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EVALUATING THE MINDFULNESS EXPERIENTIAL SMALL GROUP (MESG) ON

COUNSELORS IN TRAINING

By

Lynn Bohecker

A dissertation

submitted in partial fulfillment

of the requirements for the degree of

Doctor of Philosophy in the Department of Counseling

Idaho State University

Spring 2015

To the Graduate Faculty:

The members of the committee appointed to examine the dissertation of Lynn Bohecker

find it satisfactory and recommend that it be accepted.

_____
Elizabeth Doughty Horn, Ph.D.
Major Advisor

_____
Judith Crews, Ph.D.
Committee Member

_____
David Kleist, Ph.D.
Committee Member

_____
Rick Tivis, M.P.H.
Committee Member

_____
Barbara Mason, Pharm.D.
Graduate Faculty Representative

July 25, 2014

Lynn Bohecker, BS
Stop 8120
Counseling
Pocatello, ID 83209

RE: Your application dated 7/22/2014 regarding study number 4132: Evaluating the Mindfulness Experiential Small Group (MESG) on Counselors in Training

Dear Ms. Bohecker:

I agree that this study qualifies as exempt from review under the following guideline: 1. Research on educational practices in educational settings. This letter is your approval, please, keep this document in a safe place.

Notify the HSC of any adverse events. Serious, unexpected adverse events must be reported in writing within 10 business days.

You are granted permission to conduct your study effective immediately. The study is not subject to renewal.

Please note that any changes to the study as approved must be promptly reported and approved. Some changes may be approved by expedited review; others require full board review. Contact Tom Bailey (208-282-2179; fax 208-282-4723; email: humsubj@isu.edu) if you have any questions or require further information.

Sincerely,

Ralph Baergen, PhD, MPH, CIP
Human Subjects Chair

DEDICATION

Psalm 46:10 says, "Be still and know that I am God." For me, mindfulness is contemplative prayer. I would like to dedicate this work to God, my family, and to those whose lives may be touched and improved by incorporating mindfulness into their daily observances and life.

ACKNOWLEDGMENTS

My gratitude goes to my committee members for their time and commitment to this endeavor. I would like to thank Dr. Elizabeth Doughty Horn for accepting to be my faculty advisor halfway through the program. Thank you for your continued support. I would like to thank Rick Tivis for your statistical expertise, for your time and effort you have placed into seeing this dissertation through. Your added perspectives have strengthened my research and me as a researcher.

This dissertation represents the efforts and sacrifices of several other individuals over the course of my doctoral education. Especially to my husband, my dearest David, all my love and appreciation to you for putting up with my late night work hours and lack of housework. Thank you for carrying my responsibilities and our family through this process. You have my deepest gratitude for standing by me. Each semester at some point, I would come to you wanting to stop saying, "This is not worth what it is doing to our family." You would smile warmly and calmly say, "You need to get back into your office and get to work because you are not quitting now." Thank you for that, my love. I would have never reached this finish line without you.

And to our daughter, Addie. I applied to this program when you were 1 and started this program when you were 2. You are now almost 5 years old and starting kindergarten in the fall. At this point, you have not known life without mommy spending lots of time in the office at the computer. My hope is that you will not remember this and I am making a commitment to being an aware, attentive, and present mother to you from this day forward.

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ABSTRACT

This study used the Solomon four-group design to examine the relationship between the MESG Curriculum and mindfulness skills, empathy, counseling self-efficacy, and perceived stress. Twenty-two students participated and were randomly assigned to one of four groups. The groups consisted of two treatment groups and two control groups. One of each of the treatment and control groups were pretested in order to determine if pretesting increased sensitivity to the treatment and posttest scores. The data were analyzed using independent samples *t* tests to compare a variety of group means. The results supported the hypothesis there would be a significant positive relationship between the MESG Curriculum and mindfulness skills, empathy, and counseling self-efficacy.

The findings suggest the MESG Curriculum may influence a CITs capacity to stay present and empathize with the client with higher counseling self-efficacy. Using the MESG Curriculum responds to recommendations in the literature (Arthur & Achenbach, 2002; Falco & Bauman, 2004; Goodrich & Luke, 2010; Luke & Kiweewa, 2010; Osborn et al., 2003), ACA Code of Ethics, and minimum ASGW and CACREP standards by providing experiential learning opportunities while building transferable skills. The MESG Curriculum provides a framework grounded in the literature that supports and enhances CIT development through mindfulness. Therefore, having the MESG Curriculum as a framework for facilitating mindfulness skills such as awareness, empathy with clients, and counseling self-efficacy such outcomes optimizes student learning in clinical, personal growth, and professional well-being domains. Future research is needed to explore further the MESG Curriculum in counselor development.

CHAPTER ONE: INTRODUCTION

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) standard II.G.6.e requires counselors in training (CITs) have a minimum of 10 hours of direct experience as group members (CACREP, 2009). The Association for Specialists in Group Work (ASGW) promotes 20 hours of experiential training for CITs as group members (ASGW, 2000). The American Counseling Association (ACA) *Code of Ethics* expects, as part of the educational process, counselor education programs provide training that encourage self-growth or self-disclosure (ACA, 2014, F.8.a.6). Thus, many counselor educators in CACREP accredited programs must develop experiential group curricula, which meet ethical and accreditation standards. There is limited research regarding specific activities for counselor educators to incorporate into their courses that meet these standards (Fall & Levitov, 2002; Kline, Falbaum, Pope, Hargraves & Hundley, 1997; Luke & Kiweewa, 2010; Merta, Wolfgang & McNeil, 1993; Osborn, Daninhirsch, & Page, 2003). However, experiential learning has been found to aid in the development of self-efficacy, insight, personal growth, and group cohesion (Ohrt, Prochenko, Stulmaker, Huffman, Fernando, & Swan, 2014; St. Pierre, 2014). Similarly, mindfulness has been found to aid in development by providing means to navigate challenging situations (Bohecker, Wathen, Wells, Salazar, & Vereen, 2014; Edwards, Adams, Waldo, Hadfield, & Biegel, 2014; Newsome, Waldo, and Gruzska, 2012).

Personal and professional growth and awareness are a foundation of counselor training (Connor, 1994; Loganbill, Hardy, & Delworth, 1982; McAuliffe & Eriksen, 2011; Torres-Rivera, Phan, Maddux, Wilbur, & Garrett, 2001) and emphasized in

counseling programs and ethical standards (ACA, 2014; CACREP, 2009). Models of supervision and counselor development normalize personal growth and awareness as compulsory for CITs (Bernard & Goodyear, 2009; Loganbill, Hardy, & Delworth, 1982; Neufeldt, 2007; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003; Stoltenberg, McNeill, & Delworth, 1998). Personal growth and awareness in CITs can be facilitated by incorporating experiential learning into the curricula.

Experiential learning is a term that describes a process developed by Kolb (1984) and recommended by the Association for Counselor Education and Supervision (ACES) to be incorporated into counselor training (ACES, 2011; McAuliffe & Eriksen, 2000, 2011). Experiential Learning Theory (ELT) is a cycle of constructing knowledge through creative tension and linking abstract concepts to concrete experiences (Kolb, 1984; Kolb & Kolb, 2005). Counselor educators can apply ELT by integrating personal experiences, opportunities for reflection, and providing situations in which CITs can experiment with making generalizations to other circumstances and applications (Kolb, 1984, Kolb & Kolb, 2005; Furr & Caroll, 2003; McAuliffe & Eriksen, 2000, 2011). Counselor educators face the challenge of developing experiential elements of the curriculum to best facilitate the developmental needs of the CIT while focusing on professional and personal growth and development. However, a review of the literature produced little research on how specific strategies or experiences incorporated into counselor preparation programs impact personal growth and awareness in CITs (Greason & Cashwell, 2009; Hensley, Smith, & Thompson, 2003; Luke & Kiweewa, 2010).

Within this study, Chapter One provides a general overview of applicable

accreditation and ethical standards, mindfulness, personal growth and awareness, experiential learning, and the Mindfulness Experiential Small Group (MESG) Curriculum. In addition, this chapter discusses the statement of purpose, research questions and hypotheses, definitions, limitations, and significance of the study. This chapter provides a framework regarding the general implication of establishing an experiential small group with a focus of mindfulness for CITs and specifically an evaluation of the MESG Curriculum.

Statement of Purpose

MESG Curriculum was developed to meet accreditation and ethical standards (Bohecker et al., 2014). Within MESG Curriculum, the group development theory of Yalom and Leszcz (2005) provided a grounding foundation for the Curriculum design. The three phases of the MESG were developed around three group building block stages termed orientation, conflict, and cohesion and three therapeutic factors, which are imparting information, group cohesion and interpersonal learning (Yalom & Leszcz, 2005). Each group meeting maintains a structure and routine of incorporating the therapeutic factors developed by Yalom and Leszcz (2005) and adding mindfulness skills and exercises to challenge and provide skills for CITs. During the third phase of the MESG Curriculum, CITs are encouraged to expand the application of mindfulness skills into counseling sessions and working with clients (Bohecker et al., 2014).

There appears to be a paucity of research identifying the impact or effects of group work in CITs. Additionally, even though mindfulness has a long history and tradition, it has only recently been included in counseling. There is little research on the implications of a small group with a mindfulness focus for inclusion into counselor

education. The purpose of this study is to determine the effect of participation in MESG Curriculum on mindfulness, empathy, counseling self-efficacy, and perceived stress with CITs.

