Contextual Psychology:
Integrating Mindfulness-Based Approaches Into Effective Therapy

By Dr. Richard K. Nongard, LMFT

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This CE course is based on the book “Contextual Psychology” By Dr. Richard Nongard. You may obtain the entire book from Amazon.com or any book retailer.

Please read the required materials, then complete the quiz to generate a CE certificate. If you have questions, contact our office.

INTRODUCTION

The purpose of this book is very simple: I want to provide information that's going to help you to re-ignite your passion for your work as a therapist, counselor, social worker, or really as any member of the helping professions.

Remember when you first graduated, you walked down the aisle and you thought about that first job where you were going to help people get well. It was an amazing feeling, wasn't it? I remember how excited I was as a new graduate with my Master's Degree, when I had finished my practicum and had already secured my first full time job as a therapist. Some of those early clients that I worked with, even though that was more than a quarter century ago, are clients that I still think about today.

I enjoyed feeling like I had an impact on their life, that the work that I was doing was meaningful, and that I was helping them to make substantial changes. Certainly, I'm not the only one with those experiences. I bet you can think back to a time when you were excited and passionate about the work that you did. Maybe it was particular setting where you had the opportunity to work with clients that were close to your heart, or maybe it was in private practice when you had those clients who were self-motivated and actually utilized the resources you taught them to make significant and positive changes. Chances are pretty good that you're still passionate about the work that you do.

We all got in this field for two primary reasons, I like to say. One: we didn't have to take math to get the degree. Two: ultimately we really like helping people make change. In the era of managed care though, in the era of limited time and limited resources, in the era of significant changes in the way that we deliver services year after year of doing the work of a counselor or a social worker, registered nurse in a psychiatric setting or really any other member of the helping profession, you may have found that going to the office, going to the clinic, going to the community service center, wherever it is that you work has lost a little bit of its luster.

I think sometimes this is in part due to the fact that most of us have been doing the same thing that we were taught to during graduate school throughout our career as professional counselors, social workers, and members of the helping profession. Therapy school claims it teaches us ideas, but what it actually teaches us are *old* ideas. Because of this, as we do our work day after day and work with other counselors who are more recent graduates, we can feel inadequate or less effective because of the newer knowledge they have that we didn't have the opportunity to learn.

This book is about teaching you new ideas, and when you learn new ideas, you'll learn to re-ignite that passion you feel about the social work and counseling professions. Now, graduate school for therapy teaches us a lot, and this is a good thing, but it is important to

note that all schools teach old ideas. For example, I have a son who is in his senior year of high school, and he's making decisions about college. He's looking forward to all of the things he's going to learn in his field, he says. He and I have had discussions about which school he's going to choose, what he's going to study, and of course what the cost and constraints and the geography of what those decisions mean. At times we haven't always agreed on every issue related to the subject, and he of course has said, "But I'm going to learn all these things that I'm going to be able to use in my job!"

My answer to him was "Well, actually what you're going to do in school as an undergraduate is, you're going to learn how to learn, because when you get your first job they're going to re-train you in today's methods. The reason why they're going to re-train you in today's methods is because everything you learned as an undergraduate was actually old ideas." This is the nature of education. We only learn what has already been learned. Unless you're working in or studying at a graduate school and doing specific research in the new modalities, chances are pretty good you're actually learning old content.

An easier comparison would be to consider the print newspaper. Print newspapers contain only yesterday's stories with the same technology for the past fifty years, and they are physically inhibited from having up-to-the-minute news stories. The Internet, however, has the capability of breaking news seconds after it happens, and having ever-evolving coverage on a particular topic with all of the latest techniques for reporting. In this analogy, your undergraduate work is the print news, and your actual work experience is the Internet.

As we enter into the professions where we work, the business of life in the inadequacy of most state requirements related to continuing education mean that many of us never actually have the chance or the opportunity to learn the newest and most effective techniques of therapy. If you're like me when you graduated more than a century ago, your practice probably has been based on what you learned in the past and what feels like it's helping your clients.

In the era of managed care, in the current era where we're working though different standard measures of therapeutic success, there is a lot to constantly learn. We're in the era now of evidence-based treatment protocols. If you're a more recent graduate of a counselor program or you've been particularly careful in your selection of continuing education courses, you might have an edge from an academic perspective, but chances are you learned about therapy in many of these courses rather than actually having to do therapy.

This book is both about new therapeutic approaches and how to actually enact them with your clients. First, I'm going to focus on an overview of Contextual Psychology, but in each successive chapter I'll not only share a theoretical or a philosophical idea of a particular therapeutic approach, I'll also describe the experiences with my clients in my office. I'm also going to demonstrate with you in an interactive way the various processes that are of value to you.

This book will help you to re-ignite your passion by directing you to do several things. First of all, it will help you to understand the new philosophies of counseling and therapy based on current research. A lot of therapists like myself practice day in and day out doing what we were taught in graduate school, and yet there's been so much more in the last 25 years which has been empirically validated as efficient treatment for a wide variety of different behavioral psychological disorders.

This course is going to overview those philosophies that are based on current research in contemporary university settings, but it's not going to be all academic. I'm going to teach you how to take that research and actually apply it to those clients who are in your office. This book is going to help you to develop a map for navigating tough or unfamiliar therapeutic settings.

Every now and then I get a call from a client and the presenting problem from either that client or from the family is something that I really don't have a lot familiarity with. It's new. It's unique. It's a different type of presenting problem than I've worked with in the past. I really enjoy these types of cases because it gives me the opportunity to sort of get out of a rut—to do something new and apply my skills with a totally different dynamic or a totally different set of presenting problems. Sometimes, however, in these unfamiliar therapeutic settings or with a particularly tough client I think to myself (as I'm sure you do also), "What should I be doing in this session?"

By understanding Contextual Psychology, you will have the skills necessary to steer through these situations with confidence and grace. You will know where to start, what to do in that first session with that client, what can be done over the next six to eight weeks to assist that client. You're going to feel confident in your ability to help those people who are on your caseload. This book is going to help you re-ignite your passion by helping you to develop specific skills and processes for effective therapy.

I remember when I was a new counselor, back in the day when our practice were only 300 hours when we needed only 2,000 hours before we actually could qualify for licensure. For most of us those supervision hours really came in the form of doing full time work on your own and meeting with the supervisor every couple of weeks to basically have them sign off on your documents. I know that in the last twenty-five years requirements have become much more rigid than they were back in the day, but to a large extent I think many of us still have done most of our work as a trial and error on our own, without working hand-in-hand with more experienced therapists.

As a result, we've developed a repertoire of skills and processes that we use in therapy, but because we're probably not working with another therapist and watching the work that they do, we're not expanding our repertoire of specific skills and processes. Over the course of this book, I'm going to share with you processes I use for effective therapy. You will know what technique to use, for example, to help somebody overcome a fear of flying, or to help somebody let go of depression that has been holding them back from success.

You will learn specific skills and processes, like things to do twenty minutes into the therapy session when you run into certain issues that your clients wish to address. This book is going to jumpstart your practice by helping you to create change in your methods. In this business, change is the only constant, and keeping on top of the game is the most important thing you can do to keep your passion alive and your clients happy.

When clients ask “How do you know this will be helpful to me?” you will have adapted a set of methods that are empirically based and that research shows have a greater efficacy in helping a larger number of people to experience the success for which they came to therapy in the first place.

The methods that you're going to be learning in this book include a variety of different approaches to trauma therapies. Almost every client who comes to our offices has experienced or is in the middle of experiencing significant trauma; fortunately for all, over the last twenty to twenty-five years, there has been significant amounts of research that has really shed light on the best approaches for helping people resolve trauma. This book is going to focus on giving you some of those strategies based on empirical research that can help you to help those who are experiencing trauma.

