MINDFULNESS IN MFT: A powerful and versatile tool that systemic therapists are using in daily practice to regulate distress, mitigate dysfunction, and improve family functioning. | PAGE 10

MINDFULNESS IN SCHOOLS: Schools are adding mindfulness to their curricula to improve behavioral and academic outcomes with positive results. | PAGE 14

MFT STUDENTS: Helping students learn the potential in being fully present with clients through the power of listening. | PAGE 27
Incorporating Mindfulness into Couples Work: A Neurobiological Perspective

Mindfulness has become both a popular and scientific term in today's society, and being mindful may foster deeper interpersonal connections, non-judgmental attention, awareness, and acceptance. Incorporating mindful-based techniques in couples work can be beneficial in regulating distress that is often found within close partner relationships.

Deborah C. Moore, PhD

Mindfulness in Schools: Teaching Focus, Self-Regulation, and Kindness

Well established as an intervention for adult depression and anxiety, mindfulness has been increasingly used with children. Promising research indicates it may help children improve attention, mood regulation, behavior, social outcomes, academic performance, and sense of well-being. Diane R. Gehart, PhD

Yoga as Self-Care

Self-care is something that we as therapists often tell our clients to engage in, but is often lacking in our own lives. Between clients and family obligations, it can sometimes feel like there is no time left for yourself. However, self-care should be an essential part of our lives.

Linda Meier Abdelsayed, MA

“True self-care allows us to live the life we want to live without feeling the need to escape it.”
Helping MFT Graduate Students Develop Mindfulness

Teaching students practices of mindfulness can help them to be fully present with themselves in each moment—calmly—and without judgment. Discover the methods that some students are using to learn therapeutic presence.  

Rachel Bell, MS

Mindfulness in the Clinical Classroom

Among the many challenges facing students are perfectionism and anxiety. Mindfulness can play a significant role in alleviating those feelings, if oriented towards the growth and wellness of the students.  

Kathleen M. Adams, PhD

“Thinkitis” versus Mindfulness: How Often Does Your Mind Dwell at a Different Place Than Your Body?

Thinking is critical to plan, reflect, grow, and move us forward in our busy lives. These advantages, however, become diluted when thinking is a constant churning that takes over our lives in a way that disconnects us from "here and now" experiences.  

Marie-Nathalie Beaudoin, PhD

“We create and hold spaces for people to feel pain and discomfort that isn’t safe to feel outside of therapy. And, the single most effective tool we bring into creating that sacred space is our self.”
A MESSAGE FROM THE PRESIDENT

DURING MY DAYS as a graduate student at a seminary in Pasadena, California, I found myself enrolled in a spiritual formation course as part of the theology degree I was pursuing. As an exercise for the course, students were asked to spend a six-hour day in a contemplative reflection. With a measure of shame, I must admit, a day in reflective contemplation did not immediately fit well with my already over-crowded schedule. The conversation in my head was admittedly somewhat childish and egocentric. “If I do this,” I thought, “they better not make me fast!” My internal pouting continued. “For real, all day! I am not certain I will survive more than 10 minutes of this,” I lamented. As if reading my thoughts, the wise and experienced instructor said, “if you are hungry, eat. If you are tired, rest. If your mind is restless, journal or make lists. If you are anxious, just breathe.”

 Probably more concerned about the grade than the experience, I reluctantly but obediently set out to identify a secluded park for the upcoming experience, which was itself a difficult task in the densely populated city of Pasadena. When the scheduled day for this particular exercise finally arrived, I packed my backpack with anticipated necessities and made my way to the destination I had selected. Perhaps with a measure of passive aggressive defiance, I first detoured to McDonald’s and purchased a Big Mac meal deal. I supersized it just for spiteful emphasis. I found a quiet location in the park, relished in my highly caloric meal, listened to music I had selected, and then took a nap, all in the name of the contemplation exercise. Despite my many activities, I was dismayed that I utilized only about an hour of the day. As I finally settled into the process, I began to let my mind wander to task lists and random thoughts that pestered me for attention. I allowed myself space to consider whatever entered my mind until all were satisfied. Despite the efforts to self-sabotage my experience, as the day wore on, I found my restless spirit quieting and my focus improving. I began to embrace a few of the contemplative exercises we were encouraged to do as part of the experience. By the end of the day, as I walked back to campus, I found myself rather captured by my own internal serenity and a new capacity to take in so much more of the physical world around me on my simple walk home. Places and streets I had passed many times before were almost new to me and filled with new discoveries as I strolled along an old and familiar pathway. The day in the park was nearly 22 years ago, but I remember the day, the walk home and the experience as if it were yesterday with vivid clarity.
The concept of mindfulness is the theme of this issue. The notion of mindfulness is a Buddhist concept with meaningful application in contemporary psychotherapy. Mindfulness involves focusing attention on physical sensations, emotions, thoughts and one’s immediate environment (Davis & Hayes, 2011). Siegel (2010, p. 1) suggests that being mindful is “being conscientious and intentional in what we do, being open and creative with possibilities, or being aware of the present moment without grasping on to judgments—being mindful is a state of awareness that enables us to be flexible and receptive and to have presence.” As systemically-minded people, it is quickly apparent the advantages not only to the mindful individual but to the relationships of mindful people.

It can often be attractive to apply therapeutic concepts, such as mindfulness, to our own association, and it is not entirely unreasonable to do so. It is a wonderful thought to be a part of an association, open and creative with possibilities, flexible, receptive and fully present. I suspect member disappointment and/or injury, when it occurs, centers less on programs, products and services and more upon a felt experience of a lack of intentionality, an inflexibility to particular ideas or a lack of perceived receptiveness to specific member experiences or expectations by the association.

Just as theorists invite clinicians to consider how to be a more mindful therapist, it is an interesting thought to consider the nature of a mindful association. Therapeutic constructs, meaningful as they are, do not always translate completely to corporations, even non-profit corporations. That said, AAMFT had endeavored to be a member-informed association. The width and breadth of our diverse membership introduces a sizeable variety of ideas, hopes and expectations from members. Recent adjustments, such as the transition to an interest network structure, offers a pathway for a multiplicity of interest for a widely diverse membership body. Decisions, directions, public statements, policies, etc., all begin with the consideration of a number of questions relevant to the wide-ranging association membership, including a consideration of membership needs and wants, the resource capacity of the association, the unintended consequences of such decisions, the ethical implications of any action, and even a consideration of what we wish we might know, but don’t, relevant to the matter at hand.

Nimble flexibility, capacity for creative innovations and receptivity to membership engagement are, in fact, values of our association in service to a specific mission to advance the profession and practice of marriage and family therapy.

As much as we expect a more mindful association, perhaps there is an equally important expectation for a mindful membership. Can we, as members of our association, endeavor to advance our own mindfulness being ever more intentional in what we do, be receptive to new possibilities, and be present to the concerns of our fellow members, the clients we serve and the world around us in which we live? Perhaps we may begin to notice more of what we pass by daily in the hustle of our professional lives and make our association stronger and more meaningful in the process.

CHRISTOPHER M. HABBEN, PHD

References

Douglas H. Sprenkle died peacefully in his sleep on August 15 after a battle with pancreatic cancer. He was a good man, loving husband, father and grandfather, and a giant in the field of marriage and family therapy. He was also my friend.

William Wordsworth once said, “The best portion of a good man’s life is his little, nameless, unremembered acts of kindness and love.” Doug certainly made a difference to the field, but it was his mentoring—those acts of kindness he gave freely—that have had reverberations throughout the field of family therapy for decades. Many of his students have become leaders themselves, and likewise carry on the generosity of spirit that they experienced from Doug.

I met Doug around 1980. I remember him being hard to read initially. He seemed serious and intense. Our colleague, Wallace Denton, put me straight. Wallace said, “Doug is a prince of a person,” and he was right. Professionally, Doug’s work shaped our field, and I feel so fortunate to be witness to this.

Doug received his bachelor’s in Government from Wesleyan University (1963), a masters from Princeton Theological Seminary (1967), and a masters (1973) and doctorate (1975) in Family Social Science with a minor in Psychology from the University of Minnesota. Doug spent his entire post-doctoral career of 39 years with the Marriage and Family Therapy program, Department of Human Development and Family Studies, at Purdue University. He was Purdue’s MFT program director from 1985 to 1994 and again from 2003 to 2014. Doug also maintained a small private practice in Lafayette, Indiana.

When Doug visited Virginia Tech, one of my students called him a rock star. That seems fitting since the breadth of his contributions is unprecedented in the history of family therapy. How many leading scholars in the field do you know who have also won two national teaching awards, directed a leading doctoral program, served as a state MFT President; served the American Association for Marriage and Family Therapy (AAMFT) as the Editor of their flagship journal, the Journal of Marital and Family Therapy, for two four-year terms, served as a member of the Commission on Accreditation, as Treasurer and member of the AAMFT Board, and as board member and Treasurer of the International Family Therapy Association?

In 1974, the National Council on Family Relations awarded Doug its Outstanding Student Award—given to the student with the "greatest potential to make an outstanding contribution to the field of family studies." Well, Doug obviously lived up to his potential since he went on to win seven major national family awards, including most recently, AAMFT’s Outstanding Contributions to Marriage and Family Therapy Award.

Doug was a prolific author who wrote over 130 refereed journal articles and was cited over 6,000 times. His very first paper, published in *Family Relations* in 1975 was titled “The Need for the Integration of Theory, Research, and Practice in the Family Field.” Doug’s career has embodied that integration. As for research, AAMFT awarded Doug its prestigious Cumulative Career Contribution to Family Therapy Research Award,
which recognized his many research publications and books, including, with Sidney Moon, his wife, and me, two editions of *Family Therapy Research Methods*. Doug also edited (with Ron Chenail) *Effectiveness Research in Couple and Family Therapy*, the second such decade review of family therapy research that he has edited. Doug also teamed up with Joseph Wetchler and me on the *Family Therapy Sourcebook*. He also taught the first formal course in the nation on family therapy research in 1978.

Regarding his contributions to theory, Doug had a passionate interest in the integration of family theories since his days as a graduate student, when he co-developed with David Olson and Candye Russell, the Circumplex Model of Marital and Family Systems—which sought to integrate a potpourri of family concepts into a model that resulted in two and then later three dimensions—cohesion, adaptability, and communication. Similarly, his most recent book, *Common Factors in Couple and Family Therapy: The Overlooked Foundation for Effective Practice* (with Sean Davis and Jay Lebow) reflects the passion he had for theory integration.

Doug has my vote as the best editor in the history of the *Journal of Marriage and Family Therapy*. His editorship helped shape the field. He brought scholars together for special issues, emphasized the need for research on certain topics, and orchestrated unforgettable debates. He had the knack for reaching out to the best people in the field and raising the status of the journal in the process.

Doug’s influence on the field can also be seen in the large number of distinguished graduates who have made major contributions to the field, whether it be as scholars, educators, or dynamic clinicians. Eighteen of Doug’s students are serving or have served as faculty members at COAMFTE-accredited MFT programs, seven are current or former directors of COAMFTE programs, and eight won the AAMFT Research award.

One might conclude from all of Doug’s accomplishments that there were actually Sprenkle twins or triplets, all busy at work. An alternate hypothesis is that Doug must have been a dull guy who worked too much. Well, he wasn’t dull—lovably idiosyncratic, maybe. I’ll share a few “Doug stories” to let you know what I mean and to humanize him a bit.

There’s the story of Doug in graduate school at the University of Minnesota slipping his shoes off in the library and then, not being able to find them, walking home in the snow in his socks.

And then there was the time when Doug got up in the morning, went to his garage, and his car was missing. It was only after he reported it stolen to the police that he remembered that he’d left it in front of his optometrist’s office the day before and had walked first to his office and then home. Doug would tell such stories and laugh until he cried.