CIT Stress

The process of counselor development includes stress (Bernard & Goodyear, 2009; Loganbill, Hardy, & Delworth, 1982; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003; Stoltenberg, McNeill, & Delworth, 1998). However, stress may harm professional effectiveness because it appears to negatively affect attention and concentration (Shapiro, Shapiro, & Schwartz, 2000; Skosnik, Chatterton, Swisher, & Park, 2000) decision-making skills (Klein, 1996; Lehner, Seyed-Solorforough, O'Connor, Sak, & Mullin, 1997; Shapiro, Shapiro, & Schwartz, 2000) and decrease the ability for CITs to establish strong relationships with clients (Enochs & Etzbach, 2004). Rønnestad and Skovholt (2001) and Skovholt and Rønnestad (1992, 2003) found stress was linked to movement through developmental phases in counselor training. They found some CITs did not advance through the phases and theorized stress was a significant contributing factor.

CITs who advance through the developmental phases of counselor education are able to assimilate the stress associated with new learning with relative ease (Neufeldt, 2007). Conversely, when CITs are not able to assimilate their experiences, a state of tension and stress occurs resulting in a state of disequilibrium (Neufeldt, 2007; Piaget, 1971, Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Reflection and eventually the accommodation of the new information into cognitive structures are required for learning and developmental movement to occur. This progression of

learning is based on a continual balance and interface between assimilation and accommodation, each building upon each other to atain new and higher levels of cognitive functioning (Flavell, 1963; Neufeldt, 2007; Piaget, 1971; Wagner, 2014). Stress and disequilibrium are necessary for learning to occur (Ginsburg & Opper, 1969; Kaiser, McAdams, & Foster, 2012; Rosen, 1985; Piaget, 1971; Neufeldt, 2007). Therefore, CITs need to be able to effectively manage the stress and tension of disequilibrium in order to learn and move through the developmental phases of counselor education.

Christopher and Maris (2010) summarized several qualitative studies on the use of mindfulness in counselor training for self-care and stress management conducted between 2006 and 2009. They found mindfulness training was able to enhance physical and psychological wellbeing of CITs. As a result of incorporating mindfulness into counselor training, CITs described an increase in their ability to tolerate ambiguity, which has been found to be a requisite part of counselor development (Christopher & Maris, 2010; Neufeldt, 2007; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Participants also described an ability to be more aware of when they were experiencing stress, an ability to "change their stress response," and an ability to reduce reactivity when experiencing stress (Christopher & Maris, 2010, p. 120). A quantitative study by Shapiro, Brown, and Biegel (2007) found a statistically significant decrease in stress by counseling students taking a Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1990) program, thus supporting the use of mindfulness for the reduction of stress in CITs.

Mindfulness

Mindfulness is a term used to describe an observational activity of the senses and inner experiences, with an emphasis on simply noticing; without evaluation, judgment, or participation (Hanh, 1976). Mindfulness has been associated with Eastern religious practices, particularly that of Buddhism (Watts, 1989) however, mindfulness practices have been introduced into mental health treatment programs independent of the religious and cultural origins (Hayes, Strosahl, & Wilson, 1999; Kabat-Zinn, 1990; Linehan, 1993a, 1993b; Segal, Williams, and Teasdale, 2002). The current empirical literature regarding mindfulness skills in mental health is increasing in frequency and popularity (Baer, 2003; Brown, Marquis & Guiffrida, 2013; Christopher & Maris, 2010; Greason & Cashwell, 2009; Stauffer & Pehrsson, 2012). The Mindfulness Experiential Small Group (MESG) Curriculum was developed to meet ethical and exceed minimum ASGW (2000) and CACREP (2009) standards, and promote personal growth and development for CITs (Bohecker et al., 2014). Researchers have demonstrated that mindfulness increases attention, empathy, and helps to reduce stress (Baer, 2003; Brown, Marquis & Guiffrida, 2013; Campbell & Christopher, 2012; Chrisman, Christopher, & Lichtenstein, 2009; Christopher & Maris, 2010; Christopher, Chrisman, Trotter-Mathison, Schure, Dahlen, & Christopher, 2011; Greason & Cashwell, 2009; Stauffer & Pehrsson, 2012).

Empathy

Rogers (1957) and Johns (2012) identified empathy as one of the three characteristics of a counselor to form the core of the therapeutic relationship. Empathy refers to the ability to accurately understand and emotionally experience another's feelings without becoming lost in those feelings (Watson, 2001). Empathy also

includes an open and non-judgmental attitude towards a client (Duan & Hill, 1996; Greenberg, Elliot, Watson, & Bohart, 2001; Johns, 2012; Lambert & Barley, 2001; Watson, 2001). Empathy can be conceptualized as a complex process combining a cognitive occurrence of understanding the thoughts and feelings of another (Duan & Hill, 1996) with an affective component of emotionally experiencing another's feelings (Eisenberg & Fabes, 1990). Rogers described empathy as a "process rather than a state" where a counselor must "enter another's world without prejudice" (1975, p. 4) thus adding an open non-judgmental attitude towards a client (Duan & Hill, 1996; Greenberg, Elliot, Watson, & Bohart, 2001; Johns, 2012; Lambert & Barley, 2001; Watson, 2001).

Counseling Self-Efficacy

Bandura (1977) defined self-efficacy as views regarding one's own abilities to control performance of a task. Larson (1998) applied Bandura's (1977) social cognitive theory to counseling and defined counseling self-efficacy "as one's beliefs or judgments about one's capabilities to effectively counsel a client in the near future" (Larson, 1998, p. 221). Becoming a counselor is an emotionally and intellectually challenging endeavor (Bernard & Goodyear, 2009; Neufeldt, 2007; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003) and researchers have shown this to be a contributing factor in low CIT self-confidence (Bischoff & Barton, 2002; Bischoff, Barton, Thober, & Hawley, 2002).

According to Bandura's (1977) social cognitive theory, self-confidence or self-efficacy is a crucial factor in determining a person's choices in behavior, amount of effort put forth, and determination when faced with struggles or challenges (Bandura,

1977, 1986a, 1992). If understanding and skill of an assignment is lacking, then there will be less impetus to undertake and perform the task. Furthermore, self-doubt, due to lack of proficiency, results in difficulty supporting the exertion needed for effective enactment of the skill (Bandura, 1977). In counselor education, self-efficacy is related to professional counseling performance and some consider developing this kind of confidence a foundation for meeting the challenges of training and a primary task of CITs (Bischoff et al., 2002; Larson, 1998; Lent, Hackett, Brown, 1998).

Research Questions and Hypotheses

The primary purpose of this study is to examine the correlation between MESG Curriculum and specific characteristics (mindfulness skills, empathy, counseling self-efficacy, and perceived stress) by finding answers to the following research questions:

Research Question 1: Does MESG Curriculum impact mindfulness skills in CITs?

Hypothesis 1: There will be a statistically significant difference in acting with awareness, observing, describing, non-judgment, and non-reactivity, as measured by the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006, see Appendix A), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Hypothesis 2: There will be a statistically significant difference in mindfulness skills, as measured by the FFMQ (Baer et al., 2006), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Research Question 2: Does MESG Curriculum impact empathy in CITs?

Hypothesis 3: There will be a statistically significant difference in empathy, as measured by the Interpersonal Reactivity Index (IRI; Davis, 1980, see Appendix B), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Research Question 3: Does MESG Curriculum impact counseling self-efficacy in CITs?

Hypothesis 4: There will be a statistically significant difference of confidence in executing counseling microskills, attending to the counseling process, dealing with difficult client behaviors, behaving in a culturally competent way, and being aware of one's own values, as measured by the Counseling Self-Estimate Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992, see Appendix C), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Hypothesis 5: There will be a statistically significant difference in counseling self-efficacy, as measured by the COSE (Larson et al., 1992), between master's level CIT's who received MESG Curriculum and those who did not receive MESG Curriculum.

Research Question 4: Does MESG Curriculum impact perceived stress for CITs?

Hypothesis 6: There will be a statistically significant difference of perceived stress scores, as measured by the Perceived Stress Scale (PSS;

Cohen, Kamarck, & Mermelstein, 1983, see Appendix D), between

master's level counselors in training who received MESG Curriculum

and those who did not receive MESG Curriculum.

The purpose of this study is to understand if MESG Curriculum (cause) has an

effect on CITs (mindfulness skills, empathy, counseling self-efficacy, and stress),

therefore a true experimental research model is the ideal choice (Salkind, 2003; Sproull,

2002). A Solomon four-group experimental design will be utilized in this study.

Participants in two groups will be given pretests. One of the pretest group participants

will receive MESG Curriculum and one will receive treatment as usual (TAU) as a

control group. Two other groups of participants will not be given pretests, one of

which will receive MESG Curriculum and the other TAU as a control group.

Participants in all four groups will be given posttests. A random sample selection

process will be used to choose in which group CITs will participate for the study.

Random assignment of participants is one of the identifying features of between-groups

design. The instruments that will be utilized are the Five Facet Mindfulness

Questionnaire (FFMQ; Baer et al., 2006), Interpersonal Reactivity Index (IRI; Davis,

1980), Counseling Self-Estimate Inventory (COSE; Larson et al., 1992), Perceived

Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983), and a demographic

questionnaire (see Appendix E).