The methods of this book include a set of skills all with roots in what is referred to as Contextual Psychology. This includes those most closely associated with Contextual Psychology: Relational Frame Theory (RFT), Dialectical Behavioral Therapy (DBT), and Acceptance and Commitment Therapy (ACT).

Because of my experience in working with personality disorder clients, I've spent a great deal of time working as a therapist within the context of substance abuse and the criminal justice system. As a result of my work in the field, I have considered myself a student of Dialectical Behavioral Therapy since the early 1990s. Dialectical Behavioral Therapy, published by Marsha Linehan in 1993, called *Skills Training Manual for the Treatment of Borderline Personality Disorder*, is really one of the first approaches that we could put into the “basket” of Contextual Psychology.

That book really started a revolution in the treatment of personality disordered individuals, but the great thing about the last twenty-five to thirty years is that those techniques have been applied far beyond the original context of borderline personality disorder to a wide variety of clients, from self-mutilators to clients with eating disorders. This process has helped people who have a variety of different presenting problems experience success in a way they simply couldn’t before.

This book is going to teach you how to use metaphor in therapy and changework. Contextual psychologists almost always have one thing in common, and that is the ability to recognize the value of language and language patterns in change work. You too are going to have that ability, and you are going to learn how to use metaphor in a way that’s meaningful to help you communicate more effectively with your clients.

This course will also teach you the principles of Mindfulness-Based Stress Reduction (MBSR). Jon Kabat-Zinn at the University of Massachusetts in his pain management program almost 30 years ago began studying the efficacy of Mindfulness-based approaches in psychotherapy in a secular and non-religious setting. I'm going to share with you the ideas of Mindfulness-Based Stress Reduction and how they can be useful to the clients whom you work with in your office.

Mindfulness is a strategy that is really at the core of many of the different approaches of Contextual Psychology. I've always been a big fan of Solution-Focused Brief Therapy (SFBT), which is another evidence-based treatment protocol that has demonstrated efficacy with a wide range of clients and when we can utilize the principles of Solution-Focused Brief Therapy like the Miracle Question to help us determine what the most effective outcomes and treatment are going to be, we can be even more effective in therapy.

Although I've been familiar with Positive Psychology as a therapeutic technique for a long time, it wasn't until my doctoral studies at Bakke Graduate University that I began to use a process called Appreciative Inquiry in organizational management and consulting. The organizational or management approach to Appreciative Inquiry is really an adaptation or an outgrowth of the ideas of Positive Psychology that we can utilize with the clients on our caseload.

Sitting on my desk right now is one of my favorite resources: the *Oxford Handbook of Methods in Positive Psychology*. It was edited by Anthony Ong and Manfred von Dulmen. It's a tremendous resource that I keep on my desk, and it's got dog ears, underlines, and yellow stickies all over it. I'm going to be sharing with you the things that I've yellow stickied, the things that I've dog eared, and the things that I've underlined so that when you have clients in your office at 4:15, you will know what to do with them, based on empirically validated approaches.

The ideas of Positive Psychology are really completely different than our traditional diagnostic or pathological model of psychology. Of course, one of the first evidence based treatment protocols was Cognitive Behavioral Therapy (CBT), associated with Albert Ellis and Aaron Beck.

CBT is the therapeutic approach that I spent the majority of my time learning in graduate school in the late 1980s. The reality is though that cognitive therapies have made significant improvements and changes over the last 20 to 25 years. Some of my favorite research comes from University of Toronto and the research into Mindfulness based cognitive therapies. I'm also going to talk about multi-component cognitive therapies, and you'll going to learn how to take your Cognitive Behavioral Therapy to the next level.

I'm also a big fan of Experiential Theater as Don Gibbons, psychologist from New Jersey, a former president of the New Jersey Chapter of the APA, calls it. I'm going to be sharing with you some of the techniques of experiential therapy where we don't just interview our client, reflect back what we heard them say and talk to our client, but

instead we create an opportunity for them to take action in our office through experiential processes that they can practice between now and their next session.

I'm a firm believer in therapeutic homework. All of my clients know what they should be doing between now and next week, and experiential therapy gives us a great toolbox to draw from in helping our clients through the larger umbrella or basket of Contextual Psychology.

All of the material in this course is based on empirically supported treatment approaches. It’s really important to know and use what psychological research has shown us to be most effective. This is what is required in the era of managed care. More importantly, using evidence-based approaches of course helps you at the end of the day to feel even better about the works that you do because you know there's a greater likelihood that your clients are going to experience the results they came in for. You'll be learning what really is the subject of current research and you'll be learning the specific processes and methods of using these strategies with clients in your office.

Now, let's move from future pacing what you are going to learn and actually begin learning right now. In fact, one of the themes of this book is the only time that you actually have is right now. Yesterday is gone. Tomorrow is not here. And so living in the present is really one of the key characteristics to helping our clients experience success in Contextual Psychology.

CHAPTER ONE: WHAT IS CONTEXTUAL PSYCHOLOGY?

All of the approaches that I just mentioned in the introduction fit underneath the banner of Contextual Psychology. Broadly, Contextual Psychology is the application of therapeutic philosophy that interprets an event as an ongoing act, inseparable either from its current or its historical context and in which a radically functional approach to truth and meaning is adapted.[1]

In Contextual Psychology, we believe that:

- Rather than resolving the past, we live fully in the present.
- There is no need to look back because the present context is really all we can resolve.
- Any presenting problem actually is a multiplicity—not only of problems, but of interpretations, experiences, behaviors, thoughts, feelings, actions, sensations.
- All of these things need to be addressed in order to us to find resolution and establish a goal or pathway for our clients.

The context for Contextual Psychology is right now, this moment—the only thing that we can impact. In other words, Contextual Psychology differs from the approach of Neo-Freudianism in that regression (or regression-to-cause) in resolving the past is not viewed as the central approach to therapy. This is of course logical. In the present time, it's impossible for me to change the past. Yet the current approach that many therapists have to therapy is to spend time "processing the past".

The reality is that we can process the past forever. We will never be able to change the past. One of Freud's central ideas was that we could go back into the past to find the cause of today's issue. He thought we could resolve that past problem through a series of different processes and then experience life more fully in the present. It made for a great theory in the early 1900s, but the evidence shows us that we can't impact the past at all. In fact, the evidence shows us that memory isn't particularly accurate or even useful in many cases; as a result, regression to a specific cause and resolving that cause is an ineffective method as contrasted with those approaches of Contextual Psychology.

To me one of the most amazing elements of Contextual Psychology is that we figuratively change the past by changing the present. It's not because the past is altered or because it's even resolved or because somehow the past is different. Rather, through the processes of acceptance you will learn in this book, we can change either the importance of the past or our interpretation of the past. The result is that we are no longer enmeshed with the troubling past, instead enjoying this present moment to its maximum potential.

Although in the term contextual behavioral psychology we have the word behavioralism, it differs from classic behavioralism—that of B.F. Skinner and other—in that it doesn't try to explain why people act as they do. One of the primary goals of early behavioralism

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[1] , Association of Contextual Behavioral Science http://contextualscience.org/contextual_psychology (accessed March 8, 2014 2014).

was really to figure out the why. What is the mechanism that causes this? It's my belief that life is actually a cause for many of the complexities that my clients experience and that we can work with clients session after session after session trying to find the mechanism or the cause for why they do something, and even if we do understand the why they are afraid to fly or why they are depressed, *why* still changes nothing.

