

2023

Mindfulness Misconceptions in Counselor Education and Supervision: Mitigating Vicarious Trauma Among Counselors-in-Training

Elise Angelos
eangelos5704@ucumberlands.edu

Adrienne Baggs
University of the Cumberland, adrienne.baggs@ucumberlands.edu

Follow this and additional works at: <https://digitalcommons.sacredheart.edu/jcps>



Part of the [Counselor Education Commons](#)

Recommended Citation

Angelos, E., & Baggs, A. (2023). Mindfulness Misconceptions in Counselor Education and Supervision: Mitigating Vicarious Trauma Among Counselors-in-Training. *Journal of Counselor Preparation and Supervision*, 17(2). Retrieved from <https://digitalcommons.sacredheart.edu/jcps/vol17/iss2/10>

This Counselor Education Teaching Idea is brought to you for free and open access by DigitalCommons@SHU. It has been accepted for inclusion in Journal of Counselor Preparation and Supervision by an authorized editor of DigitalCommons@SHU. For more information, please contact lysobeyb@sacredheart.edu.

Mindfulness Misconceptions in Counselor Education and Supervision: Mitigating Vicarious Trauma Among Counselors-in-Training

Abstract

As counselors-in-training (CITs) continue to address a larger client base with pandemic induced mental health stressors, they may experience increased levels of vicarious trauma (VT) that can jeopardize the quality of treatment, as well as their own well-being. Thus, VT among CITs should be recognized as a priority problem among counselor educators. Despite well-documented personal and professional benefits of mindfulness, most CITs will not receive mindfulness education or training. Recognizing the relatively low rate of integration of mindfulness within CES, it is necessary to address several misconceptions about mindfulness that may be hindering the effective inclusion of mindfulness resources and practice in counselor education. This manuscript first reviews the existing literature associated with VT and CES situated within the context of the ongoing impact of the pandemic, both in a clinical and educational context. Following a consideration of the reasons for CITs increased likelihood to experience VT, the manuscript turns toward a consideration of mindfulness as both a pedagogical lens and engaged practice. Promoting the need for mindfulness education within CACREP programs, the manuscript identifies three misconceptions about mindfulness that preclude many counseling programs from dedicating additional resources to mindfulness education. In closing, the manuscript addresses each of these misconceptions and offers recommendations for the inclusion of mindfulness across counselor training programs.

Keywords

mindfulness, vicarious trauma, counselor education, pedagogy

Research associated with the psychological effects of the COVID-19 pandemic has begun to direct attention to the far-reaching and long-lasting impacts on public health and mental health care practitioners. A recent follow-up survey of more than 5,000 US adults showed that elevated levels of adverse mental health conditions continue to persist in the COVID-19 pandemic (Czeisler et al., 2021). As a result, counselors are addressing a larger client base with pandemic induced mental health stressors including anxiety, depression, and suicide. As the adverse effects of the pandemic persist, the general public's need for mental health care grows and recent research indicates the effects on practitioners are considerable. Negative effects on practitioners during the pandemic have been reported, including increased fatigue, and feeling less competent (Aafjes-van Doorn et al., 2020). Further, researchers found that two-thirds of practitioners reported moderate vicarious traumatization (VT) with increased levels of VT reported among therapists with less clinical experience as a result of their work during the pandemic (Aafjes-van Doorn et al., 2020). Vicarious trauma (VT), defined as "disruption in schemas and worldview because of chronic empathic engagement with clients" (Lainer & Carney, 2019, p. 334) among counselors-in-training (CITs) should be recognized as a priority problem among educators for at least three reasons.

First, in instances where VT has already negatively impacted CITs, the preemptory chance for resilience training and mentor intervention has passed. Second, since there is a relationship between increased VT and less clinical experience in the context of the pandemic (Aafjes-van Doorn et al., 2020), there is a call for more support for CITs. Third, given the demand for public mental health resources and the shortage of available providers, CITs affected by VT may contribute to a loss of practitioners in the final stages of training that necessitates a long process of education under exceptional circumstances of urgent national need.

A relationship has been identified between mindfulness qualities and reduced VT among counselors. These findings suggest that mindfulness activities may increase internal resources and serve as a buffer against trauma narratives in session (Jacob & Holczer, 2016). Within counselor education, mindfulness training has been shown to increase passion for the profession (Daniel et al., 2015), promote emotional regulation and stress management skills (Linehan, 1993; Shapiro et al., 2007), increase cognitive empathy (Fulton & Cashwell, 2015), and increase multicultural competence (Lenes et al., 2020). Campbell and Christopher (2012) reviewed over ten years of research on teaching mindfulness to counselors and found a consensus in the literature that mindfulness techniques led to an increase in self-awareness and acceptance of self and others. Researchers have shown that CITs adaptation of mindfulness practices have a number of personal benefits, including increased self-efficacy (Greason & Cashwell, 2009), energy level and mental clarity (Schure et al., 2008), an improved sense of acceptance and appreciation (Shin & Jin, 2010), and a greater likelihood of experiencing relaxation (Chrisman et al., 2009). Extending mindfulness techniques into professional practice, compassionate mind training (CMT) and compassion-focused therapy are productive mindfulness-based techniques that can enhance self-compassion skills among CITs (Beaumont et al., 2017). Banker and Goldenson (2020) found counselor supervisees engaged in mindfulness during supervision reported increased attentiveness and productivity in supervision. Mindfulness trainings for supervisors and counselor education faculty can also improve the depth and quality of trainee supervision and mentorship (Daniel et al., 2015).

