more mindful."

Another benefit of class discussion was that it provided an opportunity for students to share with each other how they were using mindfulness with their clients. As one participant wrote, "What has been especially helpful was hearing my classmates share their own experiences of practicing mindfulness in therapy (both successful and unsuccessful attempts). I have even used some of their ideas with my own clients this past week." Students gained useful ideas about clinical intervention from class discussion.

Theme 3: In-Class, Formal Mindfulness Activities Aided Personal Mindfulness Practice

In addition to class discussion, participants reported that in-class formal mindfulness practice helped them develop a habit and routine of mindfulness practice that transitioned into their personal lives outside of the class. One participant reported,

"I will say that the amount of time I spent focusing on cultivating mindfulness (part of which was required by the class) gave me a good head start on creating a habit of mindfulness rather than just practicing it once or twice a week every now and then on my own."

Another participant wrote, "I do not think I would have ever engaged in these practices to the same extent if it hadn't been for the fact that they are built into our class." Participants described how beneficial it was for them to engage in formal mindfulness practices within a small group setting. The group setting provided accountability and motivation for participants to fully engage in mindfulness practice. While describing one of the mindfulness activities done in class, one participant stated, "Having peers engage in the same activity over the same amount of time pushed me to the 20-min mark by providing accountability. Had I been on my own, I would have likely quit after a few minutes." Several participants described how having the accountability of peers provided motivation to complete the mindfulness exercises, particularly the longer meditation exercises.

Theme 4: Challenges to In-Class Mindfulness Practice

Though practicing mindfulness in a small group setting was described as a benefit by the majority of the participants, not all the participants felt it was a benefit. Two participants described challenges associated with practicing mindfulness during the class. One participant wrote, "I do not

particularly love practicing mindfulness in a group setting. It feels too personal.” In a similar sentiment, another participant expressed their concern of the small group setting by stating, “The processing after each exercise sometimes keeps me from fully engaging in the meditation as I am anticipating what I or others will share about their experience.” These participants are a good representation of how mindfulness does not have a one-size fits all approach but needs to be adapted to the various learning styles of the individual. Despite challenges, the class activities promoted personal mindfulness practice.

Category 2: Personal Mindfulness Experience

Theme 1: Barriers to Consistent Mindfulness Practice

Philosophically, participants understood and believed in the benefits associated with mindfulness, and therefore, wanted to practice it consistently. Participants hoped that mindfulness would help them reduce their feelings of stress, anxiety, or irritability in their personal lives. However, participants soon reported difficulty integrating mindfulness into a fast-paced lifestyle of a graduate student in the U.S. One of the most common barriers was a perceived lack of time for formal practice. One participant reported, “I have been more stressed, and my to-do list has been rather large this week, so I suspect that this has played a significant contributing factor in the disruption of my [mindfulness] routine.” Several participants also reported difficulty focusing during their attempts to practice mindfulness. One participant wrote, “I found it incredibly difficult to keep my mind from wandering... I found myself on autopilot.” Additionally, some participants described feeling frustrated with themselves or wondering whether they were “doing it right” while trying to practice mindfulness, each serving as barriers to continue mindfulness practice. Participants discussed feeling an increase in stress level when mindfulness practice began to feel like one more item to add to their daily “to do” list.

Theme 2: Informal Practice Helped Students Overcome Barriers

Participants’ expanded view of mindfulness and experience of time barriers to practicing mindfulness contributed to participant preference for informal mindfulness practice. In other words, participants focused on incorporating greater awareness and acceptance throughout daily activities, rather than setting aside time for a formal meditation. For example, one student described focusing on the present moment during such daily activities as “my drive to and from school and any other

times I drive, during my walk from my car to school and back, when I shower, brush my teeth, and on occasion when I eat.” This preference was consistent with participants’ broadened view of mindfulness as a “way of being”, or having the trait of mindfulness, rather than simply an intervention or moment of mindfulness (Jordan et al. 2014). It also enabled the participants to incorporate mindfulness despite barriers such as time constraints. Throughout the course, most journal entries reflected a preference for informal mindfulness practice. Some students reported this preference because they could rely on the class for time to engage in formal meditations.