There is one university offering MESG Curriculum at the time of this study,

therefore, first year master's students in a CACREP accredited counseling program will

be selected from that university located in the northwestern United States. It is

projected that there will be no fewer than 20 students enrolled in that program with no

fewer than five participants per group at the time of the study. Participants will be

contacted through the faculty of record for the course. Participants in the pretest groups

will be administered the four surveys and a demographic questionnaire following the

initial pre-group interview on the first day of class. Participants in the non-pretested

groups will be asked to complete only a demographic questionnaire. After participation

in either the MESG Curriculum or TAU, all participants will be administered the four

surveys as the posttest. Participants will be assured that all reasonable steps will be

taken to maintaining confidentiality and anonymity of responses. All four assessments

will take approximately 20-30 minutes to complete. Data will be collected through

Vanderbilt University's REDCap Software 5.10.1 and analyzed using a statistical

software program. REDCap is funded by grant UL1TR000423 from NCRR/NIH.

Definitions of Terms

Understanding specific terminology within the concept of mindfulness research

is essential to accurately assess MESG Curriculum with CITs. Key terms in this study

include mindfulness, mindfulness skills, empathy, counseling self-efficacy, and

perceived stress. For the purpose of this manuscript these terms are defined in the

following manner:

Mindfulness: Intentional attention. A way of cultivating an awareness of self,

others, and living non-judgmentally in the present moment (Linehan, 1993b).

Mindfulness Skills: The specific skills that are components of mindfulness in

this study are observing (noticing internal and external experiences), describing

(applying words to the observed), acting with awareness (attending to one's activities of

the moment), non-judgment (refraining from placing evaluative labels on one's own

thoughts and feelings), and non-reactivity (allowing one's own thoughts and feelings to come and go without being caught up in or carried away by them) (Baer et al., 2006).

   Empathy: A multidimensional phenomenon comprised of an emotional (or affective) reaction to the experiences of others combined with an intellectualized (or cognitive) sympathy without any vicarious experiencing of that state (Davis, 1980, 1983, 1996). Empathy is a combination of perspective taking (adopting the point of view and seeing things from that point of view) and empathic concern (responding to distress in others with feelings of warmth, compassion, and concern for others).

   Counseling Self-Efficacy: Based on Bandura's (1977) Self-Efficacy Theory, it is the assumption people's sense of personal efficacy mediates the relationship between what people know how to do and what they actually do (Bandura, 1986a). Counseling self-efficacy, for the purposes of this study, is defined as a counselor's perceived abilities or expected performance levels of counseling activities including behaviors, affect, and cognition (Larson et al., 1992). The specific counseling activities included in this definition of counseling self-efficacy are counseling micro-skills (active listening and responding skills), attending to process (appropriately understanding and interpreting issues and appropriately challenging and confronting clients), cultural competence (perceived competence to counsel culturally diverse clients), and awareness of values (refraining from imposing one's own values or judgments on clients and from giving clients advice).

   Perceived Stress: The degree to which a person appraises his or her life events as unpredictable, uncontrollable, and overloaded (Cohen, Kamarck, & Mermelstein, 1983).

Limitations of the Study

Although this study fills a void in the mindfulness, experiential education, and group work literature in counselor education, limitations remain. For example, as there is only one institution of higher education currently implementing MESG Curriculum and it is located in the Northwestern part of the US, the study is limited to the participants entering that particular counseling program. While it would be ideal to obtain a sample of participants from a variety of regions in the US, until other counselor educators incorporate MESG Curriculum into training programs, the possibility does not exist.

An additional limitation is the self-report nature of the instrumentation. Self-report instruments allow for socially desirable answers, or responses that mirror culturally appropriate responses, rather than observed unbiased perspectives (Crowne & Marlowe, 1960; Leite & Beretvas, 2005; Loo & Loewen, 2004). Observing clinical skills, empathetic responses, awareness, and stress is beyond the scope of this research. Therefore, self-report is used to allow for analyses of the operational definitions of the variables under study.

Finally, not all potential variables can be taken into account. As a result, two variables will be assessed to provide insight into and data regarding the participants and the group facilitators. The demographic questionnaire will include prior experience practicing mindfulness and coursework taken on mindfulness and the names of the MESG Curriculum facilitators. Other demographic information will be collected to describe the sample of participants.

Significance of the Study

A review of the literature highlights the impetus that counselor education programs are charged individually with incorporating accreditation and ethical standards into the curricula. Accreditation standards require CITs to be involved in a small group experience, yet the specific content and format is left up to program faculty to cultivate. Developmentally, CITs are challenged and exposed to stressful situations that are necessary for new learning to occur. Providing trainings to help navigate the uncomfortable feelings of disequilibrium can provide support that can potentially assist CITs to move successfully through difficult developmental phases and evolve into professional counselors. Additionally, MESG Curriculum has the potential to provide CITs with the necessary characteristics of empathy and self-confidence to become competent professional counselors.

An examination of the relationship between MESG Curriculum has on mindfulness skills, empathy, counseling self-efficacy, and perceived stress will provide important information about a specific training curricula for CITs. Understanding how MESG Curriculum affects empathy and CIT counseling self-efficacy will provide much needed information to inform the development of specific interventions and programs.

CHAPTER TWO: REVIEW OF THE LITERATURE

The central focus of this research is to determine the effect of Mindfulness Small Group Experience (MESG) Curriculum on graduate student counselors in training (CITs). The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) requires graduate student CITs to participate in a small group experience (CACREP, 2009). A review of the literature focused on experiential learning, experiential growth groups, and mindfulness was undertaken to investigate the growth and development of CITs. Current research (Bohecker, Wathen, Wells, Salazar, & Vereen, 2014; Ohrt, Prochenko, Stulmaker, Huffman, Fernando, & Swan, 2014; St.Pierre, 2014) touts experiential growth groups as one means to aid in counselor development. Experiential learning has been found to aid in the development of self-efficacy, insight, and personal growth (Ohrt et al. 2014). Similarly, mindfulness has been found to aid in development by providing means to navigate challenging situations (Bohecker et al., 2014). It was also found participation in mindfulness groups could decrease perceived stress and psychological symptoms including depression, anxiety, and hostility (Edwards, Adams, Waldo, Hadfield, & Biegel, 2014).

A curriculum for this small group experience with a mindfulness focus was developed by Bohecker et al. (2014) to meet CACREP (2009) standards and Association for Specialists in Group Work ([ASGW]; 2000) Group Competencies. The MESG Curriculum provides an orientation, awareness and application of mindfulness techniques informed by the American Counseling Association (ACA) *Code of Ethics* (ACA, 2014). The purpose of this research is to explore participation in MESG Curriculum on mindfulness skills, empathy, counseling self-efficacy, and perceived stress on CITs. This

chapter contains the literature relevant to this study and is divided into the following

sections: (a) mindfulness, (b) personal growth and awareness, (b) experiential learning

theory and its application in counselor education, (c) developmental CIT stress, (d)

empathy in counseling, (e) experiential group work in counseling including ones with a

mindfulness focus, and (f) MESG Curriculum. The foundation of the MESG Curriculum

is mindfulness.

Mindfulness

There are a variety of definitions of mindfulness. The word mindfulness in the

English language was first used in the 14th century (Oxford Dictionary, 2010) and is the

name of a technique for changing our perspective of the way we view our thoughts and

feelings. Mindfulness is an observational activity of the senses and inner experiences,

with an emphasis on simply noticing; without evaluation, judgment, or participation

(Bohecker et al., 2014). To further grasp the definition of mindfulness, the term can be

contrasted with experiences of mindlessness that occur when attention and awareness

capacities are scattered due to preoccupation with past memories or future plans and

worries. A person whose mind is multitasking with attention on the past and the future

has limited awareness and lack of attention to experiences in the present moment. Hanh

(1976, 1992) believes life is found only in the present moment.

The history of mindfulness can be traced back to 1500 BC (Smith, 1994).

Mindfulness practices have been found of great value by all the major religions of the

world (Smith, 1994). This includes people of Christian (Alston, 1907; Keating, 2006),

Muslim (Armstrong, 2002), Hindu (Yogananda, 1946, 2005), Buddhist (Watts, 1989),

and Jewish (Lew, 2005) faiths as well as secular settings such as in the workplace to

alleviate corporate stress (Eisen, Allen, Bollash, & Pescatello, 2008), military training (Rees, 2011), and developmental neuroscience (Tang, Yang, Leve, & Harold, 2011). Mindfulness applies to a wide range of activities and practices. This includes but is not limited to quiet sitting in self-reflection, contemplative prayer, cultivating love and devotion towards others, cultivating love and devotion towards work, creating harmonious relationships between humans and the world, meditation on mind-body connections, relaxation, as well as mantra and sitting meditations (Alston, 1907; Armstrong, 2002; Hanh, 1976, 1992; Keating, 2006; Lew, 2005; Watts, 1989; Yogananda, 1946, 2005). It also includes active movements such as yoga, qigong, tai ji quan, walking, eating, and working meditations (Chrisman, Christopher & Lichtenstein, 2009; Hanh, 1992; Kabat-Zinn, 1990; Linehan, 1993b; Shure, Christopher, & Christopher, 2008).