Finally, let me reflect on Doug as my mentor and friend. I knew Doug for almost 40 years and worked with him for 18 years at Purdue University. Truthfully, nobody has had more of an influence on my professional life than Doug Sprenkle had. When I first came to Purdue, Doug suggested that we meet for lunch once a week, just to chat. We talked about everything—football, politics, our families, and family therapy. Those weekly meetings lasted years. Out of those mentoring chats came a great friendship and a productive professional relationship.

Along the way, I got to know Doug’s professionalism, high standards, personal integrity, and yes, generosity of spirit. I will miss Doug. We all will. Thanks, Doug, for all you’ve done, what you have meant to us, and who we’ve become in the process of knowing you. You’ve made us all better.

Fred P. Piercy, PhD, is Professor Emeritus at Virginia Tech and is currently a consultant with the Office of Drugs and Crime at the United Nations in Vienna, Austria. He is an AAMFT Clinical Fellow.
Efficacy of Mindfulness Practices

- 75% Less depression
- 30% Less anxiety
- 65% Increased well-being
- 50% less disease Improved immunity

Source: Meta study of over 100 scientific papers analyzing mindfulness practices and their benefits. Information collected by Liveanddare.com.

Mindfulness Journal Publications by Year: 1990-2015

2019 CALL FOR NOMINATIONS

Here’s your opportunity to shape our governance and organization by nominating individuals for open Treasurer, Board of Directors, Elections Council, Student/Pre-Allied Mental Health Professional, and COAMFTE positions. You can nominate for as many positions as you wish. Terms of office to begin January 1, 2020**.

The Elections Council is looking for nominations to continuously strengthen AAMFT governance. We encourage you in 2018 to selectively consider members who you believe will work hard in advancing the profession and Association through leadership in AAMFT governance.

The Elections Council seeks nominees with skills, knowledge, and experience that adds to the following open positions:

**Treasurer Position:**
- Previous service as Treasurer for an organization.
- Ability to problem solve, take a leadership role, work well with others, articulate financial implications or policy decisions, attend to trends and establish visionary policies.
- Have objectivity, willingness to work, effective communication, commitment to the Association.
- Ability to understand, have an interest in, and experience with standard accounting procedures and language, budgets and audits.
- Ability to understand, have an interest in, and experience with basic investment strategies.

**Board Positions:**
- A non-student member of AAMFT.
- A clear, long-term vision for the AAMFT and for the field.
- Leadership experience and/or skills related to board participation.
- Board involvement fluctuates throughout the year but nominee would need to be available a minimum of two hours per week (virtually) and two weeks per year, one week in conjunction with the Leadership Symposium and one week at the Annual Conference.
- Ability to post and respond to discussions within the AAMFT Network.
- Board officers will serve as Executive Committee members.
- President and Treasurer serve as Foundation Trustees. Board members may be appointed as Trustees.
- An officer position might require phone conferences.

**Preferred Experience/Qualifications:**
- Must be an AAMFT Clinical Fellow.
- Expected to contribute financially to the AAMFT Research & Education Foundation.

**Elections Council Positions:**
- Prior member-intensive service to an organization.
- Work well with others in the committee process.
- Knowledge of issues facing AAMFT and profession.
- Past experience working in the association at any level.
- Work from a board perspective which takes into account the needs of the association as a whole for the next several years.
- Possess leadership knowledge, skills and/or experience.
- Ability to identify and recruit, through direct communication, a broad segment of AAMFT membership in securing nominations.
- Possess skills and experience related to leadership and board participation.
- Willingness to network within regional and national contexts.
- Devote concentrated time of 6-8 weeks during late January through early March, in active Elections Council process of vetting.
- Attend the Spring Elections Council Meeting (Thursday-Sunday) and Fall Elections Council Meeting either held in conjunction with the AAMFT Conference or at another time scheduled.
- Actively encourage members to nominate people throughout the year, especially in the fall and winter until nominations cease.
- Check email daily and keep up with discussions in the AAMFT Network.

**Student/Pre-Allied Mental Health Professional**
- Leadership experience and/or problem solving, visionary skills.
- Student Member – Enrollment as a degree candidate in a graduate program that meets the educational requirements leading to qualification as either a Clinical Fellow or Member of the AAMFT at the time of the creation of an elections slate/ballot (EC March Meeting). May not be engaged in the independent (unsupervised) practice of mental health (LMFT, LPC, LCSW, etc.) at any point during their term on the Board.
- Pre-Allied Health Professional – Active engagement in meeting the post-graduate super visory requirements necessary to qualify as a Member of the AAMFT at the time of the creation of an elections slate/ballot (EC March Meeting).
- Involvement in AAMFT that demonstrates commitment to and understanding of the issues of the association as a whole.
- Ability to problem solve, take a leadership role, work well with others, attend to trends, predict cutting-edge issues and establish visionary policies.
- Have objectivity, willingness to work, commitment to the Association.
- Student Member – Must be Student Member of AAMFT at the beginning of their term on the Board, but may graduate or complete requirements for Pre-Clinical Fellow membership at any point during their term on the Board.

**Preferred Experience/Qualifications:**
- Governance Experience
- Attendance of the AAMFT Leadership Symposium.
- Holds Student status or Pre-Allied Health Professional membership throughout their term on the Board.

**COAMFTE Positions:**
- Minimum of five (5) years of professional experience beyond attainment of the graduate professional degree. Professional experience may include program or administrative leadership in discipline, professional education, research, community and/or independent practice.
- AAMFT Approved Supervisor.
- Knowledge of and experience with COAMFTE accreditation standards and policies and procedures.
- Experience as a COAMFTE Site Visitor.
- Prior experience as a chair of a site visit.
- AAMFT governance or Involvement (National, Divisional, Professional).
- Experience in educating Marriage and Family Therapists.
- Administrative or leadership experience (Program Director, Site Visitor, etc.).
- Able to attend all COAMFTE meetings.
- Currently two (2) in-person meetings per year over a 2-3 day period; and
- Two (2) virtual meetings 2-3 hours in length.
- Participate in Commission and Subcommittee work.

**All Positions:**
- Licensure or certification in marriage and family therapy by the nomination deadline (not applicable for Student/Pre-Allied Mental Health Professional)
- A willingness and ability to complete the work on a board, elections council, or COAMFTE positions, including committee assignments.
- The ability to gather and integrate information, work towards a consensus, and make decisions.
- Knowledge and/or experience at some level of leadership.
- Knowledge of and desire to advocate on behalf of diversity and equity.
- Commitment to social justice and systemic science, thereby promoting the core values of Marriage and Family Therapy.
- Organizational leadership experience.
- Prospective candidates must resign from other governance Board positions (any level of governance in other national mental health professional associations, e.g., chapter, division or national boards) upon accepting nomination for the AAMFT elected position and must submit written proof of resignation (such as a copy of the association’s letter of response to the letter of resignation) along with their candidate application packet. No elected official of AAMFT is eligible to run for a position that has a term beginning prior to the completion of their term. If an elected official chooses to run for a vacant position that could result in their current position being abandoned, he/she must submit a letter of resignation from their current position with their nomination materials.

The following positions are open for nominations for the 2019 election (terms of office to begin January 1, 2020**):

**Treasurer**
- Term of 3 years, all states/provinces eligible. One position to be filled.

**Board of Directors**
- Term of 3 years, all states/provinces eligible. Two positions to be filled.

**Elections Council**
- Term of 3 years, all states/provinces eligible. Two positions to be filled.

**Student/Pre-Allied Mental Health Professional**
- Term of 2 years, all states/provinces eligible. Current MFP Fellows are ineligible. One position to be filled.

**COAMFTE**
- Term of 3 years, all states/provinces eligible. Two positions to be filled.

**Elections Council term of office begins at the fall meeting of the Elections Council, which is held in conjunction with the AAMFT Annual Conference.**
**NOMINATIONS PROCEDURES**

**STEP 1:** Decide who you would like to nominate. Remember, you may nominate for all positions, and as many people as you would like. You may nominate a person for more than one position. You may also nominate yourself. Feel free to copy this form as many times as necessary, if you are nominating more than one individual.

**STEP 2:** Call your nominee(s) to make sure they are willing to run.

**STEP 3:** Fill out the form below and email to Shari Olarte solarte@aamft.org, fax to (703) 838-9805 or mail it to AAMFT Elections Council, 112 South Alfred Street, Alexandria, Virginia 22314. It must be in the AAMFT office by 12 midnight on December 31, 2018.

Your Name (please print): _______________________________________________________________________________________________________

Are you an AAMFT Clinical Fellow  □ Yes        □ No
Pre-Clinical Fellow                  □ Yes        □ No
Member                              □ Yes        □ No

Name of Nominee: ______________________________________________________________________________________________________________

AAMFT Clinical Fellow  □ Yes        □ No
Pre-Clinical Fellow                  □ Yes        □ No

(Pre-Clinical Fellows must be an MFT Intern or Associate if such a designation exists in their state or province)

Allied Mental Health Professional  □ Yes        □ No

(In order for a “Allied Mental Health Professional” category member to be eligible for Board service, he/she must be a Member of the Association for five years)

Nominee’s Address: _____________________________________________________________________________________________________________

Nominee’s Email: ______________________________________________________________________________________________________________

Nominee’s Phone Number: (______) ______- ______________ □ Home □ Office

Position Nominated (you may check more than one):

☐ Treasurer   ☐ Board        ☐ Elections Council   ☐ Student/Pre-Allied Mental Health Professional    ☐ COAMFTE

Have you verified this person’s willingness to be nominated? □ Yes

If not, please do so prior to submitting this form.

*In keeping with AAMFT’s commitment to diversity, we are particularly interested in nominees that reflect diversity of education, training, ethnicity, sexual orientation, gender, age, religion, physical ability, cultural background, employment, and/or professional settings.*
2019 CALL FOR AWARDS

AAMFT and AAMFT Research & Education Foundation

Each year, AAMFT honors individuals for their unique contributions to MFT research and practice. We invite you to nominate or apply for the awards described below. Award recipients will be announced in the summer of 2019.

How to apply: all nominations and applications are submitted online. The deadline for submitting applications for the AAMFT and Foundation 2019 Awards is December 15, 2018. In order to qualify for each of these awards, you must complete an online application, available at www.aamft.org. See applications for further criteria.

AAMFT Awards

Cumulative Contribution to Family Therapy Research Award
AAMFT Honors one member each year for continuous, meritorious and generative contribution to research in family therapy. AAMFT members may nominate other members for this award. The award consists of a plaque and reimbursement of up to $1,000 of travel to the Annual Conference. The conference registration fee will also be waived for the recipient.

Outstanding Contribution to Marriage and Family Therapy Award
Since 1991, AAMFT has honored up to three members each year for outstanding contributions to the field of marriage and family therapy. Nominees must have either:

A. Made exceptional, outstanding, ongoing and cumulative contributions of an empirical or theoretical nature to the field; or
B. Made significant contributions to the field of marriage and family therapy as reflected in their meeting at least three of the following five criteria. Nominators must submit a curriculum vitae of the person being nominated and a written statement of ways that the nominee meets the criteria:

1. Major plenary on the clinical practice of marriage and family therapy and related issues such as supervision at national/international conferences sponsored by a major professional mental health association;
2. A distinguished record of publications/scholarly contributions in professional journals, both paper or web based, on topics related to marriage and family therapy;
3. Editorship of a major professional marriage and family therapy journal, newspaper or magazine;
4. Experience as a director of a nationally or internationally recognized marriage and family therapy training program that has had impact on the field; and
5. A recognized leader in promoting the field of marriage and family therapy within the United States and Canada or internationally.