The focus of Contextual Psychology is not why do I do this, but instead how do I live fully in the present moment. For example, Acceptance and Commitment Therapy (ACT Therapy) differs from other CBT approaches in that rather than trying to teach people to better control their thoughts, using what Albert Ellis called "thought stopping techniques," ACT therapy teaches them to avoid fusion and enmeshment with thoughts, feelings, and sensations.[2]

This is really a huge shift in psychology. In the era of pharmacology, psychiatry in particular gives people a false belief: *If you take this pill, you will become un-depressed. If you take that pill, you'll become un-anxious. If you take this pill, you will become un-psychotic.* The expectation in our instantaneous world is that when we go see a therapist, we will stop having those experiences, so most people present in counseling with the desire to "stop" something.

ACT therapy does not have as its goal the stopping of anything, but rather the acceptance of those thoughts, feelings or sensations; it uses the process of avoiding cognitive fusion and enmeshment with troubling thoughts, feelings or sensations rather than the goal of stopping them. This is the ultimate in paradoxical therapy: Through the paradox of acceptance, true freedom is ultimately found. The paradox here is that when something is accepted as being just what it is, it then has no power.

Depression, loneliness, hunger, fear, or even withdrawal become unimportant when accepted. When it becomes unimportant, it becomes just what it is. It is then something experienced rather than something that I hate or I fight or I'm restricted or obsessed with. I can find freedom from suffering through that acceptance. Depression is not a problem. I work with a lot of obese clients, and hunger, once accepted, is not problem. I work with a lot of addicts who learn that withdrawal is not a problem. Loneliness is not a problem. An emotion, an experience, is only a problem if my client makes it one.

What these things actually do is they let me know that I'm a human being, not a human doing. I've said before happiness would suck if life had no depression. Security would actually suck if we had no fear to put it into perspective. Difficult times and experiences are part of any valued path. Difficulty and pain for our client are not to be avoided if one wants a truly meaningful life. They're simply things to accept because in acceptance we give them no power to control. What our problems do then is become parts of the pathway to becoming a full human being, participating fully in life.

Acceptance seems like it's such a difficult thing for us to move our clients towards, yet there are specific strategies and techniques that we can use with our clients to help them

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[2] Steven C. Hayes, *Get out of Your Mind and into Your Life* (New York, NY: MJF Books, 2011).

move towards a process of acceptance. Acceptance, by the way, does not mean “I like something, I endorse it, I wish it would happen, or I want it to happen to other people.” That’s not what it means at all. It simply means, “I can live fully in the present despite where I've been in the past.”

The reason we can move our clients to this point, even though some of their experiences are truly awful, is that when we teach them the context of the present, it gives them self-control—which is what most of our clients are seeking through their unhealthy manifestations of symptoms and distressing behaviors.

Contextual psychology differs from the primary approach of psychiatry in a number of different ways. Our goal is not through a magical pill to resolve the problem. It's actually to help our clients be fully human by living in their problem, which paradoxically brings a tremendous amount of freedom. Contextual psychology also differs from the primary approach of psychiatry and psychology in that diagnostic labels are far less useful to the therapeutic process than perhaps in any other field of behavioral health.

It was probably at least 25 years ago that the National Association of Social Workers (NASW) began developing an assessment tool that they called Persons In Environment (PIE). It was really a major project within social work for about 20 years. In fact for many years, the Persons In Environment manual was on the main page of the NASW national organization website.

And I've always been a big fan of PIE and the reason why is that PIE is an excellent alternative to the Diagnostic and Statistical Manual. Instead of pathologizing people with problems, it assesses people within their environments to help us as professionals find the solutions that would be most helpful to them. That approach is consistent with the principles and goals of Contextual Psychology.

What's the Role of the Therapist in Contextual Psychology?

Contextual Psychology is largely an educational endeavor. I see myself—and you are going to begin seeing yourself—fulfilling the role of a guide, a mentor, a teacher, or a coach to your clients.

Now I'm a big fan of the coaching model within counseling and social work for a very simple reason: It is far more powerful to do something *with* the client, to introduce something to the client, than to do something *to* them.

This is often not what the client expects. They expect that we will give them medication and make their problem go away, or we will use our mystical, magical, psychological processes that we learned in graduate school and make them un-depressed or un-anxious or un-scared. In couples counseling, they expect we will make them un-unfaithful, or we will make them un-uncommunicative.

I've never found a way to change my clients. What I found instead is that when I do something with my client, it changes the client—not because of my power, but because I've helped them to discover the power within themselves to make those changes. And filling the role of guide, mentor, teacher, or coach is really one of the central themes throughout many of the different approaches to Contextual Psychology like DBT, ACT therapy, Solution-Focused Brief Therapy or other approaches of Contextual Psychology.

One of the chief characteristics of Contextual Psychology, especially Positive Psychology, is that it really tries to look at what's right rather than what's wrong. It builds on and utilizes the client's strengths instead of fixing what's wrong. It's not to try to get the borderline over the border or make the anti-social pro-social.

As a marriage and family therapist, I've worked with some couples over the years who have so many problems, it would be impossible for me to fix what is wrong with their marriage. As an alternative, I try to help them discover what is right and to utilize that as a tool for changing the present. It's so much easier to focus on what is right than it is to fix what is wrong.

I can't change the past, but what I can do is give this assignment to every couple I work with: I tell Bob and Bertha that when they leave my office what they're going to do is stop at the store and they're going to buy a notebook, a spiral notebook like a high school you might take to class. One book, two people. And each day they're going to write down in that book one thing about their partner that they value. It could be one word, one sentence or a short paragraph. Anything more than that is probably too much. One book, two people.

I tell them to put it in their bathroom—or in their garage, in the kitchen, in the bedroom, wherever it is that each of them walks through or passes by each day. I have them write their last name on the front, for example, they can write, “the Smith Family Treasure Chest.” They don’t have to do this assignment together, but with one book for two people, they can see what their partner wrote.

I can't fix what's wrong with their partner, but most couples have been saving up what are called marital green stamps. They’ve been focusing on what's wrong with their partner waiting to cash that in with adultery or divorce or rage or whatever it is people cash those emotional and behavioral green stamps in for, rather than saving up treasures which they can cash in for something valuable to themselves and to their partner. And so rather than fixing what is wrong with the couples whom I've worked with, I help them take what's right and utilize that as the way to compensate for the deficits that are important. It's amazing how when they focus on what is right with their partners, what's wrong with their partners becomes so unimportant.

Over the years, I've worked with a lot of personality disordered individuals. In fact, I've done a lot of training and a lot of workshops on personality disorders, and it's interesting to me the feedback I get. People say, “I don’t know how you can work with personality disordered folks. They're so difficult to work with.” In fact, before the DSM-5, back in

the days of the DSM-4, we had them on their own axis. That is not true in the DSM-5, which doesn't have a multi-axial system, but we had them coded differently than our other psychiatric clients. The reason why was the belief that personality really doesn't change and that if they're personality disordered client, they're always going to be a personality disordered client.

And so perhaps because my training was during an era when that belief was the dominant belief, I stopped trying to fix them. But what I did was I tried to tap into what was right with each of them so that they could use that strength or core aspect of their personality to compensate for the deficits that were present. For example, my paranoid clients were cautious. I wish more of my clients were cautious. Caution is actually a great attribute that can be a strength.

My schizotypal clients, although they were bizarre, strange or eccentric, often were able to express themselves in unique and interesting ways, very creative. I'm convinced that many of the great inventors of our time were schizotypal, and that creativity was a strength of that personality. Sure, they wore stripes with plaids, but they invented all kinds of amazing technology.

The schizoid individuals want their strength. They're autonomous. They're able to function alone. The borderline personality causes so much grief, particularly in the inpatient treatment setting, but they're flexible, mercurial, and adaptable. Those are awesome personality traits. The anti-social: if you've ever led group therapy and nobody is talking, call on your anti-social. They'll kick start the group. You may have to do some clean up, but they have some great personality strengths in being able to communicate exactly what they need, want, or feel.