Theme 3: Acceptance of Struggle Helped Students Be Mindful and Reduce Stress

The participants reported that accepting their struggle with mindfulness led, in fact, to being mindful. For example, one participant described feeling frustrated with their difficulty focusing, but then wrote, “I allowed myself to realize that my wandering mind is just evidence of how hectic and busy I feel. My practice was not necessarily bad or wrong, just an indicator of what is going on in my life.” As students accepted their difficulties and shortcomings in attempting to use mindfulness, they were, in reality, using mindful acceptance, which was the key to maintaining confidence in trying this new practice. In turn, all participants reported greater self-acceptance as an outcome of practicing mindfulness. Participants wrote that their increased awareness and self-acceptance reduced stress during their busy graduate school schedules. One participant described,

“My experience with mindfulness this past week has been energizing. It has been a somewhat stressful week, with several deadlines and other responsibilities approaching; I have found myself a bit more stressed than previous weeks. However, I have been able to take the skills learned in class and utilize them to help me stay relatively calm during the chaos of my week.”

As stress decreased, students reported feeling “happier and lighter.” One participant described that day-to-day tasks became more enjoyable, and another reported that “not taking thoughts too seriously has helped me feel happier and [has made it] easier to laugh.”

Category 3: Application of Mindfulness in Clinical Practice

Theme 1: Mindfulness is an Important Characteristic of Relational Therapy

All participants considered the application of mindfulness in systemic, relational therapy an important characteristic

of treatment. As CMFTs, participants in our sample identified several reflections and questions focused on specific ways that mindfulness can enhance relationship quality and satisfaction. When the class began, many participants considered mindfulness an individual stress reduction technique, through the class, they came to recognize the mindfulness assumptions that carry implications for relationships. One participant said,

As I seek to help clients identify their feelings and learn about their family system—I am facilitating mindfulness. As I help clients to observe their family member's behaviors and experiences from a more mindful, other-centered (rather than self-absorbed) place—I am helping facilitate mindfulness.

Practicing mindfulness regularly helped participants develop the trait of mindfulness when working with their clients, describing it as becoming a part of how they approach relational therapy. One participant shared,

I have come to view mindfulness as a “common factor” of sorts of effective relational therapy. Regardless of model, I believe all systemic clinicians prioritize the ability to “go meta.” To step back from problems and observe relational cycles. To even be able to illustrate relational cycles. That, to me, is a mindful practice.

Whereas many of the students previously saw mindfulness as an intervention to potentially incorporate within their relational practice, they now see mindfulness as a “way of being” and a “common factor” already “woven throughout their interventions.” These descriptions reflect the students' expanded view of mindfulness as not only a state, but also a trait (Gehart 2012).

Theme 2: Frequent Use of Mindfulness in Therapy

As the class progressed, participants included mindfulness into their therapy practice more frequently. As a result of the specialized mindfulness training they received, participants felt confident to discuss mindfulness with clients, implement mindfulness techniques in session, and encourage clients to practice mindfulness out of session. One participant stated, “Starting to include mindfulness in my day has made me more likely to utilize mindfulness with my clients.” Another said, “There has been an increase in addressing mindfulness with my clients as well as my own personal mindfulness within session.... I can confidently say I wouldn't be experiencing these changes if it wasn't for this class.”

Theme 3: Perception of More Effective Use of Mindfulness in Therapy

One participant wrote that “more important” than the fact that they were using mindfulness more with clients was their belief that they were actually “using [mindfulness] well.” The theme using mindfulness effectively with clients was described by most of the participants. Their journal entries suggest that class discussions and personal application of mindfulness gave them more nuanced understanding of mindfulness, which in turn, increased their confidence in fitting mindfulness to the unique needs of their clients. One participant said, “When I talk about mindfulness now with my clients...I'll spend much more time practicing and discussing mindfulness with them, instead of just telling them to focus on their breathing.” Another wrote, “I also feel more equipped to discuss it with my clients and address their concerns and what doesn't work for them.”

Theme 4: Introducing Clients to Informal Mindfulness

A common method whereby students adapted mindfulness practices to meet client needs was introducing clients to informal mindfulness. Several participants wrote that using informal mindfulness was suitable for clients who rejected the idea of formal meditations. One participant wrote,

The [clients] that need it the most have the hardest time implementing mindfulness. I was able to work with one of these clients and get her to a point where she could have a mini daily practice of mindfulness, whereas before she would say she just won't do it. The informal practices are a lifesaver for working with clients.

Another participant said, “I have already introduced mindfulness principles to several of my clients who have also begun using informal practices in their lives.” It seems that the participants' struggles in using mindfulness personally carried over to greater sensitivity to client struggles, and that the participants' subsequent application of personal informal practice helped them provide more nuanced recommendations regarding client struggles.