All nominations need to be made by a third party, self-nominations will not be accepted. The award consists of a plaque, up to $1,000 per recipient for travel reimbursement to the Annual Conference, and a conference registration fee waiver.

Outstanding Volunteer Service Award
AAMFT recognizes up to two members annually who exhibit exceptional leadership and commitment to the association through outstanding volunteer efforts, demonstrating generative contributions through areas such as engagement programs, mentoring, and association growth.

Nominators must submit a curriculum vitae of the person being nominated and a written statement of ways that the nominee demonstrates exceptional leadership and commitment to the association.

The award consists of a plaque presented at our Annual Conference. The conference registration fee will also be waived for the award recipient(s).

AAMFT Excellence in the Media Award
This award was established in order to recognize and encourage the use of media to:

A. Effectively portray marriage and family therapists’ exceptional and substantive contribution to health and mental health care;
B. Promote the profession of marriage and family therapy to the public; or
C. Significantly contribute to family well-being

Submissions are encouraged from all popular media, including newspapers, magazines, radio, television, blogs, and social media. Entries must have been published or broadcast in the previous year. The award consists of a plaque, up to $500 travel reimbursement to the Annual Conference, and the conference registration fee waived.

Training Award
This award is granted by AAMFT and honors members and/or training programs for significant contributions to the advancement of the field of marriage and family therapy by encouraging and training the next generation of marriage and family therapy researchers and/or practitioners.

The award consists of a plaque presented at our Annual Conference. The conference registration fee will also be waived for the award recipient.

Practice Award
This award is granted by AAMFT and honors members who make significant contributions in terms of access for marriage and family therapists within the healthcare delivery system, including third party payment and both private sector and insurance (including managed care) industries.

The award consists of a plaque presented at our Annual Conference. The conference registration fee will also be waived for the award recipient.

AAMFT Research & Education Foundation Awards

Organizational Contribution Award
Since 1991, the AAMFT Research and Education Foundation has honored up to three members each year for distinctive organizational contributions to the Association. Nominees must be an AAMFT member for at least five years and show significant leadership in two of the following criteria:

1. As an association officer;
2. As an AAMFT Board, committee, or commission member, or former division leader;
3. By achieving passage of federal policies and programs which promote marriage and family therapists;
4. By promoting marriage and family therapy on a national level;
5. By promoting family well-being through public policies. Nominators must submit a curriculum vitae of the person being nominated and a written statement of ways that the nominee demonstrates distinctive organizational contributions.

The award consists of a plaque, up to $1,000 per recipient for travel reimbursement to the Annual Conference, and the conference registration fee will be waived.

Outstanding Research Publication Award
The AAMFT Research and Education Foundation annually confers up to two awards to recognize a published article, monograph, book chapter, or book that represents an outstanding scholarly achievement in the area of MFT research. Outstanding scholarly achievement is construed broadly to include a variety of methods and inquiry (quantitative, qualitative, or conceptual), and a variety of findings, including those that confirm previous work, challenge previous work, or generate new areas of inquiry. A plaque will be awarded as well as reimbursement up to $500 per recipient to attend the Annual Conference. The conference registration fee will also be waived.

Graduate Student Research Award
The AAMFT Research and Education Foundation confers up to two cash awards annually to assist graduate students in the completion of their thesis or dissertation pertaining to couples and family therapy or family therapy training. The award consists of a plaque, a cash award up to $3,000 per recipient, and up to $1,000 travel reimbursement to the Annual Conference. The conference registration fee will also be waived.

Dissertation/Thesis Award
The AAMFT Research and Education Foundation recognizes scholarly achievement by recent graduates whose research study related to couples and family therapy or family therapy training. The award consists of a plaque and reimbursement up to $1,000 for travel to the Annual Conference. The conference registration fee will also be waived for the recipients.

Diversity Scholarship for Emerging Leaders
The AAMFT Research and Education Foundation awards scholarships to minority students. The scholarship is open to the following membership categories: Pre-Clinical Fellows, Student, and Clinical Fellows who have been members for less than five (5) years. COAMFT students or graduates from a COAMFT program are preferred, but it is not a requirement. The purpose is to support the recruitment, training, and retention of minorities in the field of marriage and family therapy. The award consists of a plaque, a cash award up to $3,000, per recipient, and up to $1,000 travel reimbursement to the Annual Conference. The conference registration fee will also be waived for the recipients.

Minority Stipends
Since 1990, cash awards have been given by the AAMFT Research and Education Foundation to up to two minority supervisors-in-training to support the recruitment, training and retention of minorities as AAMFT Approved Supervisors for the field of marriage and family therapy. The award consists of a plaque and $2,000 cash per recipient and the conference registration fee will be waived for the Annual Conference.

Distinguished Leadership Award
Since 1983, the AAMFT Research and Education Foundation has recognized persons who have provided outstanding contributions in promoting the development of the practice and the profession of marriage and family therapy within specific areas. The award consists of a plaque, and up to $1,000 per recipient for travel reimbursement to the AAMFT Annual Conference, and a conference fee waiver.

Note: The AAMFT Annual Conference registration fee will be waived for all award recipients. All award recipients must be members of AAMFT with the exception of those receiving the Excellence in Media Award, and at least one author of the Outstanding Research Publication award must be a member.
Mindfulness has become both a popular and scientific term in today’s society. Literature suggests that mindfulness is highly correlated to positive mental health outcomes as well as couples satisfaction (Beckerman & Sarracco, 2011; Gillespie, Davey, & Flemke, 2015; Kappen, Karremans, Burk, & Tetik, 2018; Krafft, Haeger, & Levin, 2017; Laurent, Hertz, Nelson, & Laurent, 2016; Lord, 2017; Moore, 2015; O’Kelly & Collard, 2012; Siegel, 2014). Being mindful may foster deeper interpersonal connections, non-judgmental attention, awareness, and acceptance. Incorporating mindful-based techniques in couples work can be beneficial in regulating distress that is often found within close partner relationships (Laurent et al., 2016). Marriage and family therapists (MFTs) are in a unique position to use mindful-based techniques to help mitigate relational dysfunction and to improve family functioning.

Deborah C. Moore, PhD
The ability to be mindfully present with ongoing experiences and to relate to one’s experience in a non-judgmental and appreciative way could significantly enhance individual and interpersonal functioning. But how specifically does being mindful achieve this? The “how” of mindfulness is not clearly understood, and even less understood is how mindfulness works in couples’ therapy. In the past, there was less interest in understanding how being mindful can improve couple satisfaction. Current research has shown an interest in understanding the neurobiology of mindfulness training with couples to explain how mindfulness can help couples achieve a greater sense of relationship satisfaction (Laurent et al., 2016; Lord, 2017; Kraft et al., 2017; & Siegel, 2014). As more MFTs are incorporating mindfulness training into their work, having a basic understanding about the neurobiology of mindfulness is important.

What is mindfulness?
The word “mindfulness” is superfluously used in everyday language. As a result, the true meaning of what it is to be mindful has been lost. Conduct an internet search for the definition of mindfulness, and a general, simplistic definition can be found—“when the mind is fully attending to what is happening in the here and now.” This is a basic understanding about what it means to be mindful. This definition offers little insight as to how the mechanism for change is induced by being mindful. The practice of mindfulness is about paying attention in a particular way, on purpose, fully present in the moment, and without judgement. Bishop and colleagues (2004) provide an operational definition of mindfulness: “mindfulness can be defined as directing one’s ongoing experience in a way that is characterized by openness and acceptance” (p. 233). As suggested by the descriptions, mindfulness simply relies on the individual being aware, in the here and now, with non-judgment. Mindfulness is not a religion. Albeit mindfulness is heavily grounded in Buddhist and Eastern traditions, it is not a religious or spiritual-based practice (O’Kelly & Collard, 2012). Mindfulness is a way of living that can be applied in everyday life (Moore, 2015). Unfortunately, many of us do not attend in this way. Instead we continually react, judge, and often live in the past or future. Mindfulness practice, alongside individual and couple therapy, will assist couples in cultivating the quality of their relationship (Kappen et al., 2018). However, it should be noted that mindful-based techniques are not to be used as a standalone paradigm. Mindful practice should serve as an ancillary to therapy.

Mindfulness neurobiology 101
Recent literature in the field of couples therapy has focused on the relational impact of mindfulness with emphasis on understanding neurological impacts. Mindfulness practices offer great promise for facilitating change processes in therapy with couples (Lord, 2017). Siegel (2014) notes the capacity of couples to “incite and enrage,” and to also calm, soothe and “restore emotional balance” to one another and their shared system (p.282). Siegel also stresses that mindfulness practices help develop trust and establish safety in sessions, emphasizing mindful breath work as an intervention that helps slow things down, calming the hypothalamic-pituitary-adrenal axis (HPA). As an MFT you may be wondering, what’s the significance in learning about the neurobiology of mindfulness? If all we try to do is understand mindful-based practices from a philosophical perspective, we will not fully understand how the mechanism for change is induced by mindfulness. It is at the intersection of theory and science that offers the greatest insight about mindfulness practices.

Neurological impacts of mindfulness practice. There are a number of research findings that suggest practicing mindful-based techniques can help calm the amygdala and foster living more in the present by reducing the intrusion of past negative memories (Lord, 2017; Laurent et al., 2016). In simple terms, the amygdala is an almond-shaped structure most noted for its role in evaluating the emotional significance of stimuli (Kolb & Whishaw, 2015). The amygdala is located within the limbic system, which is often referred to as the “emotional part of the brain.” This system is involved with regulating many motivational behaviors such as eating, drinking, and sex; and it plays a major role in emotional behaviors such as fear, anger, aggression, and storing memories.

When an individual is anxious, experiencing a threatening or challenging event, the sympathetic nervous system will be activated, thus causing that individual to be on high alert. When the individual is relaxed, another part of the nervous system, called the parasympathetic, is activated. Breathing has been found to be an effective strategy for calming amygdala activity, decreasing limbic system responses, and for helping to prevent further activation of the HPA axis, returning the body to a state of homeostasis. Three key components of the neuroendocrine system work together in a biological feedback system that is interconnected with the amygdala, hippocampus, and cerebral cortex—which is commonly referred to as the hypothalamic-pituitary-adrenal axis (HPA axis). Mindfulness plays an important role in helping individuals build awareness of emotional states and learn ways to move past uncomfortable emotional states (Siegel, 2014). Being in a mindful state also helps individuals create space between thought process and responsive behavior (Moore, 2015).

Using mindfulness with couples
It is beyond the scope of this article to thoroughly describe in detail all mindfulness techniques that can be used with couples. As you develop your own mindful-based practice, you will more than likely explore different exercises and techniques, creating your own style. A brief
description is provided to share how MFTs can incorporate mindfulness techniques into couples work. Mindful-based techniques can also be used with individuals to enhance the relationship.

Techniques for couples. As MFTs, we see where mindfulness can play a very important role in family relations. Stressors in life present challenges for individuals to forgive, appreciate, and listen to their partners (Moore, 2015). Finding compassion for one’s partner in the midst of turmoil can be difficult. Small things can result in big fights or an emotional disconnection from each other. People in relationships often complain about the lack of attention, ineffective communication, lack of demonstration of affection, decreased intimacy, or a lack of loving feelings. Constantly feeling and thinking this way can lead to a breakdown of relationship satisfaction.

MFTs can learn how to effectively incorporate mindfulness into their practice to help couples transform conflict and emotional distance into connection, satisfaction, and deeper intimacy.

How can mindfulness help relationships?

• Cultivates a sense of empathy toward partners
• Creates deeper emotional connection
• De-escalates conflict
• Improves physical intimacy
• Promotes active partner listening
• Enhances partner communication

The more mindful each partner is with her or his own internal process and with the partner, the more aware they are of one another, and the less judgmental they are with one another when conflict arises (Beckerman & Sarracco, 2011). Even if partners are not taking mindfulness training together, the engagement and support of intimate partners in the training is an opportunity to investigate both individual and relational change.