The dependent personality disordered personality individual is loyal, and loyalty is a tremendous problem-solving attribute. The narcissistic client is named for the story of Narcissus who was enamored of his own reflection. He's looking into the pond and of course eventually falls into the water and destroys his own reflection. There are lots of problems with the narcissistic, but I wish more of my clients had high levels of self-esteem. This is not an area where I need to work with these clients because they understand their own self worth and their own self value. That can actually be a strength in therapy.

The histrionic clients know how to express themselves, and they do wish express themselves. I wish more of my clients would communicate how they feel or what they want or what they need. The avoidant client is able to work alone, and that's really awesome. My obsessive compulsive clients are able to function within rules, structure, and order. All of these are great personality traits, especially for somebody like me who's worked with clients often in the context of criminal justice work.

Positive psychology looks at what's right rather than trying to fix what's wrong. Taking an approach in therapy where we only focus on the assets present, rather than the problems present, makes therapy so much more enjoyable not only for me as the

therapist, but for my clients in my office as well. Let me share with you a couple of recent clients whom I've worked with and cases that I'm familiar with.

One of the clients I was in my office recently was a 400-pound, 56-year-old, obese attorney. He's tried every approach to weight loss possible, every diet under the sun. At 56 years and 400 pounds, if he doesn't lose half of his body weight in the next 18 months, he is going to die. That's the end result of being so obese. My primary approach with him is based in Contextual Psychology. Mindfulness and the art of mindful eating, these are techniques that I'm going to talk about in the successive sessions. For him, the success has not only been numerical—his weight on the scale or the size of his clothing—but has also been in his ability to function in his marriage and in his job as a corporate attorney.

A nine-year-old suicidal girl whose father committed suicide a couple of years back has reported some of her own suicidal ideas. She's been seeing a psychiatrist for the past two years who's been medicating her perhaps under the belief that she somehow has a Prozac deficiency. She has been working with the same therapist for the past two years as well. I asked the mother what the results of two years of therapy had been and she said really not much.

So I said, "Well, what is she doing as homework between sessions so that she can practice what she's learning in therapy and apply it to her real emotions in the real world?" And the mother said, "She's not getting that in therapy." I said, "Then it's time to find a Contextual Psychology practitioner, a counselor or a social worker, who can teach the skills of emotional self-regulation and acceptance, and help her to define and develop a valued path, even at nine years of age." You find that in Contextual Psychology.

Another recent client of mine was a 40-year-old amputee. He came to me for smoking cessation. I see a lot of people for smoking cessation. His most recent amputation had been a few weeks beforehand. It was still healing. He came to me for smoking cessation because it was not healing correctly. For him, smoking cessation was a manner of life or death. But when he came in, he was not only suffering the difficulties of his recent amputation, he also very clearly was heavily medicated by his physician.

And I thought to myself, "I'm not even sure that I can work with this person in my office because of his cognitive state." I spent probably about thirty or thirty-five minutes interviewing him, and at that point I was really ready to make a referral, not sure that I was going to be able to really help him with the type of strategies that I provide. Then I looked at his intake form and saw that the only hobby he listed was Bible stories.

I thought to myself that that was a rather odd thing to write down, so I said to him, "What type of Bible stories do you like?" He answered, "Oh really, I just sit around all day long being disabled, but these missionaries come by, and they leave me literature with Bible stories." It was real clear that my religious faith and his religious faith were two entirely different religions. But my goal in therapy is not to make my client the best me that I can, but I help them become the best them that they can be.

And so I asked him a question. I said, “What stories are most interesting or important to you?” And he told me a couple of stories, and because I have degrees in ministry in addition to therapy, I knew the historical roots of these stories and so I spent the next two sessions with him using a metaphorical and story-based process which we're going to examine extensively in this book on Contextual Psychology. He ended up not only not smoking, but healing quickly from that amputation. He was able to move towards a state of acceptance related to the next medical procedure that he was going to have to endure. He left my office not only physically better but emotionally better. His wife was extremely grateful for the time that he had spent in my office.

I recently worked with a 32-year-old medical patient who was afraid of needles and medical procedures. A recent diagnosis had resulted in her having each week to endure certain medical procedures that involve phlebotomy and needles, and this was causing her a lot of anxiety and panic. In one session I was able to help her find a significant level of relief that allowed her to undergo the process the next week. In my second session with her, I was able to ratify the change that she had made. In simply two sessions, she experienced the success that she needed to continue on with her medical treatment.

As you prepare to learn the ins and outs of Contextual Psychology, you can begin to think about how you will use these ideas and techniques with the clients on your caseload.

CHAPTER TWO: RELATIONAL FRAME THEORY

When I was telling another colleague about this book, they imagined that Relational Frame Theory would be the last thing I would address because it's a little on the obscure side. But Relational Frame Theory is really the starting point for understanding the methods of contextual behavioral therapy.

No matter what approach you use, the relational frames that your clients create are really the heart of our focus in change work. Relational frames are the reason that in couples counseling, two marriage partners have entirely different interpretations of the exact same experience. Relational frames produce the automatic behavior that we see in our clients related to unhealthy coping. This ranges from drinking to cutting and self-mutilation to isolation from others and really just about every other automatic, unhealthy self-defeating behavior.

Relational frames are the cognitive evolutionary trait that puts mankind at the top of the food chain. They are what really separate us from all of the other mammals and all of the other species on the planet earth.

Relational frames at the same time are perhaps our greatest cognitive deficit. These are the things that keep people from reaching their greatest level of potential. It is the relational frames that our clients create that bring them to our office as psychotherapists. So that of course brings up a really important question. What are relational frames?

Relational frames are the mental and often subconscious/unconscious constructs that support an idea, a belief, an experience, an interpretation, or an action.

When you think of a tent, you probably think of the canvas. You're sort of picturing it in your mind, looking at the canvas of a tent. Maybe it's orange canvas or maybe it's green canvas or some other color of canvas tent that you think of as a tent, but it's actually the aluminum tubes that are the frames supporting it, holding it up, and making it the experience of a tent. Without that frame, without those aluminum tubes supporting that canvas that we think of when we think of a tent, it's really just a pile of canvas.

Without mental constructs, mental frames, then ideas are just ideas. Experiences are just what is, and feelings are just feelings. Have you ever thought about what makes anger feel angry? It's really a great question. It is the frame that we've created for understanding anger that makes anger angry. Anger means different things to different people because of the various relational frames that they put that anger on.

For our different clients, anger can mean any of these things:

- I'm sad
- I'm hurt
- I must cut on myself
- I'm bad
- I'm worthless
- I am right

Have you ever bought one of those watches with the different colored interchangeable bezels or the different bands? I have a 6-year-old girl at home, and I bought her an interchangeable watch band bezel set. It's very colorful, and she has enjoyed playing with it.

It's the same watch though no matter what band or what bezel is on it. But when the frame changes, it changes the watch. This is really an analogy or a simile that can help us to understand relational frames. Relational frames can be kind of tough to get our heads around because relational frames are often subconscious, arbitrary, and something that we've learned. And when we talk about learning, we're talking about something that we've learned really on a lifelong basis.

In fact in many cases as a family therapist I can speak to my clients learning these relational frames on an intergenerational basis. Anger meant the same thing to grandpa that it meant to daddy that it means to me. So, when I tell my client that that is not what anger means or how anger should be expressed, they look at me like I'm from Mars. I spent the first ten years of my career in counseling working with drug addicts and alcoholics, and when I told them the way they drank or the way they use drugs was not normal, they said, “What do you mean? This is the way everybody drinks” or “this is the way everybody uses drugs.” I had to explain to them how it's actually only the way alcoholics and drug addicts drink or use drugs. It was something that was a learned pattern, and they believed because they learned these relational frames that that’s what normal was.