Despite demonstrated personal and professional benefits, a survey of 152 counseling interns in Council for Accreditation of Counseling and Related Educational Programs (CACREP) programs found that only 37% of respondents reported some mindfulness education or experience

(Fulton & Cashwell, 2015). Recognizing the relatively low rate of integration of mindfulness within counselor education and supervision (CES) curriculum, it may be valuable to address several misbeliefs about mindfulness that may be hindering the effective inclusion of mindfulness resources and practice in CES. The purpose of this article is to first review the existing literature associated with VT and CES situated within the context of the pandemic, both in a clinical and educational context. Following a consideration of the reasons for CITs increased likelihood to experience VT, we turn toward a consideration of mindfulness as both a pedagogical lens and engaged practice. Promoting the need for mindfulness education within CACREP programs, we identify three potential misconceptions about mindfulness that may preclude many CIT programs from dedicating additional resources to mindfulness education. In closing, we address each misconception and offer recommendations for the inclusion of mindfulness across counselor training programs.

Vicarious Trauma and Counselors-in-Training

In an *Inside Higher Education* editorial, former U.S. secretary of education John King Jr., exclaimed, “The toll of this pandemic is, in a word, devastating. It's eroding students' academic success, their emotional wellbeing and their personal finances” (in Fain, 2020, para. 7). For CITs, the pandemic’s impacts have been multiplied as they navigate professional relationships with their colleagues and initial clients in a time marked by increasing precariousness. Before the pandemic, 45% of graduate students found that stressors impacted emotional wellbeing or academic performance (Hyun et al., 2006). Of these participants, 46% felt overwhelmed, while 40% consistently felt exhausted. Graduate student CITs specifically experience a multitude of role shifts

from lay person, to counseling student, to helper. Thus, the impact of the pandemic on students in clinical training stages of development may be particularly concerning.

The one-directional therapeutic relationship between clients and mental health professionals is psychologically taxing on practitioners with experiences of stress amplified by giving more attention to clients' wellbeing than one's own (Skovholt & Trotter-Mathison, 2011). Due to the inherent distress in helping professions, and the increased need for services, student psychotherapists may be vulnerable to burnout and other stress-related symptoms (De Stefano et al., 2012). Experiences of VT are more often attributed to novice practitioners (Adams & Riggs, 2008) and young providers of psychotherapy (Halevi & Idisis, 2018).

CITs may be vulnerable to VT because they have less clinical experience and are developing a sense of self-efficacy. Impacts for these practitioners may include alterations in beliefs, expectations, assumptions and schema regarding self and others (McCann & Pearlman, 1990). Experiences of VT can also lead to a minimization of self-care (Foreman, 2018). CITs who experience feelings of incompetence, anxiety, and shame are less likely to seek professional support and mentorship (Adams & Riggs, 2008). Prosek et al. (2014) found that counseling students may be more likely to exhibit social desirability bias, responding based on their perception of the role of a counselor. Evidence has suggested that overall wellness is impacted among CITs who experience high degrees of stress during their training experience (Chandler et al., 2001; Smith et al., 2007). However, there may be a lack of consensus on how to address these stressors, including related impacts such as burnout (Newton et al., 2020). Effective modes of training and treatment that normalize experiences of VT and provide resources for mental wellness may

mitigate the propensity for CIT VT and improve the quality of their personal and professional lives.

The early recognition of VT symptoms is imperative in interrupting trauma exposure's adverse effects (Lerias & Byrne, 2003). To mitigate risks associated with VT (and other related concepts such as compassion fatigue), recommendations for self-care, psychoeducation, increased supervision, and personal therapy are often provided to CITs. According to the 2016 CACREP standards, programs are tasked with addressing self-care among CITs as it applies to their work as counselors. CACREP currently does not have a formal policy related to the ethical requirement for CITs to engage in personal counseling to address professionally related work stress, and the requirement for personal counseling for CITs is often wrought with ethical issues. Barlow and Phelan (2007) noted that while counselors often understand the knowledge about self-care practices and the need from academic and ethical standpoint, these practices are not always implemented purposefully. Furthermore, the very nature of academic environments is known to be stressful. In the context of the COVID-19 pandemic, the rapid shift to online learning has changed students learning experience and necessitated their adaptability to new modes of practice and instruction (Besser et al., 2020). In counselor training, "Faculty are expected to serve as role models to counseling graduate students, and if faculty are not teaching, advocating, or practicing self-care, students likely will not engage in strategies to alleviate their own stress" (Nelson et al., 2017, p. 122). Counselor educators attempting to maintain business as usual, or struggling to cope themselves, in a period of profound change may exacerbate stressors and increase the likelihood of VT among CITs.

Mindfulness as a "Best Practice" for Addressing VT

Germer et al. (2013) stated, “The word mindfulness can be used to describe a theoretical construct (the idea of mindfulness), practices for cultivating mindfulness (such as meditation), or psychological processes (mechanisms in action in the mind and brain)” (p. 6). Additionally, it has been referred to as a state of awareness incorporating the acceptance of thoughts, feelings, and sensations (Campbell & Christopher, 2012). “Mindfulness has been conceptualized and studied as both a state (i.e., a momentary condition) and a trait (i.e. a stable characteristic)” (Tomlinson et al., 2018, p. 23). Trait mindfulness (also termed dispositional mindfulness) goes beyond mindful daily practice and extends to an established inclination toward mindful awareness and interaction. Research examining the associations between measures of dispositional mindfulness and psychological health has identified positive associations (Tomlinson et al., 2018). Butts and Gutierrez (2018) found that dispositional mindfulness and personal distress accounted for a significant amount of the variance on counseling efficacy, with authors illustrating the importance of training in mindfulness and self-care at earlier stages of training. Both state and dispositional mindfulness may be cultivated through practice and improved with effective teaching. Thompson et al. (2011) postulate that through phenomena such as heightened distress tolerance, non-judgmental acceptance, and compassion for temporary psychological symptoms, factors such as contact with the present moment, trait mindfulness, and acceptance may contribute to resilience. Similarly, Beaumont et al. (2017) studied the effects of CMT on student psychotherapists and found that participants reported less isolation, less self-criticism and higher self-compassion. From a neuroscience perspective, Klimecki and Singer (2012) proposed that the neural pathways linked with compassion can be activated to enhance wellbeing by using techniques that aim to increase compassion, empathy, and altruistic behavior” (p. 302).