One of the challenges of mindfulness is to keep things in the “here and now.” Mindfulness emphasizes the awareness of the present moment, without judgment to one’s own thoughts and feelings. A major role of the MFT will be to help partners stay fully present. Mindfulness helps partners create space between the mind and body, which prevents a knee-jerk reaction to situations.

There are many mindfulness techniques and exercises MFTs can use with couples in the framework of treatment.

• Deep breathing: Cornerstone of many mindful and meditative practices. Partners can engage in deep breathing exercises together, focusing on the breath
• Body scan: Focuses attention to the body and what it is manifesting. This type of exercise emphasizes how each partner’s emotions/feelings are being represented throughout the body
• Rhythmic movement: This can include running, walking, or dancing. Partners engage in movement exercise with one another while being fully present with one another
• Visualization: Through the use of guided imagery, partners can visualize healthy ways of responding to each other
• Observation: Partners can observe each other’s and one’s own experience without judgment. It includes observations of thoughts, feelings, and actions
• Description: Without being judgmental, partners describe factual situations, events and partner’s behaviors, without presuming or jumping to conclusions
Participation: Partners can engage in tasks that require focused attention, being fully present in the here and now. This type of mindful engagement can be practiced with many activities (such as eating, driving, walking, communicating, or washing dishes).

The art of being mindful is highly experiential. Homework should be encouraged. MFTs should assign tasks that were done in session for the couple to practice outside of session. Generalizing mindful behavior outside of the therapeutic environment is key.

Practical recommendations for MFTs using mindfulness in couples training. The following are practical recommendations for MFTs when considering a mindful-based couples practice:

- **Become a master as well as a scholar!**
  Practice what you teach: While using mindfulness with couples has become increasingly acceptable in practice, it is important that MFTs have mastered the skills themselves.

- **Be clear about your role:**
  Mindfulness is not a substitute for psychotherapy! Mindfulness can serve as a tool in the MFTs toolbox.

- **Mindfulness is not an absolute!**
  Always ask couples before offering mindful-based techniques.

- **Psychoeducation may be necessary.**
  This can include providing a brief background about mindfulness, didactic guidelines, and processing homework assignments.

- **Remember:**
  Mindfulness is not a religion or spiritual practice. It is simply a way of being.

These are a few things to consider when deciding to incorporate mindfulness into your practice. By no means is this an exhaustive list of considerations; however, it does allow therapists to decide their level of competency and comfort. A strong suggestion from this author is for the MFT to seek training, read books, watch videos, and practice, practice, practice being mindful!

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References


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Mindfulness in Schools

Teaching Focus, Self-Regulation, and Kindness

Diane R. Gehart, PhD
“You just kind of learn to control yourself and not get angry all the time.”

That is what one fourth-grader told me, when I asked whether she noticed any changes in herself after participating in her school-based mindfulness program. Not being an artsy-crafty mother, yet a working one, I started the program to fulfill required parent volunteer time at my sons’ school. I also had a personal motive: I thought my boys would prefer to meditate with their friends rather than their mom.
### Why mindfulness for children?

Mindfulness is the practice of consciously choosing to focus on a single experience in the present moment—such as one’s breath or the sound of a bell—while quieting one’s inner thoughts (Kabat-Zinn, 1990). Well established as an intervention for adult depression and anxiety, over the past decade, mindfulness has been increasingly used with children (Zoogman, Goldberg, Hoyt, & Miller, 2015). Promising research indicates that mindfulness may help children improve attention, mood regulation, behavior, social outcomes, academic performance, and sense of well-being. Meta-analysis on mindfulness interventions with youth indicate they are three times more effective with clinical populations compared with non-distressed youth, for which there was also a small effect size (Zoogman et al., 2015). Researchers and clinicians have been particularly interested in mindfulness as one of only two potential long-term “corrective” treatments for attention deficit/hyperactivity disorder (ADHD), adding it to formal medical guidelines for the disorder (Carboni, Roach, & Fredrick, 2013; Cassone, 2015). Additionally, with over 32% of teens diagnosed with an anxiety disorder and 13% with major depressive disorder, youth are likely to reap benefits similar to adults who practice mindfulness to manage stress, anxiety, and depression (National Institutes of Mental Health [NIMH], 2017a, 2017c). When added to the 11% of children diagnosed with ADHD, the majority of youth has a diagnosable mental health disorder during childhood that is likely to respond well to mindfulness (NIMH, 2017b).

### Why mindfulness in schools?

The research and practice base are clear: mindfulness meditation is best learned in group settings, with all evidence-based programs being group interventions (Gehart, 2012). The group modality provides social support, normalization, and motivation to practice an otherwise countercultural practice in America: sitting alone to quiet one’s thoughts without any outside stimulation. Because of its documented effects on improving executive functioning, many schools are adding mindfulness to their social-emotional curricula to improve behavioral and academic outcomes with positive results (Schonert-Reichl et al., 2015).

### Starting the program

For my sons’ school, I developed an eight-week, in-class program for children in preschool to fifth grade (ages 3-12), and delivered 15-minute weekly lessons, along with three graduate MFT students, working in two teams of two. I developed the curriculum based on my work with mindfulness for families (Gehart, 2012), the MindUP curriculum (Hawn Foundation, 2011), a clinical group mindfulness curriculum (Salzman, 2014), and the mindfulness work of Dan Siegel (2007). Designed around the neurobiology of the stress response and “core practice” chime meditation from MindUP, the program was organized as follows (see more details at www.mindfulschool.net):

- **Week 1:** Introduction to the Lizard Brain and Smart Part: Stress response
- **Week 2:** Introduction to Mindfulness: Using your smart part to calm the lizard brain
- **Week 3:** Core Practice (MindUP): Introduce chime meditation to be used by teachers in class daily
- **Week 4:** Breath Meditation: With beanie babies
- **Week 5:** Mad, Sad, Scared and the Lizard Brain: Working with difficult emotions
- **Week 6:** Superhero Training: Using mindfulness to work with physical discomfort
- **Week 7:** Unkind Mind: Compassion practices
- **Week 8:** Thich Nhat Hahn’s Four Pebble Meditation: Calming visualization mediation complete with take-home giftbag with the stones for at-home practice (Hahn, 2011)

The program featured “Bob,” a lizard puppet, who would regularly demonstrate the limits of the limbic brain and stress response for focusing and regulating emotions. Teachers and administrators completed a workshop on mindfulness prior to beginning the program with the children.

### Initial research

I conducted a small program evaluation with the third, fourth, and fifth graders in 2017, the second year of implementation. The first question I asked was: Over the eight-week mindfulness program, did students experience a measurable increase in mindfulness? I measured trait mindfulness, tendency to be mindful by taking a daily perception survey on mindfulness (Mindfulness Awareness Attention Scale for Children; Lawlor, Schonert-Reichl, Gadermann, & Zumbo, 2014). Overall, 70% of students had some measurable improvement during the program.

- 25% of students had a significant increase in daily mindfulness
- 45% of students had a mild-moderate increase in daily mindfulness
- 30% had no measurable change in their daily level of mindfulness

In the focus group interviews, the following themes emerged:

- Students reported that they used mindfulness to manage difficult feelings and stress: “Like when I forget to study for a test, I feel really upset. Then when I think about it more I start to get it and remember because of the information that we learned...”
Many students stated that the mindfulness program has improved the school climate by increasing kindness and reducing anger between students.

“I think the mindfulness has helped a lot because I can definitely calm down and not get mad at my sister when she gets angry.” And “I usually use it [mindfulness] for everything, because my brother irritates me all the time.”

• Several students reported teaching mindfulness to their siblings and friends who were not at their school: “My friend who doesn’t go to this school, she flips her lid a lot at her little sister. So, I told her about mindfulness, and I think she’s been doing better at it ... I don’t blame her; her sister can be pretty annoying at times.”

• Many students stated that the mindfulness program has improved the school climate by increasing kindness and reducing anger between students at school and to help them cope better with challenging peer dynamics: “Because it helps everybody [at this school] stay calm” and “when friends get mad at you now [since the mindfulness program], they don’t get as mad as they did before.”

MFTs: Getting started with mindfulness in schools

Conducting mindfulness groups in schools has been one of the most challenging and rewarding activities of my professional career. I now count among my major achievements getting 20 four-year-olds to freeze like statues while two bubble machines created a blizzard for five minutes, and not a single bubble met an untimely end.

Before starting any mindfulness program, MFTs should have a well-established practice (at least six months) and have taken at least one formal class, such as Mindfulness-based Stress Reduction (Kabat-Zinn, 1990).

When designing a program, MFTs should carefully assess the school’s culture and systemic dynamics to ensure the program is meaningful to the students, parents, teachers, and administrators. For example, when teaching at my sons’ school, I link the mindfulness lessons to activities in the school’s public speaking, math, English, and physical education.

in mindfulness and then I start to remember.”

• Many found that the chime helped to relax them, finding ways to also use this at home and during extracurricular activities: “Sometimes I want to do something, but whenever I hear the bell, I forget about that and do what I’m supposed to do.”

• Many students believed their grades and ability to focus improved due to learning mindfulness: “I just take a breath and then go back to my work.”

• Some students used mindfulness to help them focus on their homework: “Doing my homework ... I breathe before, and I get through it way faster.”

• Many students reported that they used mindfulness to reduce fighting with their siblings and parents, including using working with their siblings who also attend the school to use mindfulness to end conflicts between them at home.
programs, making mindfulness more relevant to all stakeholders.

When designing the curriculum itself, MFTs have many resources to draw upon. The MindUP Curriculum (Hawn Foundation, 2011) is a 15-week curriculum for K-8. Salzman’s (2014) Still Quiet Place curriculum has activities for K-12 for use both in clinical and school contexts. As part of a community service project at my university, I created a website that has videos of actual in-class lessons and a detailed list of resources and supplies for those who would like a demonstration (see www.mindfulschool.net).

**Future possibilities: Expanding traditional education**

One outcome of the terrifying increase in school shootings includes some states, such as California, mandating more socio-emotional programing to address the increase in psychological stress and the alarming rates of mental health issues experienced by our youth. Mindfulness is a key component in many of these new programs. As noted by the children at my sons’ school, a mindfulness program has the potential to transform a school’s culture by increasing kindness and reducing emotional reactivity. The program taught them to recognize “a flipped lid” (i.e., the stress response) in themselves and others and how to effectively prevent and manage these difficult moments—and I was amazed when I saw that they learned to do it together. One day, three students ran up and said, “Dr. Gehart, yesterday in P.E., Garrett flipped his lid. We figured out what was going on, and we helped to put it back on.” I believe many would welcome expanding our schools to provide education on such basic life skills, as well as traditional academics. MFTs are well positioned as leaders for our youth and schools in this endeavor.

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**References**


Check out our new state and provincial resource pages providing information on licensure in each state and regulation in the Canadian provinces. These pages may be particularly useful for MFT students, or licensed MFTs seeking licensure in another state.

Each page contains information on MFT licensing requirements for all license levels available in the state, license portability, and continuing education. These resources can serve as a guide, supplemental to the information provided by licensing boards. More specific requirements will be found on state licensing board websites, and links to licensing boards and other regulatory bodies are provided on the state and provincial resource pages.

Questions? Contact us at FamilyTEAM@aamft.org. Information found on the pages was gathered from state licensing boards, statutes and regulations, and other regulatory agencies.

AAMFT cannot guarantee the accuracy of the information within the pages. Members should consult with their state licensing board or provincial government for exact requirements.