Theme 5: Mindfulness Practice Led to Increased Presence in Therapy

Mindfulness practice extended to therapists' ability to remain present, and mindfully attuned during their clinical practice. One participant said, “As I am trying to be more aware in my personal life, it carries over into the therapy room.” Another stated, “As I practice mindfulness in my daily life, I become more aware of my client's process in session. I think being acutely aware in session is incredibly

important to effective clinical work.” Mindfulness also helped in preparation to see clients. One participant wrote,

I was feeling particularly jumbled right before seeing a difficult client. The thought “Engage in Mindfulness” made its appearance and I took time to do a formal practice. It helped a lot. I felt calmer and more clear-headed, even though the anxiety of seeing the difficult client still persisted.

For our participants, practicing mindfulness helped foster greater feelings of clarity and awareness in their work with clients.

Discussion

Phenomenological analysis of mindfulness trainees’ journal entries indicated that the mindfulness course and personal mindfulness practice translated into improved clinical application of mindfulness.

Role of the Mindfulness Class

Whereas previous research involving mindfulness courses has generally been concerned with student outcomes (Dorian & Killebrew 2014; Shapiro et al. 2007) instead of class processes, our findings identified several processes that helped students learn and apply mindfulness. Specifically, participants in our study identified in-class discussions and time within class to practice mindfulness as two factors that helped them develop a habit of mindfulness practice. Firstly, our findings regarding the benefit of in-class meditations aligns with results from a previous study that similarly found that structured time in class for meditations helped students to begin using mindfulness outside of class (Mapel 2012). In-class discussions also facilitated personal mindfulness practice, as they helped the students talk through barriers of learning mindfulness and applying mindfulness in therapy. While students may have otherwise given up on mindfulness practices, the discussion helped them feel support from others and solutions to their struggles.

Personal Mindfulness Experience

Our findings indicated that participants experienced reduced stress and higher levels of personal acceptance as a result of mindfulness practice, which corroborate previous research about the benefits of mindfulness practice for psychotherapists (de Vibe et al. 2013; Campbell & Christopher 2012). Participants reported engaging in formal and informal mindfulness practice and indicated a preference for informal practice. Perhaps because of the difficulty operationalizing and measuring informal mindfulness practice, informal practice has received less attention in empirical literature (Bishop et al. 2004; Hanley et al., 2015). Participants’ positive

experiences with informal mindfulness suggest that informal mindfulness could be an underappreciated, but useful aspect of mindfulness training.

Application of Mindfulness in Clinical Practice

Our findings reflected an evolution in trainees’ thinking about the role of mindfulness within their theories of therapy. As a result of their participation in a mindfulness course, participants had come to view mindfulness as a principle woven throughout all their clinical interventions. They used terms like “way of being” and “common factor” to describe the role of mindfulness in their clinical work, particularly for relational cases. For example, participants reported that in addition to helping their clients develop greater self-awareness, they also attempted to help clients develop greater awareness of their relational partners. For participants in this study, fostering both personal awareness and relational awareness came to be seen as a fundamental component of effective relational therapy.

The participants’ descriptions of mindfulness as a way of being relate to trait mindfulness, which has been described as a general disposition (Gehart 2012; Jordan et al. 2014). The participants’ descriptions of mindfulness as a common factor reflect the integral nature of mindfulness in therapists’ actions (Bien 2008). Whereas mindfulness has not been described as a common factor of therapy in scholarly literature, mindfulness has been found to promote other common factors, such as the therapeutic alliance and the role of the therapist (Lambert & Barley 2002). Existing research describes the positive impacts of mindfulness practice on important therapist traits. Further theoretical and empirical development is needed to understand the integral nature of trait mindfulness more fully in therapeutic processes and within relational therapy models.

Spillover Effect

All participants noticed that class readings, lecture, discussions, and formal meditations, combined with personal mindfulness practice outside of class, greatly impacted how they applied mindfulness in their clinical practice. We identified this phenomenon as a *spillover effect*—from the classroom and personal life, to clinical practice. The term spillover effect has been used in other family and mindfulness studies to describe the transfer of experiences across domains (Montes-Maroto et al., 2018). This spillover effect is illustrated in Fig. 1 (see Appendix). A key aspect of this spillover effect is that mindfulness practice did not necessarily transfer from the classroom straight into the therapy room. Rather, classroom learning led to personal application of mindfulness, and in turn, personal application enriched classroom learning. These two domains of mindfulness