The application of mindfulness to mitigate negative effects of VT has been addressed in the literature. Even pre-pandemic, almost half (49.5%) of practicing counselors endorsed having experienced all symptoms of VT. The most common VT symptom participants reported was thinking about work without intending to (85.5%) and among sub-threshold PTSD symptoms, 100% of participants reported repeated, disturbing, or unwarranted memories of the stressful experience (Lanier & Carney, 2019). In response to the call for more information on how to address VT among mental health practitioners, Harrison and Westwood (2009) qualitatively explored protective factors that mitigate risks of VT among mental health professionals. Mindful awareness, alongside nine other salient themes emerged. Interestingly, participants expressed that mindful awareness was a protective factor for VT which also contributed to other salient themes, such as maintaining active optimism and engaging in holistic self-care (Harrison & Westwood, 2009). In a study among mental health clinicians working with trauma survivors, Jacob and Holczer (2016) found that higher self-reported mindfulness qualities were significantly correlated with lower VT. Similarly, Shapiro (2013) conducted a cross-sectional correlational study and found that trait mindfulness was inversely associated with VT. These studies support the engagement of mindfulness practices among clinicians to both mitigate effects of VT and promote clinicians' emotional wellbeing.

Mindfulness as both a personal state and a professional disposition can be a responsibility of practice that counselor trainees can be expected to develop and exhibit through time and practice. Carello and Butler (2015) stated, "As instructors who teach classes on both trauma and trauma informed care (TIC), we have been struck by a growing realization that our process of teaching should be informed by and consistent with the implications of the content we teach. In

short, we should be practicing what we teach” (p. 264). Given the low rate of adoption and the ambiguity of professional standards associated with mindfulness and “self-care,” it is difficult to find adequate samples from which to measure the empirical results of mindfulness interventions on counselor trainee’s experiences of VT. To promote more consistent and intentional inclusion of mindfulness training within CES education, we identify three mindfulness misconceptions that may be inhibiting counselor educators from incorporating greater attention to mindfulness resources within their programs of instruction and clinical training.

Three Misconceptions Precluding the Holistic Integration of Mindfulness in CES

Mindfulness misconceptions, particularly in the United States, may have prevented CES from embracing a more holistic, integrated approach to mindfulness practice—in both clinical and pedagogical practice. Addressing the misunderstandings of mindfulness may offer some insight into its limited inclusion within counselor training programs and provide more effective pathways for its promotion. While three misconceptions are identified, each exist in connection and combination with other factors that scholars and practitioners are encouraged to consider reflecting on in future research. Clarifications about the misconceptions, as well as related recommendations for counselor educators and supervisors are provided.

1. Mindfulness is already a part of counselor education.

With the general acceptance of mindfulness as a clinical approach and important clinical disposition, there may be an assumption that mindfulness is fully understood and practiced by counselors and that contemplative pedagogies are already incorporated in CES. However, in current parlance, mindfulness often becomes a synonym for “self-care”, “meditation”, or activities like “yoga” with very little methodological attention to how users learn these skills and practice

them in their daily lives. Mindfulness-centered therapeutic approaches are often discussed as a broad recommendation for CITs, meaningful integration into CES is unclear, and suggestions for self-care and mindfulness are often framed as a parting recommendation at the conclusion of class, supervision experience or as part of a remediation plan to address problematic behavior. These mindfulness practices are often conceived of as additional personal and private activities that are occurring successfully outside of the classroom space. Although consistent integration of mindfulness into counselor training is sparse, there are recommendations from the literature that support a more integrated, cultural shift of mindfulness into the actual process of training.

Butts and Gutierrez's (2018) findings "illustrate that internal dispositions, such as personal distress and mindfulness, influence counseling self-efficacy above and beyond the influence of empathy" (p. 280) among master's counseling students in CACREP programs. From a curricular standpoint, these authors recommend mindfulness meditation be integrated into the curriculum, with specific connection to promoting the distinction between self and other (i.e., the client) and promoting self-care. Similarly, Reilly (2016) noted the importance of integrating mindfulness into the first semester of study among CITs. Since mindfulness aligns with counselor core values of wellness, development and prevention, there are several key areas of training where mindfulness learning may be easily integrated and supported with CACREP standards (Reilly, 2016). Reilly (2016) suggested mindfulness training begin with students early in their program via an orientation comprised of didactic instruction, experiential learning, and process discussions. Reilly (2016) also identified relevant areas in programs of study where mindfulness supports the curriculum, such as professional orientation and ethical practice, where students can understand the importance of wellness-oriented practice, coping with stress and mitigating counseling-related impairment.