VISIT WWW.AAMFT.ORG THEN SELECT BUILD YOUR CAREER >> MFT STATE/PROVINCIAL RESOURCES.
Yoga as Self-Care

Linda Meier Abdelsayed, MA
Self-care is something that we as therapists often tell our clients to engage in, but is often lacking in our own lives. Between evening client appointments, family obligations, and the mental strain of seeing people who rely on you for their mental health, it can sometimes feel like there is no time left for yourself. Just like your clients find reasons for why they don’t have time for self-care, so can you. However, self-care should be an essential part of our lives.

One of the reasons self-care is so difficult to maintain is that we have a flawed view of what self-care should be. Going to the spa, getting a massage, or going on vacation are all really great ideas, but at their core, they help us escape our lives, rather than support us in living them. **True self-care looks different** (McCall, 2007).
True self-care allows us to live the life we want to live without feeling the need to escape it. True self-care could be something like re-evaluating your budget so that you don’t have to work that second job, or backing out of a toxic friendship. True self-care isn’t sexy or flashy. It is the small things that you do on a daily basis to help you love your life.

The benefits of yoga
One way of doing this is by following some simple principles of yoga. According to Harvard Health Publishing (2018), yoga and meditation have been studied since the 1970s as possible treatments for depression and anxiety and continue to gain in popularity each year as a source of self-care in the general population of the U.S. One of the main features of yoga is that it helps regulate our stress response. In today’s society, life has become so stressful. Between the assault of city noises on our auditory systems, to the pressures of increased financial strains to be able to live in the city, to the increased stressors of our clients, we as clinicians are on a higher alertness level. This means that our bodies are under a constant state of stress. Yoga is a great way to combat that level of stress and bring our bodies back to a state of calm. Yoga, through its breathing techniques, meditation techniques, and relaxation skills, gives our body the chance to regulate itself and calm down. It reduces our heart rate, our blood pressure, and gives us a chance to regulate our breathing, which all help our bodies calm down and feel more relaxed (McCall, 2007; Stelter, 2018).

Stretching, deep breathing, and meditation help to improve overall physical fitness, strength, flexibility, and lung capacity. This in turn reduces heart rate, blood pressure, and back pain (Court, 2018; Stelter, 2018). Other research shows yoga may help in strengthening social attachments, reducing stress, and relieving anxiety, depression, and insomnia (Novotney, 2009). Many clinicians are now starting to embrace yoga as a complement to psychotherapy.

One benefit of practicing yoga is that it is a natural and readily accessible approach to maintaining wellness and treating mental health. It is low impact, so people with different physical constraints can participate in it. According to Dr. Sat Bir Khalsa (2004), a neuroscientist and professor of medicine at Harvard Medical school, yoga targets unmanaged stress, which is a key component in chronic illnesses such as anxiety, depression, obesity, diabetes, and insomnia. He states that yoga reduces the stress response, which is in the sympathetic nervous system, and reduces the stress hormone cortisol. Yoga enhances resilience and improves mind-body awareness, which can help people adjust their behaviors based on the feelings that they experience in their bodies (Novotney, 2009).

There is also a huge social aspect to yoga that mental health therapy alone often times cannot maintain. Attending a yoga class, where everyone breathes at the same time, practices the same pose at the same
time, and engages with each other throughout the practice allows its members to feel a sense of belonging and being a part of something bigger. Acting in synchrony with others increases cooperation and collectivism amongst group members (Wiltermuth & Heath, 2009).

In 2006, the Department of Defense began to research the positive effects that yoga can have on war veterans with Post Traumatic Stress Disorder (Integrative Restoration Institute, 2018). In their study, called iRest, soldiers participated in yoga two times per week for a total of nine weeks. Following the iRest program, soldiers reported a reduction in insomnia, depression, anxiety and fear, improved interpersonal relationships, and an increased sense of control over their own lives. The iRest program has been so successful that it is now available in many VA facilities.

How can we, as mental health professionals, incorporate yoga into our daily lives so that we can also benefit from its immense powers? Attending yoga classes is a great way to start, but if you don’t have time to attend a class, or want to start off slowly, you can try the following suggestions and see which one works for you.

Setting intentions
One of the core themes at the beginning of each yoga session is to set an intention. The idea behind it is that this intention is something that you will focus on during your one-hour practice, with the hope of carrying that intention with you for the rest of your day. We often set intentions when thinking about our clients. We think of what we want to accomplish during our sessions, what we might want to teach our clients before we even check in with them that day. This style of intention can actually go against you, as clients will often come in with crises of the week, or different topics that they want to discuss. How often have you left a session and thought to yourself, “well that didn’t go as planned,” or left a session feeling frustrated because your client has yet again not followed through with the homework that you assigned? Your intentions for your sessions might need to be re-evaluated.

In yoga, the intention of the practice is never centered around a specific pose or goal. Rather, common intentions are “patience” or “compassion.” Going into session with the intention of being patient with a client or showing compassion will result in a totally different outcome. Usually, clients will feel heard, feel connected to you, and will come up with ideas on how to manage their life stressors on their own. You may also leave sessions feeling more at peace, in control, and connected to your client. Most clients who seek therapy are coming to manage their life stressors on their own. You may also leave sessions feeling more at peace, in control, and connected to your client. Most clients who seek therapy are coming in because they have a life stressor that they cannot cope with or manage. Having someone present during that struggle, someone who shows patience and compassion, can help most clients.

Structuring your day
Styles of yoga might change from session to session, but the sequence usually remains the same. You usually start with a warm up—something to get the blood flowing and awaken your body. This usually takes the first 15 minutes of class. That is followed by increasingly more active and challenging poses. You move from pose to pose increasing in intensity for the next 45 minutes, building from pose to pose. You frequently will repeat sequences, with small periods of rest to give your body a chance to acclimate. Finally, you end your yoga class with a 15-minute cooldown to give your body a chance to calm down again.

This sequence of events, moving from warm up to active to cool down, can be mirrored in your daily life. Waking up in the morning and taking your time to eat a healthy breakfast and getting ready for the day is your warm up. The active phase of your day is usually spent seeing clients. If you are at the top of your game, you usually give yourself 5-10 minutes between clients to acclimate and rest. Once you are finished with your clients, there is a cool down phase that needs to occur so that your mind and body have enough time to calm down before sleep. But how often does this sequence really occur in your life? How many mornings are you running out of the house with a cup of coffee because you had to accommodate that 8:00 a.m. client? Or, how often are you racing from appointment to appointment because your sessions keep running over time? Or, how often are you seeing evening clients until 9:00 p.m. at night in order to build your caseload, thus foregoing the cooldown period your body and mind need at the end of the day?

We have all been there—overextending ourselves in order to pay the bills, or because we want to build our practice, or we just don’t know how to say no. There are always valid reasons for making that choice. What you need to ask yourself is “at what cost”? What part of your quality of life are you giving up to make this happen?

Self-compassion
Anyone who has attended a yoga class has heard about self-compassion. It usually accompanies a difficult or challenging pose. The instructor will warn you ahead of time and say, “If you
Being kind and compassionate to ourselves is one of the greatest forms of self-care. We need to be able to forgive ourselves when we have an off day, or conflict with a client. It’s okay to not have all of the answers right away.

We tend to be really great at telling our clients when to challenge their negative self-talk, and not so good at doing the same for ourselves. Our negative self-talk has had a purpose for a long time. It’s pushed us to achieve well in school and become therapists. It helps us think critically and logically about our cases. In all of that, though, it’s easy to forget that we are human, too. That we make mistakes, too. When those mistakes happen, or when we don’t know what to say, or after a difficult session, are you able to be compassionate towards yourself and simply tell yourself “I will try again”?

Incorporating these yoga principals into your daily life can drastically help improve your quality of life. Not only can this style of self-care reduce the chances of burn-out, but you may feel lighter leaving sessions. Incorporating yoga classes, or even yoga principles, into your clinical practice could impact you, and your clients, in a positive way.

Linda Meier Abdelsayed, MA, is a licensed marriage and family therapist in California and Illinois. She is the founder of Smart Talk, a boutique teletherapy practice with a focus on improving the quality of life for clients living in California, Florida, Hawaii, Illinois, New York, and internationally. She is a Clinical Fellow of AAMFT. Her clinical experience includes working in non-profit organizations in Los Angeles serving low-income families, working with children with autism spectrum disorder, and private practice settings in both Los Angeles and Chicago. She has also been an adjunct professor at Pepperdine University's Graduate School of Education and Psychology providing practicum classes to master’s level MFT students.

www.smarttalktherapy.com

References


The single most effective tool that we bring into any therapeutic relationship is ourselves.

In my many years of teaching marriage and family therapy (MFT) graduate students, I’ve come to experience them as an eager lot, bringing enthusiastic curiosity, and clear agendas for what they believe they need to learn to become skilled MFTs. While the curiosity is genuine, their agendas are fueled more by anxiety than by curiosity.
Typically, they think I’ll teach them how to “act like a therapist,” “ask the right questions,” and use the “right techniques” to help people “feel better.” They want to know what to do to learn the tools a skilled therapist uses. Many are stunned to discover the paradox inherent in those assumptions.

A skilled therapist doesn’t act like anything. A skilled therapist is genuinely herself, may ask few questions, and deftly creates a space where people can actually feel worse, not better. We create and hold spaces for people to feel pain and discomfort that isn’t safe to feel outside of therapy. And, the single most effective tool we bring into creating that sacred space is our self. Our self. How do we teach that? How do we teach students, anxious about learning to act like a therapist, to be fully themselves, and to bring that fullness into relationships with clients?

There is no end to ideas about how to help students increase awareness of their inner selves. Self-reflection, journaling, therapy, and clinical supervision are all helpful. Another option is seeking honest feedback from professors, trusted friends, cohort members and clients, as well as teaching students practices of mindfulness that invite them to be fully present with themselves in each moment, calmly, without judgment.

One of the very first courses in our curriculum is the basic skills course, where students learn the potential in being fully present with clients through the power of listening. Beginning the course, students expect to learn the right questions to ask, to manage their own anxiety, more than anything else. While it is tempting to rescue them, it is far more valuable to invite them into a crucible that will contain their anxiety, allowing it to be observed, accepted, and transformed.

The goal is to be present so that a therapeutic relationship can develop—one that allows the client to be comfortable enough to clarify as needed.

We seek not rest, but transformation. We are dancing through each other as doorways. — Marge Piercy

The crucible that contains that anxiety is created simply by making questions off limits. Students cannot ask any questions at all in their practice sessions, and quickly learn how dependent they are on using questions to gather information and direct conversations (see chart on pages 30-31). When beginning students want to ask a question, or direct a conversation, it is generally automatic and without clear intention. When they can’t ask any given question, they initially experience feeling stuck, not knowing what to say, experiencing increased anxiety. Staying with that discomfort and managing it is key, as it is in that staying that a consequential self-awareness arises. In that awareness, students can observe and think about their feelings, and can become aware of why they want to ask a given question or direct the client in a certain way. This requires that they manage their reactivity, a hallmark of both differentiation and mindfulness. By the end of the course, students have developed expertise in using a repertoire of listening skills to be mindful, fully themselves and fully present with clients.

Between stimulus and response there is space. In that space is our power to choose our response. In our response lies our growth and our freedom. — Viktor Frankl

One typical response from students is, “What about all the information we need to get for the intake process? Surely we have to ask those questions!” “How will we find out what their therapy goals are?” My response is that of course they do need to gather information, but they can do that in ways that deepen the therapeutic relationship. And they deserve to be able to choose from a rich repertoire of skills to do that. Too often, the task of getting objective information overshadows the importance of developing and deepening a relationship with the client. All of this shifts when students are called to observe themselves, and to act from mindful awareness. The primary goal in class isn’t information gathering; the primary goal is to practice developing an effective therapeutic relationship by being fully present with the client.