training worked in tandem to promote the academic and experiential knowledge necessary to spill over into clinical practice. In other words, conceptual understanding and personal experience formed a synergy which promoted therapist comfort using mindfulness in clinical practice. This finding suggests that simply participating in the mindfulness course was not enough to enhance our trainees' confidence in their ability to incorporate mindfulness into therapy. Rather, personal experience practicing mindfulness was a critical element of feeling competent to introduce clients to mindfulness practice. Our results confirm the spillover effects found in other studies, which indicate that personal mindfulness practice increases therapeutic awareness and presence (Campbell & Christopher 2012; Christopher et al. 2011; McCollum & Gehart 2010). The students in the present study wrote that personal mindfulness practice can not only increase awareness, but also give more confidence and skill in implementing mindfulness interventions effectively. This finding aligns with Siegel's (2010) assertion that in order to teach mindfulness to another, you should have a practice of your own. The combination of classroom training and personal practice can provide therapists with the experience necessary to not only teach mindfulness techniques effectively, but also guide the clients in overcoming barriers they face while trying to adopt mindfulness practices.

Training Implications

Our preliminary findings suggest that both offering formal mindfulness education and facilitating personal mindfulness practice could be an effective way to promote mindfulness training in CMFT programs. Though our training experience occurred in-person, we believe it could have been similarly effective if offered virtually. Some adaptations would be indicated, but needed adaptations would seemingly be minor since our class was rooted in group discussion and mindful/meditative practice, both of which can be facilitated remotely. We recognize that not all CMFT programs will be able to offer students a mindfulness course. Some programs might choose to offer mindfulness as an elective course or incorporate mindfulness training into an existing course, such as a clinical practicum (McCollum & Gehart 2010). Other training programs might hold periodic forums wherein mindfulness could be a topic of focus. Whatever the method of providing students with mindfulness training, we highlight several methods of learning that were found to be beneficial to our participants.

Providing Opportunities for Discussion and Meditation

Participants in our study reported that in-class discussions and meditations were important for their growth and

learning. Graduate students often feel overwhelmed and might not make time, on their own, to engage in formal mindfulness practice (Shapiro et al. 2007). Allocating time within training programs for students to engage in formal mindfulness practices could help them experience the benefits of mindfulness. This time allocation does not need to be invasive. In mindfulness classes or forums, perhaps students could periodically be allotted 10 or 20 min to engage in formal meditations. As was found in our study, helping students to meditate in class could have a spillover effect, leading them to engage in meditations on their own. Given research indicating that mindfulness practice can protect against professional stress and burnout among mental health practitioners, incorporating mindfulness into training programs could better equip trainees to manage their stressful work in their graduate programs and throughout their careers (Cohen & Miller 2009; de Vibe et al., 2013; Shapiro et al., 2007; McCollum & Gehart, 2010; Campbell & Christopher, 2012).

Expanding Students' Understanding of Mindfulness

Participants in our study reported that their definitions and views of mindfulness expanded throughout the class. They initially associated mindfulness with strategies for breathing and meditation. This is understandable since mindfulness is viewed as a technique by most helping professionals (Kabat-Zinn 2012). Eventually, through studying the philosophical underpinnings of mindfulness, the participants came to see mindfulness as a deliberate, intentional way of living that is focused on acceptance and living in the moment. We believe helping to expand students' views of mindfulness is a worthy goal for clinical training programs. Students could be taught about the Buddhist beliefs in which mindfulness is rooted (Hanh 1976). Furthermore, students could be taught about the distinction between formal and informal mindfulness practice, and about the importance of both (Kabat-Zinn 2012). For students in our study, learning about this distinction was freeing. On days when they were unable to dedicate time to formal meditation, rather than feeling guilty, they consciously chose to focus on being mindful as they went through their daily tasks and experienced satisfaction as a result.

Using Evidence-Based Practices

Despite the students' positive experiences with using informal mindfulness practice personally, more research is needed for incorporating informal practice with clients. Because of the limited research addressing the application of informal practice in therapy, training programs should ensure therapists are taught evidence-based mindfulness practices based on existing research. In a review of mindfulness-based psychotherapies, the Academic Mindfulness

Interest Group “recommended that mindfulness interventions be provided by adequately trained and experienced practitioners who are able to impart careful instruction, training and follow-up while being cognizant of possible adverse reactions” (Academic Mindfulness Interest Group, 2006, p. 292). Although students in this study benefitted from informal mindfulness practice personally and demonstrated an eagerness to incorporate informal practice into therapy, they also recognized that their ability to practice mindfulness informally was founded in formal classroom training. Therefore, we recommend that training programs incorporate both the underlying philosophies of mindfulness and also evidence-based techniques.