There are several counseling therapies that have foundations of mindfulness. Dialectical behavior therapy (DBT; Linehan, 1993a) was developed initially for adult women who have been diagnosed with borderline personality disorder and a history of chronic suicidal behavior (Linehan 1993a, 1993b). DBT has been recommended as empirically sound (American Psychiatric Association, 2001) and has been found to be effective with individuals who experience difficulties in emotion regulation (Linehan, Bohus, & Lynch, 2007), interpersonal relationships (Kremers, Spinhoven, Van der Does, & Van Dyck, 2006), distress tolerance (Gratz, Rosenthal, Tull, Lejuez, & Gunderson, 2006) as well as reducing self-injurious behaviors, suicide attempts, suicidal ideation, hopelessness, depression, bulimic behavior (Robins & Chapman, 2004), anxiety and addiction (Baer, 2003; Didonna, 2009). Researchers have demonstrated that mindfulness

increases attention, advances empathy, and helps to reduce stress (Baer, 2003; Brown, Marquis, & Guiffrida, 2013; Campbell & Christopher, 2012; Greason & Cashwell, 2009; Newsome, Waldo, & Gruzska, 2012). Mindfulness-based cognitive therapy (MBCT) was introduced by Segal, Williams, and Teasdale (2002), combining cognitive therapy (Beck, Rush, Shaw & Emery (1979) with Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1990) for use with people who have been diagnosed with depression. MBSR incorporates meditation, relaxation, and yoga practices, which have been shown to be effective for a broad range of prolonged disorders for the management of stress, chronic pain and illness (Baer, 2003). Acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999) combines behavioral therapy with the mindfulness principals of awareness and acceptance, which has been shown to be effective for anxiety and depression (Forman, Herbert, Moitra, Yeomans, & Geller, 2007). Grepmair, Mitterlehner, Loew, and Nickel (2007) found the promotion of mindfulness in psychotherapists in training can influence the treatment results of their patients.

Mindfulness in counselor education has been established as a beneficial method for helping counselors in their professional and personal lives (Bohecker et al., 2014; Christopher & Maris, 2010; Greason & Cashwell, 2009; Stauffer & Pehrsson, 2012). A review of literature of articles specifically incorporating mindfulness into counselor education resulted in ten journal articles. Over two thirds of the articles, seven of the ten, are written involving one instructor incorporating mindfulness through yoga, meditation, and qigong into an elective counselor training course at a university located in the northwest region of the United States (Campbell & Christopher, 2012; Chrisman, Christopher, & Lichtenstein, 2009; Christopher, Chrisman, Trotter-Mathison, Schure,

Dahlen & Christopher, 2011; Christopher, Christopher, Dunnagan & Schure, 2006; Christopher & Maris, 2010; Schure, Christopher & Christopher, 2008; Maris, 2009).

Of those seven articles, three use qualitative inquiry (Chrisman, Christopher, & Lichtenstein, 2009; Christopher et al., 2006; Schure, Christopher, & Christopher, 2008) and one article provides a summary of those three qualitative studies with the addition of training implications in counselor education (Christopher & Maris, 2010). An additional article is a first person case narrative of the experience the course (Maris, 2009) and more recently an article is a survey of the perceptions of long-term influence of the mindfulness skills covered in the course (Christopher et al., 2011). Another provides a detailed description of the course in question (Campbell & Christopher, 2012). The following provides a summary of all ten articles related to the general incorporation of mindfulness, and the variety of associated skills, into counselor education.

Christopher et al. (2006) conducted a qualitative study with 11 graduate counseling students, using focus group research (Patton, 2002), at the end of a semester long course in the mindfulness practices of hatha yoga, meditation, and qigong based on the MBSR Program (Kabat-Zinn, 1990) entitled "Mind/Body Medicine and the Art of Self-Care" (Campbell & Christopher, 2012; Christopher et al., 2006; Christopher & Maris, 2010 p. 114). Students reported having more patience, awareness, consciousness, and ability to focus as well as how they worked with clients. Schure, Christopher, and Christopher (2008) conducted a 4-year qualitative analysis of journal responses of 33 graduate counseling students to specific questions related to the same mind/body class studied in Christopher et al. (2006) and the personal and professional effects of the course. In the results of this study, students reported the specific practice of meditation

increased personal awareness and acceptance of emotions, mental clarity, organization, tolerances of physical and emotional pain, and sense of relaxation. Students also reported an increased comfort with silence and attention to the process professionally when working with clients. Chrisman, Christopher, and Lichtenstein (2009) conducted a qualitative study of narratives of counseling students looking at their experiences of the physical mindfulness practice of qigong in the Christopher et al. (2006) mind/body class, which spanned three years and 31 participants. They found students reported experiencing an initial and brief feeling of being judgmental of their ability to learn qigong, which rapidly changed into a feeling of being grounded, calm, and relaxed. After the first session many students reported positive changes in energy level, balance, body temperature, and mental focus. After 15 weeks of practicing qigong, students additionally reported a familiarity and an awareness of a group "consciousness" (Chrisman, Christopher, & Lichtenstein, 2009, p.245).

Maris (2009) provided a first person case narrative of her journey through the Christopher et al. (2006) mind/body class. She reported an improved capacity to trust herself as a counselor and a reduction of fears of inadequacy and incompetence. Maris (2009) also reported an increased ability to tolerate feelings of ambiguity, be in the present moment, and to let go of feeling the need to control. Christopher and Maris (2010) provided an overview of Christopher et al. (2006), Shure, Christopher and Christopher (2008), Chrisman, Christopher, and Lichtenstein (2009), Maris (2009) as well as an overview of a fifth study (Christopher, Chrisman, Trotter-Mathison, Schure, Dahlen, & Christopher, 2009). This study provided longitudinal follow-up qualitative analysis of students who had previously taken the Christopher et al. (2006) mind/body

course between two to six years prior to the study. Researchers conducted a semi-structured interview with specific questions related to the class. Former students reported a continued positive influence in their personal as well as professional lives as a result of participation the class. Specifically, former students reported an increased awareness and acceptance of themselves, physical and mental health, and less reactive in interpersonal relationships. Former students also reported including some form of mindfulness practice into their clinical work both with themselves and with clients.

Campbell and Christopher (2012) provided a detailed description of the mindfulness based course originally highlighted by Christopher, Christopher, Dunnagan, and Schure (2006). The course consisted half of learning and practicing (qigong, yoga, and meditation) and half didactic instruction and discussion. One important aspect was the requirement for students to practice mindfulness outside of class for a minimum of 45 minutes 4 times per week. This article emphasizes the importance for competence of any faculty teaching a course in mindfulness and recommended a personal practice. Additionally the authors endorsed individual counseling as a way for students to process integrating changes and the impact of mindfulness to other life domains.

These studies have consistent results and conclusions about the beneficial effect of mindfulness training with CITs. The two themes of an increase in awareness and acceptance both of self and others were found throughout the findings. Campbell and Christopher (2012) postulate the incorporation of mindfulness can increase therapeutic responsiveness, empathy, and attentiveness while decreasing reactivity and defensiveness. Christopher and Maris (2010) recommended, "[E]xperimental studies that would assess the magnitude of these changes" (p. 123).

A qualitative study conducted by Rothaupt and Morgan (2007) explored how counselors and counselor educators incorporate mindfulness into their personal and professional lives. The researchers interviewed six participants who were all members of the Rocky Mountain Association of Counselor Educators and Supervisors (RMACES). All participants were licensed mental health professionals, full-time counselors or counselor educators, and self-identified as using mindfulness practices. One overarching theme identified was staying focused on the present moment with two other shared themes of practices for building mindfulness and the outcomes of mindfulness. Participants reported the use of rituals, body awareness, patience, solitude, and mindful environments as practices for building mindfulness. The outcomes of the mindfulness category contained an intentional style of living, a sense of connectedness, deep gratitude, and inviting clients and students to live mindfully. One of the implications found in the data is it is essential for those who wish to teach mindfulness to first be a practitioner of mindfulness. Another implication was that mindfulness is not something a person does but rather an approach to life (Rothaupt and Morgan, 2007).

Greason and Cashwell (2009) collected survey data from 179 masters and doctoral level CITs, and examined the predictive relationship between mindfulness and counseling self-efficacy and the potential mediating effects of attention and empathy. Using causal steps criteria outlined by Baron and Kenny (1986), a path analysis using standard regression techniques was conducted. Results demonstrated empirical support for mindfulness as a predictor of counseling self-efficacy in masters and doctoral level CITs. The results of the study found attention was a mediator of that relationship and that mindfulness was a predictor of empathy. The implications for counselor preparation

is for faculty to heed the recommendations of Baer et al. (2006) and consider incorporating experiences focused in mindfulness skills such as observing, describing, nonjudging, nonreacting, and acting with awareness (Greason & Cashwell, 2009).

 Studies have indicated the practice of mindfulness by CITs can translate to helping teach clients the skills to practice mindfulness (Christopher & Maris, 2010; Greason & Cashwell, 2009; Rothaupt & Morgan, 2007). Stauffer and Pehrsson (2012) explored the competencies for counselors to teach mindfulness to clients. They identified the following competencies:

> a. understand how to integrate mindfulness methods and skill into everyday tasks and behaviors; b. practice mindfulness methods regularly, especially when training others in these methods; c. engage in metacognitive examination by way of mindfulness practices; and d. personally practice mindfulness methods for a sufficient length of time before training others in these methods (Stauffer & Pehrsson, 2012, p. 233).

These competencies appear to hold counselors to the practice of mindfulness to improve their ability to effectively teach the skills to clients. This is also supported by Shapiro, Brown, and Biegel (2007) who found a correlation between the degree to which students practiced and increases in mindfulness skills.