Enlightenment is always preceded by confusion. — Milton Erickson

For example, a therapist wants to ask, “Have you seen a therapist before?” but realizes that’s a question and is off-limits. In that moment of feeling stuck and confused, she questions why she wants that question answered. Is it for her own benefit, to alleviate her own anxiety, or is it truly of benefit to the client to have that question answered? If she determines that it’s in the client’s best interests, the challenge becomes one of using a reflective listening skill instead of the question. Skills include self-reports, observations, encouragers, paraphrases and summaries, and reflections of meaning and feeling.

One reflective listening skill that will allow for information sharing while developing and deepening a therapeutic relationship is a self-report. A self-report lets the
client know what the therapist is experiencing in the moment. Instead of asking, “Have you seen a therapist before?” the student might say, “I’m wondering if you’ve been in a therapeutic relationship before.” Instead of asking, “How will you know if therapy will be helpful?,” one might say, “I’m curious about what you’ll notice when therapy is helpful for you.” “Why do you think you’re in such pain?” can become, “I’m wondering what that pain wants from you.” There is a clear shift from question and answer to one of relationship building.

It can be argued that this is simply an exercise in semantics, and using a self-report like “I’m curious about what you’d like to talk about” is the same as asking “What would you like to talk about?” Or that saying “I hear sadness in your voice as you talk about this” will bring you to the same place as “How do you feel about that?” Experientially, for both the therapist and the client, there are dramatic differences. “I’m curious about what you’d like to talk about” comes from a place of conscious inner awareness—and naming that curiosity is relational.

Students are very invested in “getting it right” and feel disappointed when they name a feeling or experience that doesn’t fit for the client. They are often reminded that the goal in class is to stay present, not to get it right. Every time a therapist misses the mark with a client, it’s an opportunity to deepen the relationship by allowing the client to redirect the therapist. The goal is to be present so that a therapeutic relationship can develop—one that allows the client to be comfortable enough to clarify as needed.

“But what about diagnosis?” Surely we can’t diagnose without asking questions!” Yes, diagnostic conversations are directed, and we can direct them without asking questions. Instead of, “Have you seen a doctor to rule out physical problems?” one might say, “Sometimes there are physical reasons for the concerns you have. I’m wondering what your feelings are about seeing your doctor.” Instead of, “How often in the last month have you felt hopeless?” one could say, “Tell me more about the hopelessness.” “OK. But we can’t do this with couples and families!” Yes, the same principles apply with more than one person in the room. “Jane, I’d like to know what you think Sue will first notice about you if she makes this change.” “I wonder what it would mean, John, if Sarah accepted your idea that there are some neurological reasons for your son’s struggles.”

Children? Adolescents? Both respond well to effective use of listening skills, particularly observations. “You look like you have some worries” is a more powerful way to engage a child or adolescent than “How are you feeling?” None of this is to suggest that skilled therapists do not ask clients questions. Of course we do. This is simply one approach to teaching basic skills that invites students into higher order thinking and a powerful second order change process. By the end of the term, students experience a self-efficacy that they bring forward into the more advanced courses. The skilled therapist is a life-long learner. There is always more to come.

I want you to get excited about who you are, what you are, what you have, and what can still be for you. I want to inspire you to see that you can go far beyond where you are right now.

—Virginia Satir

Kathleen M. Adams, PhD, LMFT, is the director of the new MS MFT program at Oregon Institute of Technology. She is an AAMFT Clinical Fellow and an Approved Clinical Supervisor in Oregon. She has particular interest and experience in the development and mentoring of MFTs.
**CONTENT**

<table>
<thead>
<tr>
<th>Client: I’m fine.</th>
<th><strong>SKILL</strong></th>
<th><strong>AWARENESS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Client: Well, I’m really upset with my roommate.</td>
<td>Encourager</td>
<td>Client gets a little more animated here.</td>
</tr>
<tr>
<td>Me: Tell me about your roommate.</td>
<td>Encourager</td>
<td>Wanted to ask why, but went with this encourager instead to allow her to continue to direct the conversation. Now I can see that this turned the conversation away from her and onto her roommate. Might have been better if I’d just said, “Tell me more.”</td>
</tr>
<tr>
<td>Client: Yeah, she’s been a real pain since she started seeing this new boyfriend.</td>
<td>Encourager</td>
<td>Trying to give her control over the direction of the conversation, but can see now that I directed it to the boyfriend.</td>
</tr>
<tr>
<td>Me: She has a new boyfriend.</td>
<td>Encourager</td>
<td></td>
</tr>
<tr>
<td>Client: Yes! He’s nice.</td>
<td>Reflection of meaning</td>
<td>Trying to get back on track.</td>
</tr>
<tr>
<td>Me: So she was friendly until she started seeing this new boyfriend.</td>
<td>Reflection of meaning</td>
<td></td>
</tr>
<tr>
<td>Client: Yes! We did all sorts of things together because we both moved here from out of state.</td>
<td>Summary? Paraphrase? Closed question</td>
<td>No idea where this came from… Wanting to help her feel better…</td>
</tr>
<tr>
<td>Me: You did a lot together. Are there other people you can do things with?</td>
<td>Summary? Paraphrase? Closed question</td>
<td></td>
</tr>
<tr>
<td>Client: Yeah. There are some other girls on my floor who have asked me to do things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Me: That must feel good.</td>
<td>?</td>
<td>Yup, going down the “trying to help her feel better” road…</td>
</tr>
<tr>
<td>Client: Yeah. I guess I should just do more stuff with other people.</td>
<td>?</td>
<td>I’m lost…</td>
</tr>
<tr>
<td>Me: That sounds like a good idea.</td>
<td>?</td>
<td></td>
</tr>
</tbody>
</table>
## CONTENT

Me: Hi. You can start with whatever you’d like to talk about.

Client: Well, I’m really upset with my roommate.

Me: You’re upset with your roommate.

Client: Yeah, she’s been a real pain since she starting seeing this new boyfriend.

Me: Things have changed between the two of you.

Client: Yes! We did all sorts of things together because we both moved here from out of state.

Me: Moved here from out of state…

Client: Yeah. It’s the first time I’ve been away from home.

Me: It’s your first time away…

Client: Yeah. I thought it would be easier to make friends.

Me: It’s not as easy to make friends as you thought it would be.

Client: Yeah. There are some other girls on my floor who have asked me to do things, but I don’t think they really want me along.

Me: They’re just being polite; they don’t want you along?

Client: Yeah. It’s the same as it was in high school.

Me: It reminds you of a hard time in high school.

## SKILL

Self-report, encourager

Encourager

Reflection of meaning

Encourager

Paraphrase

## AWARENESS

Allowing her to direct.

Looks nervous.

Looks uncertain, nervous

Naming meaning of what she’s describing

Giving her control over the direction of the conversation by repeating the last thing she said

She is tearing up here.

Just staying with her

Staying with her

Checking to see if I’m understanding correctly

Tearing up again

Just staying with her
Mindfulness in the Clinical Classroom

This past fall, I was preparing to start my doctoral teaching internship at a neighboring university. While making my lesson plans, I was trying to put myself back in the shoes of a master’s student, just beginning this incredible journey towards being a therapist. I recall experiencing that common dichotomy of excitement and anxiety, and remember the overwhelming feeling of being in a room full of other type-A personalities. It seemed that we all wanted to do everything perfectly in order to get that A. Perfectionism runs rampant in master’s programs, and I began to wonder how I could help my students see things from a different perspective. I wanted them to see that it was not just about their grades, but about being present, being thoughtful, and taking on the challenges their training would present to them.

As I tried to think back on what helped me get through those struggles with perfectionism and anxiety, I quickly realized that mindfulness played a significant role in alleviating those feelings. However, I did not start implementing mindfulness until my master’s internship. I had been using mindfulness techniques in my practice, and knew several facts about the effectiveness of it, which I would present to my often skeptical clients. At some point, I had that conviction that all of us have early on in our budding careers, when we ask ourselves, Am I taking my own advice?

Rachel Bell, MS
What struck me about this evolution in my own life is that mindfulness could have been helpful to me much earlier in my training.

I started to imagine ways in which my classroom could be more oriented towards the growth and wellness of my students. Research shows that mindfulness is a powerful player in education. It’s been shown to reduce anxiety, increase focus, increase thought clarity, and produces better outcomes for students overall (Salmoirago-Blotcher et al., 2018; Schonert-Reichel, Roeser, & Maloney, 2016; Worthen & Luiselli, 2016).

So, if we know this, why isn’t it being used in our classrooms more often? Not only would we be able to train our students on how to use this tool clinically, but what better way to encourage self-care than to carve out time during classes to focus on it? What better way to take our own advice than to do it together?

I developed weekly exercises that could be done at the beginning of class, and that often tied into the topic that week. I called it A Moment of Mindfulness. Our first week, we practiced deep breathing along to the coaching of a YouTube video. One week, while covering dialectical behavior therapy (DBT), we each filled out the widely used DBT House worksheet, and reflected on our reactions to it. The week of Halloween, we ate Starbursts together, focusing on the smell, the taste, and crinkling the wrapper in our ears.

After piloting this ritual for two semesters and four classes of master’s students, here’s what I have learned about mindfulness in the classroom:

• Some students will hate it. The anxiety that our clinicians-in-training feel can be incredible, and quieting the mind can be challenging for some. I talked through those moments with my students, after some shared their difficulty with the class. Students found it most helpful to be able to process their anxiety out loud. We talked about the many pressures graduate students feel when beginning their degree, and how many of these students are fast-moving, high achievers, who find it challenging to pause. Some students wrestled with mindfulness and got better at it over the course of the semester. Some wrestled with it, but decided that mindfulness was not for them. Either way, all students left with a stronger understanding of how it could be used (or not) with their future clients because they had experienced it.

• More students loved it. It became a moment of connection for many in the classroom. For some, it was the only moment they would take to slow down throughout the week. The feedback I received from students was overwhelmingly positive, reflecting that it helped them reduce their anxiety and feel more connected to their peers and me. Many said they had started their own personal mindfulness practice and it was a popular point of positive feedback on my instructor evaluations.

• It doesn’t have to be traditional. In order to tie it to our weekly topics, and to further my own personal belief that mindfulness can be done anywhere and any way, we did all kinds of things. We ate candy, focused on personal mantras, journaled, identified life goals, emphasized gratitude, and, yes, we did deep breathing. Some exercises were quiet and personal, others were interactive and chaotic, and others simply involved listening to their peers. In all these things, they were asked to notice what was around them, what distracted them, what sensations they felt, and what thoughts they had. As we did this, their senses became finely tuned to themselves and those around them.

The results were tremendously positive. Yes, I received my share of eye rolls in the beginning, but as we pushed past their hesitance, the
students and I developed a unique environment in our classroom. It became one of congruence, in which I did not just tell my students to engage in self-care, but instead, I prioritized it by making time for it during class. Instead of allowing the classroom to induce stress, and expecting my students to have the skills to manage it, I made a space for alleviating the anxiety in class. In this way, the isomorphic process that inevitably occurs in the classroom becomes one that is positive and focused on self-development.

Of course, using mindfulness isn’t the only way to achieve this, but it brings up a larger point of what we could be doing in the classroom to address our students’ needs. Not only does making space for mindfulness or other self-care activities build clinical skills in our trainees, it ensures a healthier student; one who is well-versed in their own wellness, well before they ever see a client. Self-care is the one thing we expect our students to know how to do, but do not usually teach in the classroom.

While this is simply a suggestion, and not a prescription for our classrooms, I believe it remains an important aspect to address. Moving forward, I intend to explore other ways in which mindfulness and self-care can be incorporated into our training programs. I expect there would be little dispute that wellness is a vital component to the development of our trainees, if we hope to see them become solid clinicians. In the meantime, I hope all of us take the time to assess our own needs for the sake of our wellness. This is your friendly reminder to take some time to pause, reflect, and be mindful.