From a group standpoint, CITs who may be more vulnerable to VT are positioned well to benefit from learning mindfulness skills in group settings designed to normalize the process and facilitate discussion of the experience, benefits, and challenges of mindfulness practices. This process may help them better understand the techniques that will enable them to identify and address symptoms of VT within themselves. Bohecker and Doughty Horn (2016) examined the use of mindfulness training in groups among first-year CITs with positive findings pointing to a relationship between the training and outcomes including empathy and presence. Edwards et al. (2014) found that mindfulness-based groups have been found to decrease anxiety (Edwards et al., 2014) and perceived stress while increasing self-awareness and self-compassion (Newsome et al., 2012). Newton et al. (2020) recommended peer support for CITs to increase the sense of social support and increase skills such as cognitive reappraisal. In the context of supervision, Daniel et al. (2015) indicated that mindfulness may be particularly relevant for counseling students because of the normal issues that are likely present in their development in training, such as high anxiety and lack of competence. In the context of supervision, mindfulness may help to build stronger and more in-depth relationships between supervisees and supervisors (Daniel et al., 2015).

Lastly, sometimes mindfulness is conceived as an intrinsic or intuitive practice and presented as if some are naturally inclined to meditate while others may perceive themselves as having little predisposition or ability. Psychologists are familiar with the implicit or entity theory of personality development which suggest that personality is predetermined and fixed (Yeager, 2017), in contrast to incremental theories of personality which suggest that beliefs and personality are malleable to events and influences (Dweck, 2008). Similarly, counselor educators can present

mindfulness as a disciplined practice that necessitates regular exercise. In this way, educators might understand mindfulness in a way that is much like a related concept, resilience.

Resilience has been described as a pattern of adaptation to adversity rather than a personality trait (Masten & Coatsworth, 1998; Thompson et al., 2011) where attention to skill development and practice are emphasized. Coping strategies can be introduced early in counselor education curricula and revisited and built upon when students require stress reduction (Wagner & Hill, 2015). When mindfulness practice is utilized sparingly or inconsistently, it is not likely to become habitual (Vilvens et al., 2020). Counselor educators and supervisors are provided a unique opportunity to introduce mindfulness practices to assist with stress management and coping among CITs.

2. Mindfulness is only for relaxation and stress-reduction

A comprehensive meta-analysis found that mindfulness-based therapies are particularly effective for anxiety, depression, and stress (Khoury et al., 2013). Although stress reduction and relaxation can be powerful goals and outcomes of a regular mindfulness practice, perceiving these as the *only* goals may be problematic and contribute to the sidelining of the mindfulness practice as a “luxury” rather than a necessity for counselor training. Although the counseling field has generally embraced mindfulness practices that increase clinical efficacy, educators have been less eager to integrate these findings reflectively in ways that would improve counselor trainees’ self-awareness and emotional regulation skills. Although research on this subject has identified mindfulness as a best practice for reducing emotional exhaustion in health care professionals (Galantino et al., 2005) and demonstrated mindfulness trainings capacity to reduce stress in counselors (Shapiro et al., 2007), the incorporation of mindfulness resources remains outwardly

focused on techniques for clinical intervention. Furthermore, although mindfulness exercises can target relaxation and stress reduction, they can also be comprised of several other important strategies to cultivate awareness of self and others and increase attention and coping with difficult sensations in the body. (Germer et al., 2013) summarizes the research as it relates to advanced clinical training and the effects of mindfulness on focus, affect tolerance, emotional regulation, empathy and compassion. These areas may be woven into existing curricula to improve the integration of mindfulness practice. This holistic approach reduces the need to limit mindfulness practices to a weekend workshop and encourages it to be holistically positioned as a recurring element in counselor training. By directing attention to mindfulness inward, counselor educators may further develop techniques for CITs to manage experiences of VT before they manifest in poor treatment outcomes and/or an early career exit.

3. Mindfulness is an internal practice unrelated to social change

In the United States, mindfulness teachings often lack the social components that allow mindfulness to be seen as more than an independent practice for wellness and productivity (Magee, 2018). Magee (2018) argued that Westernized approaches to mindfulness direct emphasis toward Buddhist teachings as a personal practice. However these “modernist adaptations have, for the most part ignored the social and ethical dimensions that appear to have been as important as meditation and mindfulness training to the early teachers in the Buddhist tradition” (Magee, 2018, para. 4). Mindfulness has a long history of intersecting with social issues and promoting social justice. Given an emphasis on collectivistic welfare, the foundations of mindfulness practice direct attention toward important social and ethical implications that may help educators and CITs

navigate the precarious conditions of the long-lasting mental health effects of the pandemic, as well as related health disparities.

In CES, Hilert and Tirado (2018) offered contemplative pedagogy to promote multicultural counseling competencies. The adaptation of contemplative pedagogy and the promotion of collectivistic mindfulness practices may enable educators and trainees to better recognize the perspectives of others and promote collaborative communication in the classroom. Contemplative pedagogy has been defined by the Columbia Center for Teaching and Learning (n.d.) as, “an approach to teaching and learning with the goal of encouraging deep learning through focused attention, reflection, and heightened awareness” (para. 1). Taking an inclusive and holistic approach to learning, Contemplative Learning Theory is comprised of four phases: study, contemplation, meditation, and action.

Perhaps most recognizable in higher education is study—the acquisition of new knowledge through reading and lectures. Contemplation includes a deepening of engagement with the material and the consideration of how new knowledge will integrate with existing knowledge. Meditation, the third phase, challenges learners to gain awareness of the topic and allow transformations to emerge that result from a relaxed and open awareness of the topic at hand. Authors propose that more complete learning occurs when students challenge themselves to take skillful action in real-world settings based on these transformational learning experiences (Grossenbacher & Parkin, 2006).

Dougherty (2015) provides a compelling argument for the use of contemplative pedagogy in counselor education, particularly in multicultural contexts where CITs (particularly novice ones) may not have developed the meta-cognition or affective regulation skills to engage with difficult

training topics. By emphasizing ethics, multicultural competency, and social justice as components of mindfulness practice, counselor educators can stress the positive impact of mindfulness on cultural competence and self-awareness. For those exploring their own position of privilege, implicit biases, and culturally conditioned attitudes, learning mindfulness practices can be an avenue toward self-awareness and transformation.