Let me come back to the word arbitrary because I think that’s really pretty important. In fact, arbitrariness is one of the most unique features of the human mind. It's what actually lets us be creative. It's what gives us ingenuity and has evolved mankind from the Stone Age to the Computer Age. Arbitrariness is what corporate trainers seek. They're always looking for somebody in corporate training who can “think outside of the box." The problem is that this talent also seems to happen indiscriminately.

We are always mentally scanning the warehouse of the subconscious mind to find the right frame to hang our present experience. This is often the context in contextual therapy. We do this without thinking about thinking. Probably the best example of this is a fish. A fish does not know that it is swimming in water. It has always been in water. A fish does not think about water or know what being wet is, because a fish exists only in water.

Similarly, we're swimming in our thoughts. It's what we always do. These thoughts we are swimming in are searching every second of our waking life for the frames to make sense of our experiences and what's going on around us.[3]

So what does this have to do with counseling or therapy? It sounds kind of interesting from a theoretical perspective, but our primary task in Contextual Psychology, our primary task in counseling and social work, is really to help people un-frame their thoughts, un-frame their feelings and un-frame their sensations. Why?

Well, because they're often wrong. The frames have been arbitrarily created and applied to the experiences, and this creates cognitive errors. We've all learned in the past that the basic task of Cognitive Behavioral Therapy is to counter cognitive errors, but how can this be done if the client still holds on to the arbitrary frame that they've hung the experience on? Even if we get confrontational Gestalt therapy and confront the present cognitive error—think of old time substance abuse counseling where we had a round circular group and put somebody on the hot seat so we could confront their denial or their cognitive errors—our client is likely to hang the next experience on that same frame. This is where relapse comes from.

As a therapist, have you seen these types of relapse?

- relapse into drugs
- relapse into depression
- relapse into panic after being on medication for a long period of time
- relapse into panic after being in therapy for a long time
- relapse into obesity
- relapse into old patterns of communication and fighting (in couples therapy)

If you have seen this, learning how to deconstruct relational frames is really as important as any other task in the counseling process.

Some readers will know that in addition to being a family therapist, I'm also a certified clinical hypnotherapist. I always tell people that my job is un-hypnotizing people as much as it is hypnotizing them. As a matter of fact, I actually spend the majority of my time as a hypnotherapist doing un-hypnosis with people breaking these relational frames. As a therapist, my job is to help people let go of their thoughts as much as it is to help them create new thoughts. In community counseling or a social work setting, our job is often to help people and organizations to find new frames--those compatible with the organization and community goals. Our job is often to help an organization or a client recognize that just because a frame exists, it doesn't have to be used.

Understanding Relational Frame Theory in the context of cognitive behavioral therapies leads to a therapeutic approach then that's really very flexible because it moves with your

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[3] Ibid.

clients' thoughts. As a therapeutic approach, it is great because it fosters curiosity: not only curiosity on my part, but my clients learn to be curious about themselves.

RFT leads to a therapeutic approach that is mindful, one that is focused on the present because when we slow down enough to truly experience this moment, then we don't have to quickly and arbitrarily create frames that may or may not be useful. Relational Frame Theory leads to a therapeutic approach that is solution-focused. It's focused on a specific outcome that's beneficial to our client, change work that actually has meaning.

Understanding Relational Frame Theory leads to a therapeutic approach that teaches our clients skills that can be replicated. My goal in therapy is not to help my client come back next week for another session. Ultimately, my goal in therapy is to get rid of my clients. I've spent a lot of time learning how to do effective marketing, and I've shared those techniques in business development classes for therapists. Every now and then I'll meet somebody who will say to me, "Why the emphasis on marketing?" and I say, "Because that's how I know I'm a good therapist. I know I'm a good therapist because my clients don't come back to me."

The reason I use that as a benchmark for success is because my goal in therapy is to teach my clients something that they can do on their own apart from the therapeutic process, which is why all of my clients get homework assignments.

Relational Frame Theory as a therapeutic approach really helps me to be empathetic. When I understand Relational Frame Theory, then I can see people as they are, rather than as they should be or could be or ought to be. It removes judgment from the process, helping me to recognize that even those who find themselves in extremely difficult circumstances—in many cases because of their own choices—are people who deserve to be worked with. There's hope for helping those people make tremendous amounts of change.

While writing this chapter, I encountered an interesting example of a relational frame. Stephanie, who is my company's administrative and technical support genius, called and asked me for some documentation—documentation that she already had.

I knew that she had the information because it's in a folder that she uses on a daily basis with the instructions for all of the other courses that we offer. When I directed her to that folder, she laughed and said, "You'll have to be gentle with me today. I just put my son on a plane." Her son would be spending the next six months overseas in a training program for a missionary group called Youth with a Mission. Now that's exciting, but as any parent knows, sending your nineteen-year-old overseas for six months to study can be pretty difficult.

The relational frame that Stephanie created was completely arbitrary. She came to the conclusion rather rapidly and quickly in her own mind that the reason she was the absent-minded professor that day was because she was dealing with emotions related to empty-nest syndrome.

Experiencing Relational Frames

Do you want to test your mind's power to create relational frames? Relational Frame Theory can be pretty complex from the psychological perspective, so I often use an exercise as an easy way to wrap our head around Relational Frame Theory. It comes from one of my favorite client resources, *Get Out of Your Mind and Into Your Life* by Steven Hays. This exercise will show your own ability to create these arbitrary relational frames. You'll need a piece of paper and something write with.

1. *Pick out any two objects that you can see right now.*
2. *Write them down on the paper.*
3. *Write down your answer to this question: How is the first object like the other object?*
4. *Write down your answer to this question: How is the first object better than the second object?*
5. *Write down your answer to this question: How is the first object the parent of the second one?*

For this exercise, I picked two objects: the first is headphones, the second one is car.

And so question number one: How is the first object like the other object? For me, I thought about it for a moment and I realize that you can listen to music with both of them. This is an example of our mind's ability to really come up with an answer for almost any question.

Now, question number two: How is the first object better than the second object? I came up with the answer that you don't have to buy gas for headphones. It's not expensive. Again, that relationship is completely arbitrary.

Finally, question number three: How is the first object the parent of the second object? The answer I came up with might be bizarre, but it is this: You listen to headphones sitting in the chair that the father sat in on the TV show *Leave It to Beaver.*

It may be a bizarre answer, but it's the answer that's satisfactory to me. The first object is the parent of the second object because it is used in the chair that father sat in the TV show *Leave It to Beaver.*

No matter how bizarre your answer is you can always come up with an answer. Your abstract thinking skills actually create an answer that at least at some level will make sense within your mind.

Now, let's apply some logic to this. Can everything be the parent of everything else? Of course not. It's not possible—and yet in our own minds, we have the ability to create these relationships even when they aren't logical, even when they don't make any sense.

This is what happens in the therapy room. This is where cognitive errors come from. This is the heart of problem-solving in many approaches to contextual therapy. It may be an awesome ability to create these relational frames, but it can also be a huge liability for the clients on our caseload.

Delving Further into RFT

Let me at this point turn this into rocket science and explain Relational Frame Theory a little bit further.

The main proponent of Relational Frame Theory is Steven Hayes, a psychologist from the University of Nevada who's published an incredible amount of peer reviewed literature on the efficacy of ACT therapy. He considers RFT a foundation for understanding how to do Contextual Psychology.

His purpose in exploring relational frames was to go beyond the work of B.F. Skinner, who never could really explain how language fit into the equation. Humans express very complicated ideas. They can often do this with very little communication; the mystery as to how that can happen was always really the thorn in the side of B.F. Skinner and classic behavioralism.