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References


"THINKITIS" VERSUS MINDFULNESS
HOW OFTEN DOES YOUR MIND DWELL AT A DIFFERENT PLACE THAN YOUR BODY?

What can possibly be wrong with doing something as common as walking or driving while lost in thoughts? It may even seem difficult to not think while engaged in these activities, so why might this be problematic? The answer depends on the frequency, intensity, and implications of this thinking state.

Thinking is necessary to plan, reflect, grow, integrate experiences, and move forward. It can enrich our lives, help us become a better person, and contribute to making constructive decisions in relationship. These advantages, however, become diluted when thinking is a constant churning or takes over our lives in a way that disconnects us from here and now experiences. **Marie-Nathalie Beaudoin, PhD**
Since this state of over-thinking can metaphorically be seen as an “inflammation” of thinking processes, I have playfully coined it “thinkitis” with a number of clients. “Thinkitis” involves a narrowing of experience, where excessive thinking mobilizes too much mental space and time, at the expense of other dimensions, which become stifled.

The two main areas of life that are typically affected negatively and compressed by over-thinking are our ability to be present to our embodied sensations, and the outside world. For example, busy parents, captured by their thinking processes, do not pay as much attention as they could to their child’s excitement about a drawing; their minds fail to be touched by the bright colors (conveyed by the sense of sight) and by the child’s pride (outside world). In this example, the parents’ attention remains inward on their own thoughts. While this happens to all of us, it’s the frequency, intensity, and implications of this situation that matters, as it can have many negative effects, including missing out on meaningful moments of life.

If we divide possible areas of focus into three elements: our inner mind, the outer world, and the body (as the bridge between the previous two), then over-thinking has negative effects on two out of three of these dimensions. When the thinking aspect of the mind dominates and wipes out most other experiences, people are much less available to subtle opportunities for joy, satisfaction, and relationships. In a brain wired for survival, greater energy can easily be spent dwelling on problems rather than feeling content. In fact, research has even shown that sadness can activate up to 35 areas of the brain, while happiness tends to activate, on average, about nine (Vytal & Hamann, 2010). We are therefore swimming upstream when clients’ lives become derailed by problems, and their inner experiences become skewed by unproductive, overshadowing thinking processes.

Take for example, Zach, a 50-year-old man, who works as a head engineer in Silicon Valley, California, and sought therapy when he realized with alarm that he barely felt joy when learning that his beloved daughter had won a prestigious dance competition. He was in the middle of a work project when the text from his wife announced the exciting news. He acknowledged it, felt a few seconds of joy, and without even realizing it, plunged right back in the stress of work as if nothing happened. It is only later, while driving back home, that he suddenly remembered the text, and became aware of the irony: He worked really hard for his children to have an enjoyable life, but this work ethic had, over the years, dulled his own ability to enjoy precious moments. “How is it,” he asked me later, “that my daughter’s life has come to trigger such a secondary flutter of joy, when she is so important to me, much more than anything else?” The neuroplasticity of our brains is at work 24/7, whether we want it to be or not (Siegel, 2012). The more we use certain neural networks—like thinking of work—the stronger they get, at the expense of less used paths, such as being joyful. “What can I do?” asked Zach. “I have everything I need to be happy, but I can’t feel it very much even if I try; this is so unlike the person I used to be. Can this be fixed?” Nodding slowly, I answered, “Have you ever heard of mindfulness meditation?” After a pause, Zach replied, “That thing where people focus on their breath ... I’ve heard of it, yes, but never looked into it ... you think that could help?”

Mindfulness meditation
Mindfulness is so much more than focusing on the breath. It is about being present and attentive to the unfolding of experience. This practice can target the broader experience of being open to whatever arises, or be very focused on one thing, such as sounds, sights, smells, a body part, a point, etc. Breath is an important part of this journey. Not only does it allow the outer world inside of us, and the inside air back out, but it is also one of the rare physiological process under the control of both the autonomic (brainstem) and voluntary nervous systems.

The average person breathes about 20,000 times per day, and does not pay attention to a single inhalation. Most of us fail to be aware, even once per day, that we are breathing. If there are 1,440 minutes in a day, shouldn’t we be able to spend at least two to three of those appreciating what keeps us alive? I asked Zach, “Roughly what percentage of your day do you spend thinking of work?” He replied that he sleeps “with my phone on my night stand, so the first thing I do when I wake up is check if there’s anything urgent at work, then I think about the emails while I shower; I might answer while having breakfast, review my meetings plans while dressing, ponder
on the challenges of the day while driving, and then start my day when I get to work ... so, a lot of the time ... in fact, probably 80 to 90% of the time. Now that I'm thinking about this, I'm realizing that even when I'm talking on the phone with my wife, I often still think about work in the back of my mind! The brain is able to process 600 to 800 words per minute while people speak at an average rate of 125 words per minute (Carroll et al., 1995) so the brain can definitely focus on thinking instead of being present in most daily activities, even during conversations.

I asked Zach what troubles him the most about this over-thinking habit. He exclaimed that it is robbing him of his relationship with his daughter, special family moments, conversations with his wife, and his former appreciation for nature. “Even when I train at the gym, I’m thinking and on automatic pilot; it’s robbing my life really, even my values. My wife has been hurt a few times when I didn’t remember important things she said because I wasn’t really listening. I’m losing myself.” Touched by Zach’s sorrow, I told him “There is something in you that is alarmed by this course of events, and wants to take action. Which part of you wants to change this? Might making this very appointment reflect the presence of the self you wish to reclaim?” He confirmed that just coming to the session was a step in the direction of changing this habit. “I would like to be playful, appreciative, and caring again; I want to enjoy being in nature, or with people, and stop thinking all the time. I used to be super social! I want to be bigger than just someone who works and thinks.”

Clinical practices
Thinking can be recruited to enhance being. Skills always co-exist with problems, but they are embedded in weaker neural networks (Beaudoin, 2010). Clinically speaking, once we find pre-existing neural networks for the desirable experience, we can use mindfulness to heighten their encoding, strength and accessibility in the brain (Beaudoin & Duvall, 2017).

In Zach’s case, this meant first noticing moments that could be enjoyable or fit with his preferred identity. This involved a detective-like task and recruited the over-thinking habit against itself. For example, I invited Zach to find something he appreciated in nature when he walked from the parking lot to his office, by asking himself: “Which tree/plant would I want to remember in enough details to draw it (if I could)?” Activating the mind with a question is similar to thinking, but its focus is on being present. I also proposed that he program his phone to buzz at certain times to remind him to stop thinking of work, and shift into being aware of a feeling or his surroundings for a minute or so. This progressively allowed Zach to increase...
the frequency of non-thinking times, which ultimately represents a double gain in a neuroplastic brain: 1) “Thinkitis” neural networks weaken when they’re less activated, and 2) mindful awareness networks increase in strength through regular activation.

Embodied experiences can infuse therapeutic conversations with rich colors. Once the frequency of noticing increased, we began examining in detail his experience of these special moments, including body sensations. Engaging in clinical work without involving embodied sensations would be like working with a black and white picture of experience instead of its color version—a lot would be missing. The body is deeply involved in all experiences; what would love or anger be without the body’s activation? Our clinical work ought to therefore include mindful awareness of embodied sensations in problematic experiences to develop compelling opposite sensations in counter-states (Beaudoin, 2016; Beaudoin & Duvall, 2017).

For example, with Zach, thinkitis was associated with short, shallow, and fast breaths, while gratefulness and caring were associated with longer, slower, peaceful breaths, which he felt were like sleeping breaths. Body scans and breathing exercises were practiced, paying careful attention to pace and the outbreath, since the parasympathetic process of exhaling is what really relieves people. Attention gives power to the object of its gaze. With an increasing frequency of noticing preferred moments and an awareness of associated body sensations, clinical conversations then shifted to intensifying desirable feelings and sensations. Zach realized he really enjoyed it when his little dog slept on his lap when he was working on his computer at home. This opened the door to a whole new set of embodied sensations which could be intensified, such as the heaviness of the dog on his thighs and his own sense of weight. Relaxation is often associated with a sense of warmth and heaviness, which can be intensified and spread to various areas of the body through mindful concentration.

For example, during a mindful exercise, I asked Zach how heavy he felt on a scale of 1 to 10 (he said a 7), and I asked him to increase it one notch. The mere action of paying attention to a sensation usually gives it more power (pain is a good example of that for many people). Since Zach’s experience became richer, diversified, and less stuck in over-thinking, he ultimately engaged differently with work. He responded to struggles in a less personal way, and left more space for his colleagues to step in rather than taking responsibility for everything. This growing ability to disconnect from overthinking about work eventually left him more available to connect with his loved ones in meaningful ways, reclaim his playfulness, and increasingly open to cultivating positive emotions in clinical conversations (Beaudoin, 2015; Fredrickson & Losada, 2005).

By the end of our work together, Zach found a balance between thinking about work, remaining mindful when exercising at the gym, and being his caring, playful self with his loved ones. He even chose to miss work to attend his daughter’s spring dance competition, as he wished to fully share the experience with his family. Zach reclaimed his ability to be mindful, feel, sense, embody and live joyful moments in his life. He still thinks a lot, but in a productive, contained way that does not limit his life. And when driving, sometimes he thinks of work, and sometimes, he just looks out the window noticing colors, movements, places, things, people, and . . . the road!

Marie-Nathalie Beaudoin, PhD, is the director and founder of Skills for Kids, Parents, and Schools (SKIPS), which offers live or Skype trainings to mental health professionals, and a variety of counseling services to children, parents, educators, and therapists in the San Francisco Bay Area. Beaudoin has been a pioneer in combining neurobiology, mindfulness, and collaborative therapies, and has written several key professional journal articles, popular books, and DVDs introducing original clinical practices. She is an acclaimed international speaker and an AAMFT Clinical Fellow.

References


SAVE the DATE!

Mark your calendar now and get ready for AAMFT’s Institutes for Advanced Clinical Education — To be held in Singapore July 11-13, 2019!
Ethics and Obligation:
No Room for Neutrality

She stumbled and almost fell into my lap, jolting me into a heightened state of awareness. The emergency waiting room was virtually empty and deathly still at 4:00 a.m. on a Wednesday morning. It was anxiety preventing me from truly drifting off to sleep. Hours of slouching in a sagging chair, one that had obviously held countless people before me in this precarious waiting game, was lulling and slowly luring me towards sleep. That was the case until she entered with a startling presence—awakened I was by the opioid crisis.
No more than 18 years of age, a waif of a young woman carried me into a state of attention. Emaciated, disheveled, acne like lesions dotting her once beautiful face, she carelessly wove her way towards a cubical where the safe needle/injection sign dangled. All this time, juggling a tiny pair of pink panties wrapped around her left ring finger. The streak of pink threatening at any moment to spill to the floor; an early and culturally-arranged marriage to crack I wondered. On closer inspection, her blue jean zipper was open, and she was only partially clothed Anxiety, outrage and disgust mounted within me. Had she been the victim of a sex crime, taken advantage of by someone who knew she was vulnerable, desperate to access drugs to feed an insatiable craving? All the muscles in my body tightened, ready to pounce, yet I remained frozen; still watching and waiting on someone else to address this frightening, horrific scene. Reflective, perhaps, of the immobility and trance-like inaction of many people and communities surrounding the opioid crisis.

I studied the waiting room, scanning for cues from the on-duty professionals—nurses, social workers, security guards, receptionists, and other waiting family members—about what to do. Motionless, I expected “someone else” to intervene and take care of this young woman. Instead, the room slept. A deathly stillness prevailed.