Summary of Recommendations

Since the previously discussed misconceptions may be precluding the integration of mindfulness into CES, clarifications have been provided along with recommendations. The following recommendations are summarized below.

1. Integrate mindfulness knowledge, research, and practices across the curriculum and in conjunction with CACREP standards, emphasizing mindfulness as support to a counselor's journey from the "inside out" (e.g., neuroscience, mental and physical health, clinical efficacy).
2. Attend to the myriad of counselor-related benefits above and beyond stress reduction, such as emotional regulation, focus, and non-judgmental awareness.
3. Capitalize on other programmatic elements, such as orientation seminars, supervision meetings, and group training where contemplative practices can be practiced which promotes the value and alignment with contemplative practices.
4. Attend to the emerging benefits of mindfulness as it relates to core values of the counseling profession, such as social justice and multicultural competence, and the emerging benefits of gaining awareness of critical factors in developing this competence, such as gaining awareness of implicit bias.

5. Consider the role of contemplative pedagogy in CES and how deeply engaging with the material, considering how previous knowledge integrates with new knowledge, and how an open awareness with the material may contribute to our skillful action in applying the material.
6. Increase rigorous research, specifically as it relates to VT, and related factors such as burnout, so experiences and outcomes of mindfulness engagement can be known and applied.

Additional Considerations

Facilitating Mindfulness Practice within Educational Institutions

The empirical support of mindfulness practice discussed in this article highlights the benefits of mindfulness-based practices for counselor wellbeing. Mindfulness itself is not a CACREP requirement nor a required competency for counseling practice. However, we are advocating that the counseling field take a closer look at the potential benefits of the integration of mindfulness in counselor training and begin testing training programs designed to support counselor educators in developing the competencies needed to ethically integrate mindfulness into their teaching and supervision.

When considering the minimal competencies necessary to teach mindfulness skills, it is important to recognize the current lack of standardization and manualization of the practice. Although licensed clinicians generally have some foundational knowledge of mindfulness skills (e.g., emotional regulation using the breath), formal training in mindfulness is recommended. Although mindfulness competencies are yet to be widely applied, Stauffer and Pehrsson (2013) conducted research in which 16 proposed mindfulness competencies were developed by

mindfulness experts, including recommendations on cultural competencies, clinical applications, and counselor preparation. We suggest counselors and counselor educators seeking to integrate mindfulness into their counseling and/or counselor training become familiar with these competencies and use them as a guide to assess their own levels of competencies and growth areas. We also recommend formal training in mindfulness for counselors, specifically Mindfulness-based Stress Reduction or Mindfulness-based Cognitive Therapy—two of the leading, evidence-based training programs for the integration of mindfulness in counseling. As discussed previously, Reilly (2016) has provided recommendations for how to integrate mindfulness throughout a CACREP program in courses such as professional orientation and ethical practice.

Ethical Considerations

Attendance to ethical concerns regarding mindfulness skills training for CITs is essential. Such concerns may include matters of instructor competency and scope, informed consent regarding potential risks, and addressing multicultural considerations in mindfulness. Reflecting on minimal mindfulness competencies prompts questions regarding scope of practice, particularly with non-regulated and non-standardized skillsets such as mindfulness. Surely, circumstances exist in which it is best practice to employ instructors with more comprehensive mindfulness training, such as in mindfulness-specific elective courses. Otherwise, these authors suggest that mindfulness skills be presented and taught in a similar manner to that within the clinical counseling process – as skills to be utilized for practical purposes, with opportunities for further specialization and training.

To address potential concerns about introducing mindfulness practice, attention has been called to the profound impact of mindfulness practice on clients and students and the changes they may experience. Campbell and Christopher (2012) indicated that students might experience uncertainty

regarding their identities, previous coping strategies, and interpersonal relationships (p. 218). Informed consent may be achieved within the student-educator relationship regarding competency and training, roles, boundaries, and potential risks and benefits of the practice.

Focus must also be directed toward the multicultural and non-secular roots of mindfulness traditions. Elements of mindfulness, such as conscious awareness, have roots in both Buddhist and Hindu teachings (Olendzki, 2016). Germer et al. (2013) noted that “Mindfulness is at the heart of Buddhist psychology” (p. xiii). Deriving from Buddhist practices, the study of mindfulness calls for multicultural competencies and awareness of the potential challenge of applying mindfulness within educational institutions. These challenges may also exist on an individual level. A recent study examined perceptions of receptiveness to mindfulness among varying religious groups (Kane et al., 2018). Participants perceived religious families to be unlikely to accept the mindfulness practices of a family member, specifically highlighting Christianity, Judaism, and Islam. Similar trends were identified in perceptions of atheist families. Mindfulness must be acknowledged as having roots in spirituality and religion and, therefore, not responsive to all religions and cultures. As discussed in this article, mindfulness woven into existing curricula is intended to apply to as many learners as possible, regardless of faith. When presented with transparency, informed consent takes place, and students may opt-out of practices should they not align with their personal faith values.

Recommendations for Future Research

In response to the need for more research on mindfulness-based interventions in CES curriculum and program instruction, the utilization of valid and reliable instruments to assess CIT mindfulness as it relates to other relevant well-researched instruments, such as the Maslach

Burnout Inventory (Maslach et al., 1997) is warranted. A range of mindfulness instruments are available to healthcare professionals and researchers (e.g., the most widely evaluated instrument, the Five Factor Mindfulness Questionnaire) and can be selected based on the objective of the instrument, intervention population, and other psychometric properties (Gherardi-Donato et al., 2020). Further mindfulness research using reliable, valid instruments, will inform the types of training and educational interventions that are most suited to prevent burnout and increase wellbeing among CITs. Additional qualitative research is needed to inform our understanding of the rich experiences of CITs as it relates to their understanding of and engagement in mindfulness practice as it relates to supervisory practices, pedagogical foundations and applications, advanced clinical practice and leadership and advocacy engagement.