Helping Students Consider the Role of Mindfulness in their Clinical Work

As students are offered an expanded view of mindfulness, they may be pushed to consider the role of mindfulness in their clinical work. Do student therapists simply view mindfulness as a technique to use with clients to help reduce anxiety or anger? If students view mindfulness as more than a technique, how do they integrate mindfulness with their primary therapy models? How do students reconcile that mindfulness (with its inherent focus on accepting suffering) runs counter to the Western medical model (with its focus on eliminating or ameliorating suffering) that is so deeply entrenched in clients’ and clinicians’ beliefs about therapy? We believe questions such as these are important for CMFTs to grapple with as they determine the role of mindfulness in their clinical work.

Limitations and Future Research

This study has several limitations. Firstly, the sample was self-selected and was made up of seven members, all master’s or doctoral students in a CMFT program. The small sample enabled close analysis of experience but could have limited diversity of experience, especially considering their homogenous demographics. Future studies could incorporate samples of students from more diverse backgrounds. Secondly, participation in the research process could have altered the students’ experiences with learning and applying mindfulness, such as increasing their internalization of course material. Additionally, the process of coding each other’s journal entries could have promoted groupthink in the content of journal entries. Lastly, the nature of coding journal entries limited the ability to ask follow-up and understanding-seeking questions, as would be available in focus groups or interviews. Considering these factors, conclusions must be made with caution. The exploratory nature of this study significantly limits the transferability of the results. Future research could expand on our findings by collecting

additional data from trainees who are in different courses, at different levels of their training, and have different relationships to mindfulness practice. Further, additional research studies could employ qualitative coders who are external to the phenomenon in effort to reduce potential bias in the analysis. Because of limitations associated with phenomenological design, future research is needed to more fully explain the specific aspects of mindfulness training that help students learn and apply mindfulness. For example, researchers could employ experimental designs to examine outcomes of various types of classroom learning, such as didactic teaching of mindfulness content, engaging in experiential mindfulness practices, or participation in research activities. Despite limitations, this study provides valuable data about students’ experiences in a mindfulness course, pushing the conversation forward about how students learn and apply mindfulness personally and in relational therapy.

There are many other opportunities for future research related to mindfulness and clinical training, supervision, and practice. To test the effects of mindfulness in relational contexts on therapists, clients, and/or clinical supervisees, a mindfulness regimen could be implemented, and results examined through pre-test and post-test, self-report questions, or interviews. The advancement of neurological research also makes available studies which examine the effects of mindfulness on the brain, such as in fMRI studies. Mindfulness could also be examined more specifically for relational issues, such as parenting, partner violence, or chronic illness of a family member. One theme that did not strongly emerge in our study is compassion. Compassion might be examined more specifically in other studies considering the potential link between mindful compassion and relationship quality (Gehart 2012). On the other hand, one theme that repeatedly emerged was the theory or philosophy behind mindfulness. While much of the current psychology literature focuses on formal mindfulness techniques, the students in this study found the underlying principles of mindfulness and the accompanying application through informal practice as both personally and clinically useful. Researchers could specifically examine the effectiveness of informal mindfulness in the context of individual and systemic therapy. Researchers could also consider the place of mindfulness within therapeutic processes and relational therapy models. Lastly, future research could seek to examine opposing theoretical paradigms of mindful acceptance based in Eastern philosophy and avoidance of discomfort based in the Western medical model.

Conclusion

Mindfulness philosophy and practice has garnered attention and interest as a useful component of marriage and family therapy practice. Because of limited research that investigates how trainees are taught to apply mindfulness in their clinical work, particularly for relational therapists, we examined CMFT students' experiences in a mindfulness training course. We found that in-class discussions and meditation practices produced profound personal benefits and improved use of mindfulness with clients. Our hope is that CMFT training programs will find our results useful and relevant as they seek to incorporate mindfulness into program curricula.

Appendix

See Fig. 1

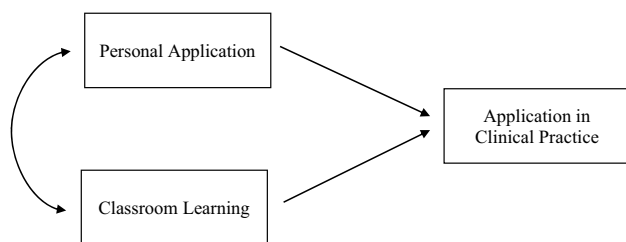


Fig. 1 Spillover effect leading to application of mindfulness in clinical practice

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