 Mindfulness has been used to help train CITs to be more aware of their internal thoughts and feelings as well as to concentrate and remain non-judgmentally focused on and aware of the present moment (Bohecker et al., 2014; Greason & Cashwell, 2009). Having awareness, of self and others, and intentionally controlling attention during a counseling session are skills considered essential to being an effective counselor (Rogers,

1957, 1975; Johns, 2012; Lambert & Barley, 2001; Loganbill, Hardy, & Delworth, 1982; Watson, 2001). A review of the literature reveals, however, counselor educators have little direction on how to cultivate the internal habits of mind necessary for self-reflection and controlling attention (Greason & Cashwell, 2009).

Personal Growth and Awareness

Personal and professional growth and awareness are highlighted in many areas of counselor education, starting with an emphasis by counseling program standards (CACREP, 2009). Promotion of personal growth and awareness are viewed as a foundation of counselor training (Connor, 1994; Loganbill, Hardy, & Delworth, 1982; McAuliffe & Eriksen, 2011; Torres-Rivera, Phan, Maddux, Wilbur & Garrett, 2001). The American Counseling Association (ACA) *Code of Ethics* acknowledges as part of counselor education, there are "training components that encourage self-growth or self-disclosure as part of the training process" (ACA, 2014, p. 14 Section F.8.a.6).

Within prominent models of supervision, personal growth and awareness are key elements (Bernard & Goodyear, 2009; Loganbill, Hardy, & Delworth, 1982; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Research indicates less experienced CITs focus on case conceptualization and more experienced CITs focus on personal growth (Winter & Holloway, 1991). Furthermore, ACES highlights CITs' self-awareness as one of the areas to address in supervision (ACES, 2011).

The emphasis on CITs' personal growth and awareness contains a core belief that an improved ability for self and other awareness is central to building a therapeutic relationship in counseling (Johns, 2012). McAuliffe and Eriksen (2011) encourage intrapersonal process awareness as particularly valuable for counselors. Intrapersonal

awareness alerts CITs to so-called process dimensions central to the work of counseling (McAuliffe & Eriksen, 2011). Similarly, Loganbill, Hardy, and Delworth (1982) list emotional awareness is an important part of counselor identity formation according to their counselor development model. The ACA *Code of Ethics* also addresses counselor awareness of "their own values, attitudes, beliefs, and behaviors" and "seek training in areas in which they are at risk of imposing their values onto clients" (ACA, 2014, p.5). Furthermore, the professional competence section of the ACA *Code of Ethics* requires counselors to gain "personal awareness" when working with diverse client populations (ACA, 2014, p. 8).

McAuliffe and Eriksen (2011) provide guidelines in counselor education related to constructivist–developmental teaching. Two out of 10 guidelines involve CIT self-reflection. Guideline 9 encourages intrapersonal process awareness and Guideline 10 recommends counselor educators accent interpersonal process commentary in coursework (McAuliffe & Eriksen, 2011, pp. 44-45). Although there is no mention of the frequency, intensity, or duration, CACREP (2009) requires each counseling program faculty to assess student progress throughout the program including personal development. A deficit in personal development is listed as one of the reasons a student may be transitioned out of a counseling program (CACREP, 2009, Section I.P).

Personal and professional development, which includes growth and awareness, is a theme throughout counselor training. Beginning with program standards and ethical codes, counselor educators are charged with the task of ensuring CITs develop personally as well as professionally. Both developmental and supervision models standardize personal growth and an increased awareness of self and others as necessary for CITs

(Bernard & Goodyear, 2009; Neufeldt, 2007; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003; Stoltenberg, McNeill, & Delworth, 1998). Ultimately, the standards require faculty to evaluate personal growth and awareness in CITs (CACREP, 2009). However, an initial review of the literature produced little research regarding specific strategies or experiences that can be incorporated into counselor education programs to promote personal growth and awareness in CITs (Hensley, Smith, & Thompson, 2003; Luke & Kiweewa, 2010). However, one way to facilitate personal growth and development is through the incorporation of experiential learning theory into counselor education programs (McAuliffe & Eriksen, 2011).

Experiential Learning Theory

According to Kolb (1984) the definition of experiential learning is, "the process whereby knowledge is created through the transformation of experience" (p. 38). The empiricist based behavioral theories of learning that underlie traditional teaching methods, have an epistemology based on the belief of constant and fixed elements of thought (Freire, 2003; Hilgard & Bower, 1975; Skinner, 1948; Watson, 1913). In contrast, experiential learning comes from a constructivist, holistic and integrative stance, which assumes ideas are not fixed but are derived from, and continuously modified through experience (Bransford, Brown, & Cocking 2000; Dewey, 1963; Freire, 2003; Kolb, 1984; McAuliffe & Eriksen, 2011; Piaget, 1971). Experiential Learning Theory (ELT), originally developed by Kolb in 1984, combines traditional cognition and behavior beliefs with constructivist perception and experience (Kolb, 1984; Kolb, Boyatzis, & Mainemelis 2001; Kolb & Kolb, 2005). Incorporating ELT into counselor education programs is recommended by ACES (ACES, 2011; McAuliffe & Eriksen,

2000, 2011).

There are six shared foundational characteristics, on which Kolb (1984) built ELT. The first is, learning is best conceived as a process and not in terms of outcomes. The focus on the process of learning compared to the product or outcomes of the traditional behaviorist beliefs is a reoccurring theme. Kolb (1984) elaborates further stating higher education learning should focus on, "A process that includes feedback on the effectiveness of their learning efforts" (Kolb & Kolb, 2005, p. 194). In Kolb's (1984) ELT, the process is the goal.

The second foundational characteristic is all learning is relearning. By drawing out a person's beliefs and ideas about a topic, they can be examined, tested, and integrated with new more refined ideas thereby concluding "all learning is relearning" (Kolb & Kolb, 2005, p. 195). The third characteristic is learning requires the resolution of conflicts between dialectically opposed modes of adaptation to the world. Kolb (1984) describes the process of learning as moving back and forth between opposing modes of reflection and action, feeling and thinking. Conflict, differences, and disagreement are what drive the learning process (Dewey, 1963; Kolb & Kolb, 2005; Piaget, 1971).

The fourth characteristic states, learning is a holistic process of adaptation to the world. Learning involves the integrated functioning of the total person, which includes thinking, feeling, perceiving, and behaving. The fifth characteristic is learning results from synergetic transactions between the person and the environment. Kolb (1984) is referring to the concepts of the equilibrium (and disequilibrium) of assimilation and accommodation in the learning process put forth by Piaget (1971). According to Piaget (1971), equilibration of the dialectic process of assimilating new experiences into the

existing conceptualizations and accommodating the existing concepts into new experience is what results in learning. The final foundational characteristic is learning is the process of creating knowledge. This comes from the constructivist belief that knowledge is created and recreated in the personal knowledge of the learner.

Kolb's (1984) ELT is the process of constructing knowledge that involves a process of creative tension. The active ELT process is described as a cycle, "Immediate or concrete experiences are the basis for observations and reflections. These reflections are assimilated and distilled into abstract concepts from which new implications for action can be drawn. These implications can be actively tested and serve as guides in creating new experiences" (Kolb & Kolb, 2005, p. 194).

This experiential learning process has been linked to brain functioning by Zull (2002). He describes how "concrete experiences come through the sensory cortex, reflective observation involves the integrative cortex at the back, creating new abstract concepts occurs in the frontal integrative cortex, and active testing involves the motor brain" (Zull, 2002, pp. 18-19). In summary, Kolb's (1984) experiential learning cycle corresponds to and is supported by physical structures in the brain. To transition Kolb's (1984) experiential theory to practical application in counselor education, abstract concepts can be linked to concrete experiences for CITs.

ELT Applied to Counselor Education

In addition to linking concepts to experience, CITs need to reflect on their experiences and experiment with making generalizations across situations (Kolb, 1984; Kolb & Kolb, 2005). McAuliffe and Eriksen (2000) named four subcategories of instructor actions, which encouraged experiential learning. They are encouraging

activity, modeling and presenting case illustrations, helping CITs ground knowledge in personal experience, and linking CIT's experience to abstract conceptualizations. The isomorphic relationship between constructivist teaching and the work of counseling makes counselor education programs ripe for experiential learning theory applications. Ongoing reciprocal dialogue, feedback and attention to each person's meaning-making in the group environment may be the common ground between constructivist education and constructivist counseling.

ELT asks counselor educators to pay attention to CITs' experience, and let them make sense of struggling with ambiguities just beyond the level they can tolerate (McAuliffe & Eriksen, 2000). Critical incidents, which are a part of learning and CIT development, provide students with opportunities to move beyond their current progress and can be considered catalysts for continued growth. Furr and Carroll (2003) describe how students commonly experience critical incidents through coursework that provides a concentrated immersion in experiential learning. These critical incidents in experiential learning are also part of the developmental process of CITs, which contribute to CIT stress.

CIT Stress

The process of counselor development is discussed extensively (Neufeldt, 2007; Bernard & Goodyear, 2004; Bradley & Kottler, 2001; Holloway and Hosford, 1983) and Neufeldt (2007) highlights there is recent burgeoning of models of counselor development (Bernard & Goodyear, 2009; Blocher, 1983: Hogan, 1964; Loganbill, Hardy, & Delworth, 1982; Orlinsky, Rønnestad, & Collaboratvie Research Network of the Society for Psychotherapy Research, 2005; Skovholt & Rønnestad, 1992; Stoltenberg,

McNeill, & Delworth, 1998). The concept of challenges or stress for CITs is a common theme among developmental models (McAuliffe & Eriksen, 2011; Neufeldt, 2007). Stress may harm professional effectiveness because it appears to negatively impact attention and concentration (Skosnik, Chatterton, Swisher, & Park, 2000), decision-making skills (Klein, 1996; Lehner, Seyed-Solorforough, O'Connor, Sak, & Mullin, 1997), and decrease the ability for CITs to establish strong relationships with clients (Enochs & Etzbach, 2004).