Conclusion

More than ever before, US Americans are seeking mental health resources to improve their wellbeing. The surge of mental health resources may have detrimental effects on CITs whose efforts to keep up with demand may put them at a greater risk for VT. Given the unprecedented disruption caused by the pandemic and changes in modalities of clinical instruction and supervision, it is imperative that faculty in CES integrate mindfulness concepts and tools across the curriculum to support trainees in developing practical ways to mitigate the deleterious effects of clinical work and build resilience to work-related stressors. We first reviewed existing literature associated with VT and CES and provided compelling evidence to suggest that mindfulness practices are uniquely able to be woven into course curricula and distinctly capable of being adapted to existing modes of instruction and supervision. In effort to identify and promote the inclusion of mindfulness training in counselor education programs, we turned toward a

consideration of three misconceptions that preclude the holistic inclusion of mindfulness within CES. Following these misconceptions, we provided recommendations to promote the integration of mindfulness across the curriculum and encourage the development of contemplative pedagogy and mindfulness practices that may help CIT navigate pandemic-induced stressors and alleviate experiences of VT that contribute to negative mental health outcomes.

References

- Aafjes-van Doorn, K., Békés, V., Hoffman, L., & Prout, T. A. (2020) Psychotherapists' vicarious traumatization during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(1), S148–S150. <https://doi.org/10.1037/tra0000868>
- Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology*, 2(1), 26–34. <https://doi.org/10.1037/1931-3918.2.1.26>
- American Counseling Association. (2014). Code of ethics. *Counseling.org*. Available online: <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Banker, J. E., & Goldenson, D. (2020). Mindfulness practices in supervision: Training counselors' experiences. *The Family Journal: Counseling and Therapy for Couples and Families*, 29(1), 17–23. <https://doi.org/10.1177%2F1066480720954204>
- Barlow, C. A., & Phelan, A. M. (2007). Peer collaboration: A model to support counsellor self-care. *Canadian Journal of Counselling*, 41(1), 3–15. <https://cjc-rcc.ucalgary.ca/article/view/58802>
- Beaumont, E., Rayner, G., Durkin, M., & Bowling, G. (2017). The effects of compassionate mind training on student psychotherapists. *The Journal of Mental Health Training, Education and Practice*, 12(5), 300–312. <https://doi.org/10.1108/JMHTEP-06-2016-0030>
- Besser, A., Flett, G. L., & Zeigler-Hill, V. (2020). Adaptability to a sudden transition to online learning during the COVID-19 pandemic: Understanding the challenges for students. *Scholarship of Teaching and Learning in Psychology*. Advance online publication. <https://doi.org/10.1037/stl0000198>
- Bohecker, L. & Doughty Horn, E. A. (2016). Increasing students' empathy and counseling self-efficacy through a mindfulness experiential small group. *The Journal for Specialists in Group Work*, 41(4), 312–333. <https://doi.org/10.1080/01933922.2016.1232322>
- Brown-Rice, K. & Furr, S. (2015). Gatekeeping ourselves: Counselor educators' knowledge of colleagues' problematic behaviors. *Counselor Education & Supervision*, 54(3), 176–188. <https://doi.org/10.1002/ceas.12012>
- Butts, M. C., & Gutierrez, D. (2018). Dispositional mindfulness and personal distress as predictors of counseling self-efficacy. *Counselor Education & Supervision*, 57(4), 271–284. <https://doi.org/10.1002/ceas.12116>
- Carello, J., & Butler, L. D. (2015) Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work*, 35(3), 262–278. <https://doi.org/10.1080/08841233.2015.1030059>
- Chandler, C., Bodenhamer-Davis, E., Holden, J.M., Evanson, T. & Bratton, S. (2001). Enhancing personal wellness in counselor trainees using biofeedback: An exploratory study. *Applied Psychophysiology and Biofeedback*, 26, 1–7. <https://doi.org/10.1023/a:1009548719340>
- Chrisman, J. A., Christopher, J. C., & Lichtenstein, S. J. (2009). Qigong as a mindfulness practice for counseling students: A qualitative inquiry. *Journal of Humanistic Psychology*, 49(2), 236–257. <https://doi.org/10.1177/0022167808327750>
- Coaston, S. C. (2017). Self-care through self-compassion: A balm for burnout. *The Professional Counselor*, 3, 285–297. <https://doi.org/10.15241/scc.7.3.285>