To explore RFT a little bit further, we need to understand some of the principles of language. The meaning of a word is truly arbitrary. It is assigned by collective agreement. In my home, there are four different languages spoken—maybe five if you want to count my wife's tribal language—so I have a lot of experience listening to people who use different words to mean the same thing.

Mom means mom because that is what the culture decided would mean mom and really for no other reason. The meaning of words truly is arbitrary. The meaning of words is not inherent. Meanings are actually inferred, and because of relational frames we can identify relationships between words and meaning, so *anger* means something or *depression* means something else through inference.

Just like the meaning of words, the answers to the three questions in the earlier exercise come entirely from imagination and inference. They might make sense only to the individual playing the game, and only in that moment, and yet our minds reach those sudden inferences almost effortlessly.

According to B.F. Skinner's operant conditioning, we learn only from experience, from repetition. RFT shows us that we also learn from the creative nature of the subconscious mind. Those familiar with Cognitive Behavioral Therapy may recognize this as the foundation of self talk.

Perhaps the easiest way to explain Relational Frame Therapy is by thinking about a child and a dog, and the differences in their language, ideas, and abstract abilities. If you give a dog a biscuit and you say *biscuit* when he's munching on it, the dog now associates the

sound biscuit with the treat. All you have to do now is say *biscuit,* and the dog will come running even from the other room.

Now, you and I know that a biscuit is also a treat. We understand this because we're human, and we use language. So now suppose that you stand in one room and yell out *treat!* Unless you've previously associated the sound *treat* like we did the word *biscuit* through repetition, the dog is probably going to ignore you and stay in the other room, continuing to look for the cat. After all, the cat is far more interesting than a sound the dog has never heard before.

Now, give a child a biscuit. I suggest giving him one of those awesome Biscotti biscuits. Those are my favorite. That's a double big cookie. So, if you give a child a biscuit and you say *biscuit,* the child will now associate the sound *biscuit* with the treat. Now, go into the other room and yell *biscuit,* and the child will come running, even from the other room just like the dog did.

Later on, you can yell out *treat,* or *dessert,* or *sweets,* and the child will come running.

The dog didn't do that, but the child did. Why? Because the child arbitrarily creates a relational frame so that many other words that we might use will be arbitrarily associated with the delicious taste of the Biscotti biscuit.

So think about some of the words we hear in couples counseling:

- adultery
- sex
- hurt
- fear
- cheater
- fired
- support
- alone

What the words mean to our clients are a function of their relational frames. These words are meaningless to a dog, which is why perhaps we don't have dog therapists, but they're meaningful in couples counseling and have different meanings to each partner that we're working with.

Even though RFT is a theory, not a therapeutic method, understanding Relational Frame Theory enables us to understand the cognitive processes that trip up our clients. RFT underpins the treatment plans we use in couples, individual, group or even organizational counseling. My hope is that by exploring the concept of Relational Frame Theory, you can learn how important words are in the therapeutic process, as well as how important meaning is.

Contextual Therapy can be understood as a process of creating interventions will help our clients break non-resourceful relational frames and avoid the creation of new unhealthy relational frames. As a therapist, my job is to un-hypnotize people. It's to move them from arbitrary subconscious associations really to the power of conscious living. And the rest of this book will be devoted to the techniques that can help us do that.

CHAPTER THREE: CHALLENGING PAST-TENSE THERAPY

Before we go any further in our study of Contextual Psychology, let's challenge a predominant viewpoint in therapy. In the hypnosis community, it is called regress-to-cause, but it has other names and crops up in many different forms throughout the various therapeutic profession.

Sigmund Freud originated the basic idea of going back to an emotional root cause and creating change by provoking catharsis. At its essence, this is past tense therapy.

Now, I recognize that most of us don't identify as Freudians, but his influence was pervasive across many years in our profession and continues to be. To a large extent, the ideas of Sigmund Freud are still a part of our everyday vocabulary in the counseling office, not to mention a part of the frame our clients often bring to therapy. For example, do you use these questions or phrases with your clients:

- So tell me what happened?
- Let's go back and take a look at that, what it felt like.
- How did you feel when… ?
- Go back now maybe a week or two, maybe a couple of months, maybe a couple of years, maybe to a specific event or feeling or emotion and let's talk about when that happened.
- And what did you do when _____?

These are past tense approaches to therapy. These are questions that therapists ask because at some level there remains the belief that in order for me to be okay I have to go back into the past and either resolve or relive or have catharsis or re-experience or reinterpret something that already happened. This whole philosophy is based on the ideas of Sigmund Freud: that somehow our past controls our present. Freud believed that neurosis is caused by unresolved conflict in the past and that revisiting the past will change the present.

The primary mode of operation that Freud used then was catharsis related to those events. Josef Breuer was a contemporary of Sigmund Freud, an Austrian physician as well. The Breuer and Freud theory was that symptoms are caused by repressed emotions, not repressed as in forgotten, but underlying in the subconscious mind.[4]

Freud writes in *Studies in Hysteria* "Each individual hysterical symptom immediately and permanently disappeared when we had success in bringing clearly to light the memory of the event by which it was provoked and thus arousing its accompanying effect."[5]

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[4] "Internet Encyclopedia of Philosophy", University of Tennessee http://www.iep.utm.edu/freud/ (accessed Mardh 8, 2014 2014).

[5] Sigmund Freud, Josef Breuer, and Nicola Luckhurst, *Studies in Hysteria* (London ; New York: Penguin Books, 2004).

In his later work, Freud actually looked back on these early cases and he really wasn't completely satisfied with the results of catharsis. In fact, by the end of his career he actually was dissatisfied with the whole cathartic component of therapy.[6]

Freud's major contribution from a theoretical perspective—the ego, the id, and the super ego—was actually made in his latest years of life, but it seems as if his early theories of repression and catharsis are still the predominant legacy of Sigmund Freud.

In the early 1970s, Arthur Janov elaborated on Freud's ideas.[7] He claimed that if infants and children are not able to process painful experiences fully—for example to cry, sob, wail, and/or scream in a supported environment—then their consciousness splits.

Pain gets repressed to the unconscious and reappears later in neurotic symptoms and disorders later in life. According to Janov, painful experiences become stored. They need to be released in therapy by relieving and discharging suppressed feelings. Janov claims that cathartic emotional processing of painful early life experiences and the process of connecting them with the memory of the original event could fully free clients from neurotic symptoms.

But Janov and certainly his predecessor Freud and Breuer as well as a number of others were really theorists. These were not empirically validated techniques, at least not by today's contemporary peer reviewed standards. In fact, the vast majority of Sigmund Freud's writings are simply case studies, observations that he made.

In contrast, when we're talking about contextual behavioral psychology, we're talking about evidenced-based treatment. We're talking about literally thousands of peer review journal articles measuring the efficacy of the therapeutic approaches. While none of us would be here without people like Janov, Freud, and Breuer, the reality is these approaches are now regarded as defective approaches.

Here are some of the problems with these past-tense approaches whose legacy still lives:

- Regression: Regression is only a metaphor. It's not actually a reality. It's impossible to see things today from the same vantage point as yesterday. The whole idea that we can go back, see something, and experience it as we experienced it then is really just a metaphor. It's not an actuality.[8]

- Memory: Memory itself in unreliable. It's flexible and adaptable. Elizabeth Loftus from the University of Washington has established in numerous studies that what the mind cannot recall, the mind will create. This is why you can have two siblings who have an entirely different recollection of memory of what their childhoods were like. Memory is notoriously unreliable, not only for adults

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6 Ibid.

7 Arthur Janov, *The Primal Scream; Primal Therapy: The Cure for Neurosis* (New York,: Putnam, 1970).

8 T. X. Barber, "Hypnotic Age Regression: A Critical Review," *Psychosom Med* 24, (1962).

reviewing what happened when they were children, but also in the couples who are reviewing what happened last week.