Rønnestad and Skovholt (2001) and Skovholt and Rønnestad (1992, 2003) discovered six stages or phases of counselor development. The phases were along a continuum with simplistic thinking on one end and complex individual analysis on the other. They labeled the six stages Lay Helper, Beginning Student, Advanced Student, Novice Professional, Experienced Professional, and Senior Professional. They also discovered some CITs advanced through these phases and some did not. What was also discovered were challenges and stress associated with CIT movement through these phases (Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Skovholt and Rønnestad (2003) hypothesized movement stops when a CIT does not understand the underlying process and does not know what to do (Neufeldt, 2007). This feeling of being stumped, confused, perplexed, or baffled may be extremely stressful for a CIT to experience (Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Many researchers believe the impact of stressful events is determined to some degree by the perception of their stressfulness (Cohen, Kamarck, & Mermelstein, 1983; Lazarus, 1966)

To expand on CIT development further, the learning concepts from Piaget (1971) also influence counselor development. Assimilation and accommodation with reflection

are important concepts related to the personal and professional development of CITs (Neufeldt, 2007; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). The developmental process of learning is based on this continual balance and interaction between assimilation and accommodation, each building upon each other to reach a new higher level of cognitive functioning (Flavell, 1963). Neufeldt (2007) described how development could be enhanced by reflection and the cognitive component of accommodation. Reflectivity in CITs begins with a problem or dilemma within their experience. The student may then experience the stress of feeling stuck, frustrated, or unsure of how to continue. This impasse may be a sign a change in thinking and understanding is warranted for continued development (Kaiser, McAdams, & Foster, 2012; Neufeldt, 2007; Stoltenberg, McNeill, & Delworth, 1998; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Assimilation takes place when CITs are learning content that can be integrated into previously established cognitive structures (Neufeldt, 2007). When CITs encounter an issue that can be solved through their previously established cognitive structures, they incorporate the new content with little difficulty. This learning does not usually require questioning or reflection, but tends to logically fit with their pre-existing knowledge. Alternatively, when CITs are not able to assimilate their experience, a state of tension and stress (disequilibrium) occurs, requiring reflection, learning, and eventually the accommodation of the new knowledge into their cognitive structures.

CITs are very uncomfortable with the stress of disequilibrium, which by definition is an intense anxiety and emotional strain due to a loss or lack of balance or stability (New American Oxford Dictionary, 2010). However, an important step in the

learning process is the experience of cognitive conflict (Rosen, 1985). In other words, people become aware they hold two contradictory views about a situation and they both cannot be true. According to Piaget (1971), learning cannot occur without this stress or disequilibrium (Ginsburg & Opper, 1969; Kaiser, McAdams, & Foster, 2012; Rosen 1985, Piaget, 1971; Neufeldt 2007). To support this idea further, Gowin (1981) states, "The problem of human learning is idiosyncratic. Each of us must come to terms with our own specific ways of commanding attention, of holding our minds on a point, of trying and failing and trying again, of resting, of reflecting, and so on. Confronting one's ignorance can be terrifying. …Confronting ignorance and controlling terror can be an advantage if you really want to learn about yourself and about how you learn anything new" (p. 134). Therefore, for CITs to be able to effectively "learn anything new" and move through the developmental phases, they need to be able to effectively manage the stress and tension of disequilibrium and the terror of confronting their own ignorance.

CITs may become overwhelmed with stress during experiences requiring accommodation and sometimes question who they are as people and professionals (Auxier, Hughes, & Kline, 2003; Wagner, 2014). In order to continue developing cognitively and emotionally, CITs need to be encouraged to reflect during these stressful times (Neufeldt, 2007; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Development will occur successfully when CITs consistently utilize reflection within "an atmosphere of support and challenge" (Neufeldt, 2007, p. 6). This is also reinforced by Sanford's (1967) original theory of support and challenge for general student development (Dalton & Crosby, 2008). Sanford developed his theory based on a balance of challenge and support. Too much support with too little challenge creates a

comfortable environment for the student, where little development is possible. However, too little support with too much challenge makes development an impossible and negative experience (Dalton & Crosby, 2008). One of the skills recommended for counselor educators' support in CITs is empathy (Rogers, 1957, 1975).

Empathy in Counseling

There has been an abundance of research into the importance of empathy in the counseling relationship. Johns (2012) states empathy is one of three core qualities, "now regarded in every approach to counselling as the 'necessary' if not the only elements in creating and maintaining a high-level helping relationship" (p. 23). Rogers (1957) believed empathy was a "necessary and sufficient" variable of the therapeutic process (Clark, 2004). Research findings concur (Feller & Cottone, 2003; Lambert & Barley, 2001), and have provided consistent evidence empathy is "an essential component of successful therapy in every therapeutic modality" (Watson, 2001, p. 445). Empathy is not universally hypothesized, but theories do support the idea the counselor needs to respond to the client in a way that communicates being heard (Neukrug, Bayne, Dean-Nganga, Pusateri, 2013).

Empathy can be conceptualized in a variety of ways; as a personality trait, an attitude or way of being, and an observable skill. Mead (1934) conceptualized empathy as a personality trait and generally stable over time (Johnson, 1990). Mead (1934) related empathy to the capacity to be warm, compassionate, perceptive, insightful, and helpful (Johnson, 1990). Empathy as a way of being is more of a caring, compassionate, and non-judgmental attitude a counselor takes when with a client (Clark, 2004; Rogers, 1957, 1975). Rogers (1975) believed empathy could be developed in a person through role

modeling and also thought more emotionally mature individuals would be able to be

more genuinely empathic (Clark, 2004). Defining this "way of being" for research in

counseling was empirically operationalized as a range of observable skills based on the

Truax (1967) and Carkhuff (1969) scales. Many researchers conceptualized empathy on

a continuum (Carkhuff, 1969; Egan, 2013; Ivey, Ivey, & Zalaquett, 2010). On one end

are inaccurate statements or reflections made by the counselor that may lead to a client

not feeling heard. The scale moves to basic responses of paraphrase and labeling of

feelings that accurately convey an understanding of what the client has said. On the other

end are reflections by the counselor of advanced empathy that accurately reflect a deeper

meaning that what the client has said (Ivey, Ivey, & Zalaquett, 2010; Neukrug et al.,

2013).

     Bachrach (1976) thought reducing empathy to a set of skills was not aligned with

Rogers' idea of empathy as a way of being, as behaviors did not necessarily translate to

the affective condition of the counselor. There has been consensus in the helping

professions that empathy is a basic relationship skill, however, there is dissention

regarding whether empathy is a cognitive phenomenon, affective phenomenon or both.

When empathy is viewed as perspective and role taking, understanding the thoughts and

feelings of another is a strictly cognitive occurrence (Duan & Hill, 1996; Strayer, 1987).

Duane and Hill (1996) suggested the term intellectual empathy to refer to this definition.

In their review of the literature, Duan and Hill (1996) discovered the affective component

of empathy has been excluded from most empirical research. Empathy research seems to

have decreased over the past several decades, perhaps in part due to difficulties in

defining and conceptualizing empathy for empirical studies (Duan & Hill, 1996). They

suggested embracing this diversity and providing clarification as to the type of empathy when the subject of research.

Empathy as an affective phenomenon refers to the emotional experiencing of another's feelings. Eisenberg and Fabes (1990) state affective empathy is "an emotional response that stems from another's emotional state or condition, is congruent with the other's emotional state or condition, and involves at least a minimal degree of differentiation between self and other" (p. 32). The term, empathetic emotions, was suggested to describe this phenomenon is used when the counselor experiences the emotional state of the client (Duan and Hill, 1996). More recently, empathy is recognized as having both cognitive and affective characteristics (Watson, 2001) and literature now focuses on the cognitive-affective process of empathy in relationships (Breggin, Breggin, & Bemak, 2002; Constantine & Gainor, 2001; Gladding, 2004; Miville, Carlozzi, Gushue, Schara, & Ueda, 2006).

Moving from a static trait or phenomenon, empathy is now viewed as a complex process. This movement in the literature seems to parallel Rogers' (1957) own changes as he originally described empathy as a state and later described it as a "process rather than a state" (1975, p. 4). Providing further depth into the understanding of empathy, there is an added dimension of holding a non-judging stance. Rogers specified the counselor must set aside personal values and beliefs in order to "enter another's world without prejudice" (1975, p. 4) In summary, empathy is considered necessary for effective counseling and includes both cognitive and affective processes and an open non-judgmental attitude towards a client (Duan & Hill, 1996; Greenberg, Elliot, Watson, & Bohart, 2001; Johns, 2012; Lambert & Barley, 2001; Watson, 2001). In addition to

empathy, counseling self-efficacy has been shown to be of significance to successful CIT development.