- Columbia Center for Teaching and Learning (n. d.). *Contemplative Pedagogy*. *ctl.columbia.edu*. Accessed online: <https://ctl.columbia.edu/resources-and-technology/resources/contemplative-pedagogy/>
- Czeisler, M. É., Lane, R. I., Wiley, J. F., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Follow-up survey of US adult reports of mental health, substance use, and suicidal ideation during the COVID-19 pandemic, September 2020. *JAMA Network Open*, 4(2), 1–6. <https://doi.org/10.1001/jamanetworkopen.2020.37665>
- Daniel, L., & Borders, D., & Willse, J. (2015). The role of supervisors' and supervisees' mindfulness in clinical supervision. *Counselor Education & Supervision*, 54, 221-232.
- De Stefano, J., Atkins, S., Noble, R.N. and Heath, N. (2012), "Am I competent enough to be doing this? A qualitative study of trainees' experiences working with clients who self-injure", *Counselling Psychology Quarterly*, 25(3), 289-305.
- Dougherty, A. (2015). Counselor education and contemplative pedagogy: An exploration of mindfulness practices on the development of multicultural competencies. *Journal of the Pennsylvania Counseling Association*, 14, 62-70.
- Dupre, M., Echterling, L. G., Meixner, C., Anderson, R., & Kielty, M. (2013). Supervision experiences of professional counselors providing crisis counseling. *Counselor Education & Supervision*, 53, 82-96.
- Dweck, C. S. (2008). Can personality be changed? The role of beliefs in personality and change. *Current Directions in Psychological Science*, 17(6), 391-394. <https://doi.org/10.1111%2Fj.1467-8721.2008.00612.x>
- Edwards, M., Adams, E., Waldo, M., Hadfield, O., & Biegel, G. (2014). Effects of mindfulness group on Latino students. *The Journal for Specialists in Group Work*, 39, 145–163.
- Fain, P. (2020, June 17). Higher education and work amid crisis. *Insiderhighered.com*. Accessed online: <https://www.insidehighered.com/news/2020/06/17/pandemic-has-worsened-equity-gaps-higher-education-and-work>
- Foreman, T. (2018). Wellness, exposure to trauma, and vicarious traumatization: A pilot study. *Journal of Mental Health Counseling*, 40(2), 142–155. <https://doi.org/10.17744/mehc.40.2.04>
- Fulton, C. L., & Cashwell, C. S. (2015). Mindfulness-based awareness and compassion: Predictors of counselor empathy and anxiety. *Counselor Education & Supervision*, 54, 122-133. DOI: 10.1002/ceas.12009.
- Galantino, M. L., Baime, M., Maguire, M., Szapary, P. O., & Farrar, J. T. (2005). Association of psychological and physiological measures of stress in health-care professionals during an 8-week mindfulness meditation program: mindfulness in practice. *Stress and Health*, 16(4), 255–261. <https://doi.org/10.1002/smi.1062>
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.). (2013). *Mindfulness and psychotherapy* (2nd ed.). The Guilford Press.
- Gherardi-Donato E. C. S., Moraes, V.S., Esper, L. H. et al. (2020). Mindfulness measurement instruments: A systematic review. *International Journal of Psychiatry Research*, 3(4), 1-12.
- Greason, P. B., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Counselor Education and Supervision*, 49(1), 2–18. <https://doi.org/10.1002/j.1556-6978.2009.tb00083.x>

- Grossenbacher, P. G., & Parkin, S. S. (2006). Joining hearts and minds: A contemplative approach to holistic education in psychology. *Journal of College and Character*, 7(6), 1–13. <https://doi.org/10.2202/1940-1639.1203>
- Harrison, R. L. & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy Theory, Research, Practice, Training*, 46(2), 203-219. <https://doi.org/10.1037/a0016081>
- Harker, R., Pidgeon, A. M., Klaassen, F., & King, S. (2016). Exploring resilience and mindfulness as preventative factors for psychological distress burnout and secondary traumatic stress among human service professionals. *Work*, 54(3), 631–637. <https://doi.org/10.3233/WOR-162311>
- Halevi, E., & Idisis, Y. (2018). Who helps the helper? Differentiation of self as an indicator for resisting vicarious traumatization. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10, 698–705. <https://doi.org/10.1037/tra0000318>
- Hilert, A. J., & Tirado, C. (2018). Teaching multicultural counseling with mindfulness: A contemplative pedagogy approach. *International Journal for the Advancement of Counseling*, 41, 469–480. <https://doi.org/10.1007/s10447-018-9363-x>
- Hyun, J. K., Quinn, B. C., Madon, T., & Lustig, S. (2006). Graduate student mental health: Needs assessment and utilization of counseling services. *Journal of College Student Development*, 47(3), 247–266. <https://doi.org/10.1353/csd.2006.0030>
- Jacob, C. J., & Holczer, R. (2016). The role of mindfulness in reducing trauma counselors' vicarious traumatization. *Journal of the Pennsylvania Counseling Association*, 15, 31–38.
- Kane, M. N., Jacobs, R. J., Platt, K., Sherman, D., & DeRigne, L. (2018). Attributions about mindfulness and religion among university students. *Journal of Spirituality in Mental Health*, 20(1), 51–69. <https://doi.org/10.1080/19349637.2017.1314208>
- Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., Chapleau, M. A., Paquin, K., & Hofmann, S. G. (2013). Mindfulness-based therapy: a comprehensive meta-analysis. *Clinical Psychology Review*, 33(6), 763–771. <https://doi.org/10.1016/j.cpr.2013.05.005>
- Klimecki, O., & Singer, T. (2012). Empathic distress fatigue rather than compassion fatigue? Integrating findings from empathy research in psychology and social neuroscience (pp. 368-383), in Oakley, B., Knafo, A., Madhavan, G. and Sloan Wilson, D. (Eds), *Pathological altruism*, Oxford University Press.
- Lanier, B. A., Carney, J. S. (2019). Practicing counselors, vicarious trauma, and subthreshold PTSD: Implications for counselor educators. *The Professional Counselor*, 9(4), 334–336. <https://doi.org/10.15241/bal.9.4.334>
- Lenes, E., Swank, J. M., Hart, Machado, M. M. Smith-Adcock, S. S., Rockwod, M., & Puig, A. (2020). Color Conscious Multicultural Mindfulness Training (CCMM) in the counseling field. *Journal of Counseling & Development*, 98(2), 147-158. <https://doi.org/10.1002/jcad.12309>
- Lerias, D., & Byrne, M. K. (2003). Vicarious traumatization: symptoms and predictors. *Stress and Health*, 19(6), 129–138. <https://doi.org/10.1002/smi.969>
- Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. Guilford Press.

- Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach Burnout Inventory: Third edition. In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating stress: A book of resources* (pp. 191–218). Scarecrow Education.
- Masten, A.S., & Coatsworth, J.D. (1998). The development of competence in favorable and unfavorable environments: Lessons from successful children. *American Psychologist*, *53*, 205–220.
- McCann, I. L., & Pearlman, I. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*, 131-149. <https://doi.org/10.1007/BF00975140>
- Magee, R. (2018, July 5). Mindfulness and social justice. *Garrison Institute*. <https://www.garrisoninstitute.org/blog/mindfulness-and-social-justice/>
- Nelson, J. R., Hall, B. S., Anderson, J. L., Birtles, C. & Hemming, L. (2017). Self-compassion as self-care: A simple and effective tool for counselor educators and counseling students, *Journal of Creativity in Mental Health*, *13*(1), 121-133. <https://doi.org/10.1080/15401383.2017.1328292>
- Newsome, S., Waldo, M., & Gruszka, C. (2012). Mindfulness group work. *The Journal for Specialists in Group Work*, *37*, 297–311.
- Newton, T. L., Ohrt, J. H., Guest, J. D., & Wymer, B. (2020). Influence of mindfulness, emotion regulation and perceived social support on burnout. *Counselor Education & Supervision*, *59*, 252-266. <https://doi.org/10.1002/ceas.12187>
- Olendzki, A. (2016). The roots of mindfulness. In C. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy*, second edition (Second edition). The Guilford Press.
- Prosek, E. A., Holm, J. M., & Daly, C. M. (2014). Benefits of required counseling for counseling students. *Counselor Education & Supervision*, *52*(4), 242–254. <https://doi.org/10.1002/j.1556-6978.2013.00040.x>
- Reilly, B. (2016). Mindfulness infusion through CACREP standards. *Journal of Creativity in Mental Health*, *11*, 213–224. <https://doi.org/10.1080/15401383.2016.1139482>
- Richmond, S. G., Samuels, A. M., & Crunk, A. E. (2021). Vicarious grief in supervision: Considerations for doctoral students supervising counselors-in-training. *The Professional Counselor*, *11*(2), 161–172. <https://doi.org/10.15241/sgr.11.2.161>
- Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling & Development*, *86*(1), 47–56. <https://doi.org/10.1002/j.1556-6678.2008.tb00625.x>
- Skovholt, T. M., & Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals* (2nd ed.). Routledge/Taylor & Francis Group.
- Shapiro, A. B. (2013). Burnout, vicarious traumatization and mindfulness in clinicians [Dissertation, Palo Alto University]. In ProQuest Dissertations and Theses. <https://search.proquest.com/docview/1435619960/abstract/143E53DE0D484664PQ/1>
- Shapiro, S. L., Brown, K., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, *1*, 105–115. <https://doi.org/10.1037/1931-3918.1.2.105>

- Shin, T., & Jin, S. (2010). The qualitative study of “mindfulness group” toward the self-care and counseling practice of counselor interns. *Bulletin of Educational Psychology*, 42, 163–184.
- Smith, H. L., Robinson, E.H., & Young, M. E. (2007). The relationship among wellness, psychological distress, and social desirability among entering-level master’s level counselor trainees. *Counselor Education and Supervision*, 47, 96-109.
<https://doi.org/10.1002/j.1556-6978.2007.tb00041.x>
- Stauffer, M., & Pehrsson, D.E. (2013). Mindfulness competencies for counselors and psychotherapists. *Journal of Mental Health Counseling*, 34(3), 227–239.
<https://doi.org/10.17744/mehc.34.3.208547m4p2010308>
- Testa, D. & Sangganjanavanich, V. F. (2016). Contribution of mindfulness and emotional intelligence to burnout among counseling interns. *Counselor Education & Supervision*, 55, 95-108. DOI: 10.1002/ceas.12035
- Thompson, R. W., Arnkoff, D. B., & Glass, C. R. (2011). Conceptualizing mindfulness and acceptance as components of psychological resilience to trauma. *Trauma, Violence & Abuse*, 12(4), 220–235. <https://doi.org/10.1177/1524838011416375>
- Tomlinson, E. R., Yousaf, O., Vittersø, A. D., & Jones, L. (2018). Dispositional mindfulness and psychological health: A systematic review. *Mindfulness*, 9(1), 23–43.
<https://doi.org/10.1007/s12671-017-0762-6>
- Vilvens, H. L., Frame, D. L., & Owen, O. C. (2020). Promoting the inclusion of mindfulness and contemplative practices in the college classroom. *Pedagogy in Health Promotion: The Scholarship of Teaching and Learning*, 7(2), 148-158.
<https://doi.org/10.1177/2373379920925849>
- Wachter, C. A. & Barrio Minton, C. A. (2013). Crisis in the curriculum? New Counselors’ crisis preparation, experiences, and self-efficacy. *Counselor Education & Supervision*, 51, 256-269. <https://doi.org/10.1002/j.1556-6978.2012.00019.x>
- Wagner, H. H., & Hill, N. R. (2015). Becoming counselors through growth and learning: The entry transition process. *Counselor Education & Supervision*, 54(3), 189–202.
<https://doi.org/10.1002/ceas.12013>
- Yeager, D. S. (2017). Dealing with Social Difficulty During Adolescence: The Role of Implicit Theories of Personality. *Child Development Perspectives*, 11(3), 196–201.
<https://doi.org/10.1111/cdep.12234>