- Narcissism: It's rather arrogant to suppose that the awesome therapist will be able to review a person's life and their history to pinpoint "the cause" of today's distress. It's really a rather narcissistic presumption in therapy. In fact, it's my belief that life is the cause of the problems. For all of my clients presenting problems, there's usually not a cause. There are usually a multitude of causes. Contextual psychology tells us that cause is not something we really need to be concerned about in order to experience change.

- Lack of Effectiveness: The research shows the methods of psychoanalysis and free association to be only moderately effective. They have been discarded in large part by psychiatry, psychology, and medicine for the better part of the last fifty years. To continue to embrace the what I call past-tense therapy approaches really denies logic, history, and the overwhelming evidence of today's research.

- Labor-Intensity: Focusing on the past is a labor-intensive endeavor. It's not consistent with short term therapy. We live in the world of managed care. Sigmund Freud's ideas was if the client comes and sees a therapist twice a week, every single week, for a period of ten years, at the end of the ten years, the client and therapist will have restructured the client's personality. Supposing for the sake of argument, that was a possibility, the reality is in the era of managed care, limited time and limited resources, none of us have the time to focus on the past.

So, really what is the alternative?

Present-Tense Therapy is the alternative—or as it's better known, Mindfulness.

CHAPTER FOUR: MINDFULNESS IS A SOLUTION

Contextual Psychology is the antithesis of Sigmund Freud's approach. Contextual approaches are present-focused. They don't search for a cause, but rather they train the client in a new skill, the skill of acceptance.[9] While many traditional approaches to therapy have dwelled on the past, the foundation for Contextual Psychology is helping our clients to live fully in the present.

Mindfulness is an important skill taught to clients. With the vast majority of my clients, I teach them a basic strategy for Mindfulness within the first thirty minutes of the first session.

Interestingly, the importance of Mindfulness is not usually obvious to my clients during the first session. None of them say, "Wow, that was incredible, Richard. That was the most awesome experience I've ever had." In fact, when I'm done in that first session teaching them a basic strategy for Mindfulness, they almost always respond with, "Well, I guess that was relaxing," or "Uh-huh, I guess I can see how that could be helpful."

The value in Mindfulness is not in guiding a client through a basic process in our office. The value of Mindfulness is in teaching them a skill that they will practice on their own between sessions so that they cultivate living fully in the present.

In the second, third, or fourth session when they come back, there comes a point when they say, "Because I've been practicing everyday, I now recognize why the first session was so important. I'm actually living mindfully. In situations where I used to automatically become anxious, I am automatically being mindful. In situations where I would respond with an impulsive behavior, I'm responding with mindful awareness."

So it's important to keep in mind that Mindfulness exercises are not the point. Learning to live mindfully is the point.

Mindfulness is not a new idea. In fact, the basic tenets of mindfulness are probably 5,000 years old. However, the application in psychology is new, because psychology is new. Up until a hundred years ago, we always understood human behavior in context of religion and theology. Buddha did not know that he was starting a religion called Buddhism. Buddha really was to a large extent one of our first psychologists. (Indeed, many Buddhists insist it is not a religion, but a philosophy.) Buddhism, being one of the first attempts to understand the human mind, recognized the value of cultivating Mindfulness, and so sometimes when people hear about Mindfulness, they think I'm going to be teaching Buddhism.

Usually by the way, it is not my clients who wonder this, but usually it's other therapists who wonder if I'm a Buddhist psychotherapist. I'm not a Buddhist psychotherapist. In fact, if I were to teach Mindfulness to those who are Buddhist, they would say that's not

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[9] Hayes.

Buddhism. Teaching an idea, a technique, or a strategy for problem resolution that originated within a theological frame of reference is not the same as teaching that religion.

Simply put, we've been trying to understand ourselves for the last 5,000 years and most people throughout history have tried to understand that through a theological lens and so it's no great mystery to me why Buddhism addressed a subject that really is ultimately about psychological health. By the way, Buddhism certainly isn't the only religion to address the concept of Mindfulness: It is present in the work of Jewish meditation, Kabbalah, Islamic meditation, Christian meditation, Sufism, the ancient Roman Stoics, and many other schools of wisdom.

In fact, when Jesus talks about the lilies of the field not needing to worry about what clothes they will wear (Matthew 6:28), it's really the same concept of Mindfulness that other religions have talked about. So, Mindfulness is not in and of itself religious, even though religions from around the world have certainly employed the concept of Mindfulness.

Here are some definitions of Mindfulness:

- Bringing one's complete attention to the present experience on a moment-to-moment basis.[10]

- Mindfulness is paying attention in a particular way on purpose to the present moment and nonjudgmentally.[11]

- The first component of Mindfulness involves the self-regulation of attention so that it's maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment. The second component involves adopting a particular orientation towards one's experience in the present moment.[12]

- An orientation characterized by curiosity, openness, and acceptance.

The last one is really my favorite definition of Mindfulness because I think it describes fully what my clients need to know in order to experience change in therapy.

The idea of Mindfulness and staying in the moment might sound simple, but these are skills that need to be taught to a client. It is not something that happens organically just because they come to therapy each week. A big part of the homework that I assign to my

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[10] William R. Miller, *Integrating Spirituality into Treatment : Resources for Practitioners*, 1st ed. (Washington, DC: American Psychological Association, 1999).

[11] Jon Kabat-Zinn, *Wherever You Go, There You Are : Mindfulness Meditation in Everyday Life*, 1st ed. (New York: Hyperion, 1994).

[12] Scott Bishop et al., "Mindfulness: A Proposed Operational Definition," *Clinical Psychology: Science and Practice* 11, no. 3 (2004).

clients is to practice two minutes of Mindfulness with intention each and every day between now and their next session. By the way, that's that great thing about Mindfulness. It's not about meditating for thirty minutes while assuming funny postures or wearing funny clothes. In fact, a person doesn't even need to be still in order to practice Mindfulness.

You can mindfully shop at the grocery store. You can mindfully walk. You can mindfully be still in a chair for a period of time, and you can mindfully eat raisin. Mindfulness is not about a specific style or vantage point of meditation, and it certainly is not about clearing one's mind. The goal in Mindfulness is not to empty one's mind or to stop thinking. In fact to the contrary, it is to simply give us time to allow ourselves to observe ourselves swimming in our thoughts.

A Basic Mindfulness Meditation

While you could read volumes about Mindfulness, the best way to learn about it is to experience it. I will provide a script similar to the process I use with my clients; to truly learn about Mindfulness, you should with intention practice Mindfulness each and every day, twice a day for the next seven days. That's the same assignment that I give my clients, and I guarantee that if you do the assignment then you will find what my clients find: when they cultivate Mindfulness, the value of it is incredible.

> *This is the Mindfulness meditation week one practice. Like an athlete or musician, practice is for a performance. Mindfulness meditation is our daily practice for living life to its greatest potential.*
>
> *There are three components to the practice:*
>
> - *First, the practice of directing your attention to your breath.*
> - *Second, practicing how to return your attention to your breath anytime you notice feelings, thoughts or sensations. The goal is not to stop thinking, stop feeling or to stop having sensations. The purpose is to simply note when you do this and to practice bringing your attention back to a focal point, in this case the breath.*
> - *The third part of this practice is to begin to notice how easy and natural it is to stay in the present when we notice our attention drifting into either the past or the future. Notice during this week times when you mindfully and intuitively return from distressing thoughts, feelings, or sensations back to your breath into the present. As you sit in your chair with your body relaxed and your posture in alignment, close the eyes and breathe in noticing what it feels like to breathe in.*
>
> *Scan your body and loosen any muscles that are holding tension. Relax the jaw and let the shoulders drop and you can let your eyelids and hands be heavy with*

relaxation as you just breathe. You don't have to try to speed up or slow down the breath during this exercise. All you have to do is breathe and pay attention to your breath. There's not really a right way or a wrong way to do this exercise. It's simply the practice of bringing your attention to your breath.