Counseling Self-Efficacy

Larson and Daniels (1998) define counseling self-efficacy as "one's beliefs or judgments about his or her capabilities to effectively counsel a client in the near future" (p. 180). There are three domains incorporated into this definition, more broadly defined as the ability to perform basic helping skills, manage tasks, and address difficult situations within a counseling session (Lent, Hill, & Hoffman, 2003). Learning to become a counselor is an emotionally and intellectually challenging task (Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Researchers suggest this in part contributes to low confidence in beginning CITs (Bischoff & Barton, 2002; Bischoff, Barton, Thober, & Hawley, 2002).

Bandura (1977) developed Social Cognitive Theory with self-efficacy as a central tenant (Bandura, 1986a). Bandura (1977) defined self-efficacy as "the conviction that one can successfully execute the behavior required to produce the outcomes" (p. 193). Self-efficacy is key in determining a person's behavior choices, degree of effort, and perseverance when faced with challenges and in a state of physiological arousal (Bandura, 1977, 1986a, 1992). However, self-efficacy alone is not the only determinant of successful behavior. According to Bandura's (1977) theory, self-efficacy exists between knowledge and action (Bandura, 1977, 1986a, 1992). If knowledge and skills are lacking, then performance will suffer as motivation to do a task will be lower. When overwhelmed with self-doubt due to lack of expertise or confidence, it is difficult to sustain the effort needed for successful skill performance (Bandura, 1977). As a result,

competency requires having both skill mastery and the self-efficacy necessary to use the skill effectively.

To apply social cognitive theory to counselor training, CIT development requires both specific skill training and self-assurance in those skills (Loganbill, Hardy, & Delworth, 1982; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). More specifically, CIT development includes mastering new, explicit, and oftentimes counter-to-social-norms tasks, and also having the confidence to complete those tasks (Loganbill, Hardy, & Delworth, 1982; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Larson et al. (1992) explains according to self-efficacy theory, the higher the counselor's counseling self-efficacy is, the greater the likelihood of the counselor achievement (Bandura 1977), expending more effort, and persisting in counseling behaviors. Larson (1998) suggested promoting CIT self-efficacy can provide a foundation for meeting the challenges of training for the counseling profession. Lent, Hackett, and Brown (1998) stated self-efficacy is related to professional counseling performance and Bischoff et al. (2002) consider the primary task CITs face is developing confidence. However, before developing self-efficacy, CITs need to be presented with ways to build a solid foundation of counseling skills. Experiential group work is a way CITs can develop and practice skills.

Experiential Group Work

CACREP recommends a minimum of 10 hours of student participation in a small group activity (CACREP, 2009). Similarly, in the field of group work as a supplement to and clarification of the ACA *Code of Ethics*, ASGW suggests up to 20 hours of observation and participation in a group as either a group leader or a group member

(ASGW, 2000). Partially as a result of these standards, participation in an experiential

group has become an established part of counselor education (McCarthy, 2013).

Yalom and Leszcz (2005) state group work has the capacity to provide an

emotional learning experience about acceptance, self-disclosure, feelings of vulnerability,

and insight into one's own strengths and weaknesses. They elaborate further on the

"experiential classroom training group" as straddling "the blurred borders between

personal growth, support, education, and therapy" (p. xii). Until recently, there has been

limited empirical research regarding experiential groups in counselor education (Fall &

Levitov, 2002; Kline, Falbaum, Pope, Hargraves, & Hundley, 1997; Merta Wolfgang &

McNiel, 1993; Osborn, Daninhirsch, & Page, 2003) and some suggest it an "under

researched area" (Donati & Watts, 2000; Lennie, 2007; Luke & Kiweewa, 2010, p. 366).

Arthur and Achenbach (2002) proposed theoretical and methodological inconsistencies

and Donati and Watts (2000) found difficulties in defining personal growth and

awareness related to experiential education may be factors that contribute to the limited

empirical research regarding experiential groups. However, training suggestions and

research on experiential growth groups have been the focus of attention in *The Journal*

for Specialists in Group Work (JSGW) (Byrd, Crockett, & Erford, 2012).

Within the past five years, there is evidence that experiential group work is a

flourishing field (McCarthy, 2013). Earlier this year, a special issue of *JSGW* was

published that focused specifically on experiential growth groups (McCarthy, 2014). The

following is a review of relevant literature in counselor education as they relate to

experiential growth groups.

 Merta, Wolfgang, and McNeil (1993) studied the types of experiential groups

counselor educators were using with CITs. They surveyed 504 counseling programs, which they labeled academic units, including specializations in school, mental health, rehabilitation, marriage and family, substance abuse and counseling psychology. Results from their survey found 39% were instructor led, 22% instructor observed, 19% led by someone other than the instructor but with the instructor receiving feedback regarding student attendance, performance or both, 8% led by someone other than instructor with no feedback to the instructor, and 12% had no experiential group training. The researchers concluded, in part, significant diversity exists in the way counselor educators are employing the experiential group. Furthermore, they posited the diversity of alternative models translates into a wide range of risk for CITs to have adverse experiences due to dual relationships and receiving poor training. Additionally the researchers hypothesized the public may be at risk for having poorly trained group counselors (Merta, Wolfgang, & McNeil, 1993).

A near replication of Merta, Wolfgang and McNeil (1993), Shumaker, Ortiz, and Brenninkmeyer (2011) found a 7% decrease in groups that were instructor led, 1% increase in groups that were instructor observed, 7% increase in groups led by someone other than the instructor and the instructor receiving feedback regarding student attendance, performance or both, 3% decrease in groups led by someone other than instructor with no feedback to the instructor, 3% decrease in no experiential group training, and the addition of 5% incorporating an "other" model that does not fit into the original Merta, Wolfgang and McNeil (1993) model options.

Non-instructor run groups were led by a master's candidate or doctoral student/candidates in over 50% of those surveyed (Shumaker, Ortiz, & Brenninkmeyer,

2011). The researchers surmise this may reflect an effort to reduce the likelihood of ethical concerns related to dual relationships occurring in instructor led groups. Overall the findings from this study indicated experiential groups are being utilized by a strong majority of counselor educators and seem to support the belief didactic instruction is "simply not enough" training for CITs to become competent group counselors (ASGW, 2000; CACREP, 2009, Schumaker, Ortiz, & Brenninkmeyer, 2011, p. 123; Yalom & Leszcz, 2005).

Kline, et al (1997) conducted research on the significance of the group experience for CITs. Their review of the literature found little agreement or support about "what exactly makes the group experience useful for counselors in training" (p. 157). The outcomes of their study led to some possible benefits of a group experience in counselor education. An experiential group may contribute to counseling skills training, giving and receiving feedback, interpersonal behaviors and understanding of and tolerance for the emotional experiences of self and others (Kline et al., 1997). Most of the participants in the Kline et al. study felt the experiential group created an uncomfortable level of anxiety, however, felt overall it was a very positive experience.

Anderson and Price (2001) surveyed ninety-nine CITs regarding attitudes toward an experiential group activity as part of their training. A majority of students thought the experiential group was an effective and necessary teaching method. Additionally one third experienced apprehension regarding dual relationships, privacy concerns, or general discomfort with the activity. Many students felt fear about participating and were uncomfortable in the group. This study highlights that although discomfort may be unavoidable, CITs found the experiential group course helped students become more

aware of the emotions and feelings of future clients disclosing personal information and taking risks. In this study, experiential groups were found to be "vital to counselor training" (Anderson & Price, 2001, p. 117).

Falco and Bauman (2004) explored the use of process notes, as also recommended by Yalom and Leszcz (2005), with CITs involved in an experiential group. The researchers asked seventeen CITs to complete a questionnaire after completion of their group experience. Unanimous results suggested process notes may provide students with further understanding of the group process and can enhance the group experience. Participants found the process notes provided continuity to the group and helped to refresh their memories. Additionally, participants thought process notes provided perspective and aided in focusing on what might be considered more salient issues (Falco & Bauman, 2004).

Ieva, Ohrt, Swank, and Young (2009), suggest CITs experienced "interpersonal learning, self-awareness, and empathy for future clients" (Ieva et al, 2009, p. 365). This study provided some support for self-examination and introspection as important essentials for CITs. Luke and Kiweewa (2010) found significant factors of personal growth and awareness within their participation in an experiential group. Discussion included training implications, which advised instructors to develop additional strategies, such as journaling to assist CIT in development of their personal growth and awareness (Luke & Kiweewa, 2010). A study by Kiweewa, Gilbride, Luke, and Seward (2013) corroborated the Luke & Kiweewa (2010) findings and additionally found critical incidents during the group experience that influenced personal growth and awareness. The specific factors of self-disclosure, validation and/or acceptance, and genuineness

and/or authenticity were found to be crucial to personal growth and awareness.

Ohrt et al. (2014) conducted a phenomenological study to explore the developmental process of 52 members of experiential groups. Weekly journals were collected for each participant over a 10 week period in response to prompts related to personal and group development. Coding was conducted using methods from Moustakas (1994) to develop statements from the journal data. The researchers found four main themes of exploration, transition, working, and closure, which were consistent with previous models of linear group development (Corey, Corey & Corey, 2014; Tuckman & Jensen, 1977). However, the researchers further found the stages may be present throughout the duration of the group and not all members feel the same during the stages. The implications for experiential groups in counselor education were listed as an educational experience, a source of support, contributing to an ability to empathize with group participants, and learning about group member development (Ohrt et al. 2014).