Breaking the silence, her soft, raspy voice requested “long and short” to the young woman behind the desk. A new, stiffly creased, brown paper bag was quickly deployed, treasured needles intended to “safely” feed the addiction tucked in the folds. This, I told myself was harm reduction in action; clean needles the safer option.

The brown bag joined the streak of pink in her left hand, the entire image blurred together as she drifted towards the exit. Automatic sliding glass doors parted, like curtains at the back of a seedy nightclub, and she slipped into the darkness. Invisible all at once outside the door, she disappeared. No one stopped her. Had she vanished into the supervised injection site outside of the emergency department? Or, had the streets again taken her hostage?

I do not want to forget this early morning experience, or this young woman’s haunting image, as it compelled me to question my personal, professional, and especially political role around this serious and complicated public health crisis. Yesterday, a local news program interviewed surrounding business owners about this supervised injection site, and all voiced displeasure with the location of this program. Great idea they chanted, but not in their back yard. How does an issue like this move into the public debate? Or, had the streets again taken her hostage?

MFTs are no stranger to conflict, or the knowledge and skills required for unpacking and managing differing, often competing perspectives, for this is the crux of our professional expertise.

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In Canada, there were 3,987 opioid-related deaths reported in 2017 (Ottawa Public Health Agency, 2018). In the province of Alberta, where I reside, there were 589 fentanyl related deaths in 2017, and 74 deaths in the first 6 weeks of 2018 (Kornik, 2018).

Marriage and family therapists (MFTs) are no stranger to conflict, or the knowledge and skills required for unpacking and managing differing, often competing perspectives, for this is the crux of our professional expertise. The AAMFT Code of Ethics (2015) reinforces a particular form of neutrality around particular topics in the therapy context, given the power and influence of the professional discourse. It is important to give voice to our clients. Standard 3.11, focused on integrity and professional competence, recommends special care in offering public opinions or statements about individuals or families who consult us, given our professional authority.

I wonder how striving to be sensitive, even neutral, around particular topics in the therapy context, might contribute to a certain tentativeness, or implicit positioning around heated issues in public domains. How do we listen to, and respond to, an obligation for action/ political action, when our code of ethics may not define the steps? The code of ethics advocates for MFTs to participate, and even volunteer, in activities that contribute to the creation of stronger communities and for the betterment of society. How to define these next steps is not, however, expressed.

The code will not guide us wholly in this endeavor of knowing how to act in congruence with the professional body around social and political issues as they arise. “Obligation is what is important about ethics, what ethics contains without being able to contain” (Caputo, 1993, p.18). Caputo even suggested that one can make their way without ethics, or even stand against a code of ethics when obligation takes hold. It is here, in these spaces of obligation, where codified rules and positions need to be unpacked and sometimes even challenged. It is obligation that compels what might be a different response, even from an existing code of ethics. Ethics are
How we exercise our responsibility and commitment to service in the public domain, and advocate for programs that will benefit our communities, can be a messy process given our parallel commitment to the individual families who consult us.

The opioid crisis is but one example of a complicated and heated issue that needs to be on the radar of every MFT, not only those on the front line of intervention. The beliefs we hold about therapeutic family interventions, supervised injection sites, the prescribing of alternate medical substances as an alternative to street drugs, stronger sentences for those trafficking opioids, or educational programs, all speak to particular political positions or leanings. How we exercise our responsibility and commitment to service in the public domain, and advocate for programs that will benefit our communities, can be a messy process given our parallel commitment to the individual families who consult us.

Individual families may hold conflicting beliefs to our own, and hence demand a particular posture by the therapist. Political positioning however, demands something different. It demands non-neutrality and a passion to define best practice for intervening around a crisis like the opioid/fentanyl one in front of us.

The girl with a waif-like stature awakened and delivered a weighty message about the opioid crisis. She reminded me that a neutral stand will not suffice on the political stage.

I left the emergency department with my son, after he obtained expert medical care by a team of healthcare professionals. This young woman’s care, on the other hand, seemed partial, unfinished, and consigned to the edges in an outside trailer. How each MFT takes up the call to address social and political issues will continue to define the ethical and moral fabric of our profession. The exploration and articulation of difficult, diverse, and often competing political positions will continue to define how we support and care for the most vulnerable in our communities.

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Loss of trust is one area that families having undergone trauma share in common. With the breaking of trust—in others, in oneself, and for those families with religious beliefs, loss of trust in God—the process of *rebuilding* becomes a therapeutic necessity. Over the past 20 years, I have had the privilege of working with children and their families who have gone through traumatic events, helping them to restore trust in their relationships.
What is trust?
Trust, according to Townsend (2011), is the ability to be vulnerable with another person. Cook and Wall (1980) define trust as representing faith in the cooperative intentions of another person, as well as the capacity of this individual to fulfill these intentions. Ernest Hemingway supposedly said, “The best way to find out if you can trust somebody is to trust them.” Sometimes, taking that leap to trust is all there is; the person will either prove trustworthy or not. There is an element of risk in trusting someone. There is no guarantee they will be able to follow through with the promise, behavior or activity.

To begin work with a family that has gone through a traumatic event, I often use an activity simply called “The Trust Intervention.” The family writes the word trust in the middle of a piece of paper. Then, they write all the words they can think of that relate to trust. Next, they add up how many positive words are on the page, and then how many negative words there are. This exercise functions as a baseline for the family’s level of trust and a starting place for the rebuilding process.

Trusting self
According to Erikson (1963), when infants have their basic needs met (food, gentle touch, diapers changed, etc.), they perceive the world as safe; they learn the concept of trust. They also learn to have hope, security and confidence; resulting in a basic optimism towards life and the world they know. If all goes well developmentally, a young child develops a healthy inclination to sense who is safe and who isn’t. If an infant lacks nurture and love, their basic needs are not being met, and if they are neglected or abused, they learn mistrust.

Mixed messages
Often, young children receive mixed messages about strangers from their primary caregivers. One message is “beware of strangers,” which is used with young children to help them learn healthy boundaries. If the child does not know the person, that makes them a “stranger.” However, it can be confusing when children meet a relative for the first time and they are told things like, “Go over and give Uncle Joe a big hug!” Child may get confused, since they have never met Uncle Joe; that makes him a stranger! When children refuse or hide behind a parent, they are scolded (usually because the parents are embarrassed by the behavior). Children become confused and then doubt their own instincts. They question if they should stay away from someone they don’t know, or if they get a “funny” feeling about them. It is important as adults to relearn our instincts and trust our hunches, increasing our awareness of the inner feelings that identify this person is safe, or this person is not safe. It is vital to follow those inner intuitive feelings. Stop and ask the questions: Is this situation okay? Am I safe? What am I feeling? Can I trust this person?”

Lions and tigers and bears
There is a great line from the movie The Wizard of Oz that goes, “Lions and tigers and bears, oh my!” In the natural world, lions, tigers and bears are apex predators. They really are something to fear. And that fear is good. It is important when in their territory to be cautious. So, at night in an elevator or stair well within a deserted parking garage, on a dark street or alone in any dimly lit area, there may also be something to fear. That is the time to be smart, use the buddy system, or get a guard as an escort to the car. If there is someone or someplace that gives off a “negative vibe,” trust that feeling. As a professor, teaching graduate psychology students, I often call that hunch “Spidey Sense.” This is similar to the sensations Spiderman has that warn him of impending trouble. It is like a superpower, to be used and trusted. It can help keep us safe.

Fighting for you
It comes down to a battle of beliefs over who can be trusted, and is there a willingness to fight hard to learn about trusting yourself? Relearning to trust your hunches and instincts can feel like a battle. Don’t think of these safety instincts as silly or childish. If a Spidey feeling is followed, and it turns out to be wrong, that is okay; it’s a learning process. Minimizing these feelings is not productive in relearning trust. Reframe the events to show there is growth and that self-care is increasing. Create affirmation statements that reflect learning to trust: “I know I will learn to trust myself” or “Trust will grow in me.”

Trusting others
There may have been a healthy development of trust as an infant, but later in childhood, in the teenage years or as an adult, something negative happens. What can be done with the pain of these past hurts when someone was trusted and they… Betrayed us… Made fun of us… Used us… Lied to us… Or Left us…

Most people have felt similar kinds of pain and disappointment that allows them to relate to these situations. Trust “hurts” can cause the building of walls against others and isolation can result. Instead of living behind walls of separation, one can choose to enter a
period of mourning and grieve the loss of trust. As much as it is difficult to imagine the possibility of healing, it can and does happen. Healing is sought in order to find a way into trust with “new eyes” and a new awareness of people, places and life. During the healing process, forgiveness is beneficial, towards the one(s) who caused the harm and most especially for oneself. Letting go of the pain and betrayal adds to one’s health and well-being, opening the door for the possibility of trusting others again.

Bringing down the walls
When I think of battles, I think of knights or warriors in armor. Any good strategy of war should take into account the strengths and weaknesses of the armies involved. When armor is not strong enough, warriors add shields. In battle, they present their strength to the enemy, protecting the vulnerable parts in their defense. Trusting others is a kind of shield. There are times it is a needed defense, but there are other times when the shield blocks potentially healthy relationships. Knowing when to use a shield for protection, and when to lower it for trust, is important. It takes time; it takes experience; it takes practice; give yourself the time you need to learn for yourself. Instead of looking at the inability to trust others as a weakness, take on the posture of a warrior who knows their weaknesses and uses their shield when needed, for protection. It becomes a strength to know your weaknesses!

Helping families trust
The best place I know to help families commence this process is to begin where the family already is. Start by finding out the current state of “trust” within the family. What are they doing well? What are their values? What do they like to do together? Separately? Help the family explore what it would mean to relate using a strengths-based approach. It also helps if you are able to be a role model for them. In other words, did you do your own therapeutic work about trust? There is something very powerful when a family can see that you have done the “trust” work yourself, it lets them know they can take this journey, as well. Helping families trust is a balancing act; identifying current vulnerabilities while encouraging them toward healthy boundaries that will reflect trust.

I like to use quotes from famous people who have been an inspiration for me when working with individuals and families struggling with trust issues. Some of the people who have impacted me include Maya Angelou, Gandhi, Mother Teresa, Oprah, Nelson Mandela and Christopher Reeve. However, there may be teachers, pastors, parents, or others who are an inspiration for you and for families learning to trust again. Think of the people who have inspired and influenced you. Remember what they said that made a difference, write it down, research them, learn about their lives, read their biographies, and write out the quotes that speak to you the most. Encourage your families to do the same.

Let’s get spiritual
What role does spirituality play in developing trust? In thinking about this, there are different kinds of trust. For many people, only a higher power gets the highest percentage of trust. Being human means mistakes happen; for some it may not be a lot, but other people still get hurt. Identifying outside sources that can be trusted helps us examine our spiritual self and gather interior resources, which can then impact families in therapy. Knowledge of who can be relied upon in the spiritual journey will also assist families to identify and rely on their own spirituality. Listening carefully to them is necessary to find this. There are many different ways to facilitate the process—encouragement to visit or go back to one can be a powerful intervention.

As part of therapy, families (or individuals) are asked to write down their own faith/spiritual experience. What was genuine, what was disappointing, where are they now in their spiritual journey? This helps get the conversation started. Processing spirituality as a family has a profound impact in the therapeutic process. Family members may begin to hear things from each other that have not been communicated before. Sometimes, just getting that conversation going is all a family needs to address this resource as a way to relearn trust.

For the journey
Trust is an important part of every life journey. Clinicians need to examine where they are in their lives in order to be better equipped to help those they counsel. Trust is a huge part of the human experience and how communities interact reveals the level of trust in action. While trust can be easily broken, it also can be repaired. The hard work of developing healthy trust will deeply impact each individual, the families served and the journey ahead.

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References


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