Observe the breath, noticing the tempo of your breath, the temperature of the air. Observe how the air flows in, and what it feels like to flow out. We breathe everyday often without noticing it and by practicing an awareness of the breath, we're really practicing an awareness of this moment. After all. this moment, this breath is really all we have, and of course as long as we're breathing in this moment, we're okay.

As you breathe in and out, label the breath. Call it by its name. Label the in-breath "in" and call the out-breath "out." Say to yourself "in" and "out." Notice the air as you breathe in and the point where the air in your lungs turns around and becomes an exhale. As you pay attention to the breath, you'll also notice you are aware of sounds, sensations, and experiences apart from your breath. The practice is not to stop noticing those things, but rather when you notice thoughts and awarenesses, outside of the task of paying attention to the breath, simply note that you're doing that and return your attention to the breath.

If you notice yourself thinking about anything at all, you don't have to try to stop thinking; rather just note the thought instead of following it. Simply say to yourself that is a thought. Bring your attention back to the breath. If you become aware of an emotion or a feeling during this time, it's okay to have them. The practice here is not to suppress them, but not to follow them, to simply note them and say "that is a feeling" and return your attention to the breath.

Likewise, if you have any sensations, if your body feels something, you can simply note that is what my body feels, that is a sensation and experience and without becoming engaged in it or following it just use it as a cue to return your attention to the breath noticing what it feels like to breathe in and out. Over the next two minutes, continue to breathe in and out paying attention to your breathe.

The practice is of course to simply note when your mind begins to follow a thought or a feeling or an awareness of sensation and to gently, without judgment, return your attention to the breath. It doesn't matter if you need to do this many times. The value is in the developing the practice of returning to this moment by returning your awareness to this breath and begin now. Spend about two minutes doing this, and then pay attention to the next breath, reorienting yourself to the floor below you, the air in the room around you and opening the eyes.

Note: I have an audio version of this posted on YouTube, which you can access and even share with clients by visiting: *http://youtu.be/VEDPsFznX3s*

Although almost everyone can see the value in this exercise, most will discover the real value comes with practice. During this week as you practice this exercise, begin to be aware of and notice when you intuitively practice Mindfulness and mindful awareness of the moment and other situations during the week. For example, if you're stressed in traffic, you might notice when you become aware of the stress that you can automatically focus on your breathe rather than letting the stress become a thought you follow.

By the end of your first week of practice, you'll begin to notice how natural and easy it is in a variety of different situations and places to mindfully focus on one minute at a time, one moment at a time.

Mindfulness as an Evidence-Based Practice

What does a research tell us about Mindfulness? You'll find for almost every area where we work as clinicians, there is a mountain of evidence showing the efficacy of Mindfulness-based therapies in helping people to experience success.[13] Rather than review the most current research at the time of writing this book, I'm going to tell you how to find the most current research when you read and re-read this book.

Go to www.scholar.google.com, which gives you only peer-reviewed journal articles, textbooks, and other academic publications. This is a great resource for any therapist. You can search the current literature. You can search the history of literature.

I don't know what type of clients you work with, but just type in the type of client you work with and the word *Mindfulness*. For example, I work with smokers so I might type in "smoking cessation Mindfulness" in the www.scholar.google.com. If I type it in the regular www.google.com, I'll get a bunch of people selling meditation CDs, but if I go to www.scholar.google.com, I'll find out what the research actually says about using Mindfulness as a strategy for helping people stop smoking.

Here's some of the really universal outcomes of teaching Mindfulness to clients. It seems like a simple strategy, but I've learned that sometimes what's simple is really most effective for my clients. Clients who are taught and practice Mindfulness reduce their rumination. Now, again, because I'm a marriage and family therapist, I'm really familiar with the problems of rumination. With most of the couples I work with, their problems are directly tied to one or both of them ruminating about the other person for the past five to fifteen years.

My depressed clients are ruminating about their depression. My anxious clients are ruminating about their fears. Mindfulness reduces rumination, and the research shows that. It reduces stress. That's really important for my medical clients.

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[13] Ruth A. Baer, *Mindfulness-Based Treatment Approaches : Clinician's Guide to Evidence Base and Applications*, Practical Resources for the Mental Health Professional (Amsterdam ; Boston: Elsevier, Academic Press, 2006).

I see a fair number of medical clients with significant complications. In fact, the book I wrote on medical meditation quoted 297 different studies that demonstrated that those who learn Mindfulness prior to surgery have three predictable outcomes[14]:

- One, it decreases complications.
- Two, it increases the speed of recovery.
- Three, it decreases the dependency on medications.

Think about the diabetic clients you work with. Think about the clients with chronic pain. Think about the clients who work in a stressful job situation. For those of you doing therapy in EAPs, Mindfulness is going to be one of the most effective strategies you can teach clients. Mindfulness actually improves memory function. It enhances focus.

I don't work with adolescents anymore, but I did for a number of years. The only adolescents whom I do see are top-performing students who need help with test-taking anxiety. I use Mindfulness to help them enhance their focus.

Mindfulness, the research shows, decreases emotional reactivity. Think about the clients whom you work with. Do you wish that they could decrease their emotional reactions to the experiences they have? Many of our clients are in our offices because they don't have the emotional control over their reactions, yet the research shows those who learn Mindfulness have decreased emotional reactivity. They have greater cognitive flexibility. They're able to consider new and different options. Those documented researches show that those who learn Mindfulness improve their relationships. This can be and should be a chief strategy in marriage and family therapy.

There are lots of journal articles on applications of Mindfulness to pain control, eating disorders, ADD, ADHD, impulsiveness, marriage counseling, anxiety, personality disorders, depression and many other commonly treated issues in therapy.

When therapists practice Mindfulness with intention, do they derive a benefit in their therapeutic practice? There's actually research to show it increases a therapist's self efficacy,[15] their ability to develop attentional processes to increase their own patience and intentionality with clients. It helps them develop skills, which actually makes them more effective.

Therapists who practice Mindfulness become excited to pass along this strategy to others while developing skills that make them more effective as therapists: increased empathy and the development of a nonjudgmental compassion. For that reason, I'd like to encourage you to practice the Mindfulness exercise in this chapter twice a day for the next seven days.

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[14] Richard Nongard, *Medical Meditation: How to Reduce Pain, Decrease Complications and Recover Faster from Surgery, Disease and Illness* (Scottsdale, AZ: Peachtree Professional Education, Inc., 2011).

[15] D. M. Davis and J. A. Hayes, "What Are the Benefits of Mindfulness? A Practice Review of Psychotherapy-Related Research," *Psychotherapy (Chic)* 48, no. 2 (2011).

Further Reading on Mindfulness:

- *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness* by Jon Kabat-Zinn. Jon Kabat-Zinn is a neuropsychologist at the University of Massachusetts Medical Center who's been working in the area of chronic pain for the past 30 years.

- *Here You Are: Discovering the Magic of the Present Moment by* Thich Nhat Hanh, a Nobel Peace Prize nominee and Buddhist monk who lives in France. One of the things that I really appreciate about Thich Nhat Hanh is that he explains the ideas of Mindfulness in a very non-religious way.

- *Mindfulness in Plain English* by Bhante Gunaratana is another textbook which is often recommended by people. It is a book that I have found particularly useful as well.

Please view this video as a required part of this course:

Mindfulness with Jon Kabat-Zinn

https://www.youtube.com/watch?v=3nwwKbM_vJc