In a survey of 330 ACA members to determine current best practices in experiential group work in counselor education, St Pierre (2014) recommended building a way to reduce CIT stress and group leader competence. The author found 75% of participants viewed the experiential group as challenging with a concerning number (4%) feeling they were psychologically damaged. In summary, this study found participation in experiential groups is a cause of stress for many CITs. To minimize the possible adverse effects of participation in an experiential small group, St Pierre (2014) recommended counselor educators take steps to address CIT stress when developing the experiential component of group work. Group leader competence was another aspect found to impact the CIT experience. Stating the purpose of small group participation and

setting boundaries for self-disclosure were highlighted as aspects of competent group leadership that would reduce harm as a result of the small group experience (St. Pierre (2014).

The findings in the counseling literature support the use of experiential groups for CITs and contributing to counselor development. McCarthy, Falco and Villalba (2014) identified experiential growth groups as generally used in counselor education to foster personal development and Stockton, Morran & Seok-Hwan (2014) found experiential groups a crucial factor and an effective method in the training of knowledgeable and skilled group facilitators. However, Riva (2014) found most counselor education programs offer only one group counseling course and many doctoral programs have no required course. Additionally, even though mindfulness as a concept has been around for centuries, it has only recently been included in counseling. More recent still is the idea of incorporating mindfulness into experiential group work and as a result, there is little research on the implications for inclusion in counselor education.

Mindfulness Groups

Specific to mindfulness in experiential group work, two studies were found in the counseling literature. Newsome, Waldo, and Gruszka (2012) provided evidence for including mindfulness groups as a part of training. The researchers found a significant reduction in group members' stress, significant gains in mindful awareness, and a significant increase in self-compassion when participating in a mindfulness group. The researchers support the belief providing mindfulness groups for people entering the helping professions will provide tools to manage the stressors inherent in their professions (Campbell & Christopher, 2012; Christopher et al., 2011; Figley, 2002;

Newsome, Waldo, & Gruszka, 2012).

Edwards, Adams, Waldo, Hadfield and Biegel (2014) studied the effects of an MBSR for teens group on Latino adolescent students. Results showed no statistical difference in hostility or anxiety; an increase in mindful attention and self-compassion; and a reduction in perceived stress and depression symptoms. Both studies using mindfulness in groups found statistically significant benefits to the participants. It is for this reason, mindfulness was chosen as the focus of the experiential small group experience that is central to this research.

MESG Curriculum

Due to the historical and empirical evidence of the techniques and activities that facilitate an increase in awareness of both internal and external processes, it is important to study mindfulness techniques in a small group experience (Bishop, Lau, Shapiro, Carlson, Anderson, Carmody, Segal, Abbey, Speca, Velting, & Devins, 2004; Bohecker et al., 2014; Greason & Cashwell, 2009). In addition, the emphasis on personal growth and development in counselor ethics and education programs, the dearth of research regarding how incorporate it into course work, and personal interest of this researcher, contributed to the decision to choose mindfulness as the emphasis for the group that will be the focus of this study.

The Mindfulness Experiential Small Group (MESG) Curriculum was developed to assist counselor educators in meeting and exceeding CACREP (2009) and ASGW (2000) recommendations for CITs to have direct experience as group members, intentionally facilitate CIT growth and development, while meeting ethical and accreditation standards (ACA, 2014; Bohecker et al., 2014). Development of MESG

Curriculum was grounded in the foundation of Experiential Learning Theory (ELT) and provided an 8-week curriculum incorporating experiential mindfulness activities. Abstract concepts were first communicated didactically and then experientially in the same session in order to link teachings with practice. CIT group members were encouraged to share personal experiences in the moment of what happened to them internally and externally in the group. The facilitators both encouraged and role modeled mindfulness, help CITs to ground knowledge in personal experience and facilitated linking CITs experience to abstract conceptualizations. The facilitators were present, silent, and compassionate while witnessing CITs interpersonal struggles, and assisted the CITs in making meaning of and learning through their own experience (Bohecker et al., 2014).

Mindfulness, in the MESG Curriculum, was introduced as historically grounded but independent of religious and cultural traditions. Mindfulness was operationally defined as intentional attention and explained as a way of gaining an awareness of self, others, and living non-judgmentally in the present moment. The experiential portion of the Curriculum included awareness exercises and practices of experiencing the present moment and encouraging observations of external as well as internal stimuli. Facilitated group processing, journal writing, and facilitator feedback was incorporated to additionally promote personal growth and development.

The format and rationale for the MESG Curriculum was grounded in theory to increase group outcomes (Gladding, 2012). Bohecker et al. (2014) used Yalom and Leszcz (2005) theory of group development to provide a foundation and a framework for the MESG. The MESG Curriculum was developed around the building block stages of

orientation, conflict, and cohesion because they parallel CIT developmental needs (Bernard & Goodyear, 2009; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Furthermore, the MESG Curriculum was influenced through prioritizing three group therapeutic factors (Yalom & Leszcz, 2005) and selectively and intentionally incorporating those into the Curriculum. The three most important therapeutic factors on which the MESG Curriculum was focused were a) imparting information b) group cohesion, and c) interpersonal learning.

Through imparting mindfulness information, a framework was initially established for the group. Then, the facilitation of group cohesion became the most important priority whereby the stage or environment could be set for the therapeutic process to unfold so individual members could ultimately experience interpersonal learning (Bohecker et al., 2014). Mindfulness skills were encouraged when a group member was experiencing uncomfortable emotions or the disequilibrium of learning. Additionally, the MESG could help counselor educators develop and provide CITs with an opportunity to participate in the experiential learning of mindfulness skills, which has been found to increase skill development and integration (Arthur & Achenbach, 2002; Falco & Bauman, 2004; Harel, Schechtman, & Cutrona, 2012; Kolb, 1984; Kolb & Kolb, 2005). The following table is an overview of the 8-week MESG Curriculum that is the intervention of the current study.

The following table contains an overview of the mindfulness curriculum, organized to signify the phases of group development and a representation of how mindfulness is purposefully integrated. The MESG phases of mindful orientation, mindful awareness, and application of mindfulness skills are organized in a

developmentally appropriate manner to facilitate CIT growth and self-awareness.

TABLE 1

MESG Curriculum

Phase I: Mindful Orientation	
Week 1	Pre-group Interview – Interview each participant individually to establish rapport and to provide an overview of the group experience. Inquire about previous group experiences, current expectations, strengths, and group safety.
Week 2	Confidentiality, Group rules, Experiential ice breakers – Psychoeducation: Discuss themes from pre-group interviews to promote universality. Summarize goal of group is to learn mindfulness skills, gain insight, awareness, and personal growth. Experiential: Dyad icebreaker, feeling/emotional check-in, and facilitate establishment of group norms. Preview definition of mindfulness.
Week 3	History and General Overview of Mindfulness – Psychoeducation: Explore definition of mindfulness, core concepts, brief history, uses in counseling, and rationale for use in counselor training. Experiential: Mindfulness activity of listening as a call to awareness of the present moment.
Phase II: Mindful Awareness	
Week 4	Mindful Breathing – Psychoeducation: Provide case examples or explore book, "Let's Do Nothing!" (Fucile, 2009) to normalize difficulty with sustaining being fully present in each moment. Experiential: Several short guided exercises focusing on breathing
Week 5	Mindfulness of the Body- Psychoeducation: Explore the relationship of emotions and body sensations. Experiential: Facilitate process activity. Assist members to notice body sensations while suspending judgment of self and others.
Week 6	Mindfulness of the Mind – Psychoeducation: Expand focus from body to thoughts. Illustrate that through practice of these skills members can learn to move from content to process within themselves. Experiential: Provide process prompts and encourage members to sit in awareness noticing thoughts without judgment of self. Encourage expression of thoughts, feelings, and feedback while maintaining a position of non-judgment towards self and others.
Phase III: Mindful Application	
Week 7	Being in the Present Moment – Psychoeducation: Expand to combine awareness of senses, body sensations, emotions, and thoughts. Experiential: Guided relaxation exercises with long periods of silence. Process experience of incorporating mindfulness skills.
Week 8	Application to Counseling, Initiate Discussion of Termination – Psychoeducation: Provide summary of learning experience. Highlight use in personal lives and when working with clients. Connect skills with pre-practicum skill building and experiences. Experiential: Prompt discussion

	of termination and any unfinished group business. Practice mindfulness skills.
Week 9	Final Summary Activity, Process Group Experience, Termination – Experiential: Engage group in a closing ritual. Process thoughts and feelings using mindfulness skills.

Phase I: Mindful Orientation and Setting the Stage

Campbell and Christopher (2012) recommend the leaders have mindfulness training and a personal mindfulness practice before facilitating a group. Prior to the beginning of the pre-group interview process, facilitators provide a handout to each group member outlining the purpose and intent of the group, to introduce an orientation to the MESG, and set the stage for mindfulness. The handout is used as a frame of reference to provide foundational information about mindfulness and reduce the potential to overwhelm CITs with new information in the first session. During the pre-group interview, open-ended questions are asked of the participants such as, "What strengths do you possess that will contribute to the group experience being meaningful for yourself and your peers?" Another is, "Tell us what your expectations are of this experience regarding yourself, your peers and of the group facilitators?" Responses to the interview questions are reviewed by the group facilitators for emergent themes, which are then incorporated into the first group meeting to promote universality (Yalom & Leszcz, 2005).

The first session of the MESG includes the presentation and review of the informed consent, limits of confidentiality, the integration of an experiential icebreaker (Merta, Wolfgang, & McNeil, 1993) culminating in the presentation and processing of the collective themes from the pre-group interview. In the second session, facilitators provide a general overview of mindfulness and engage the group in an icebreaker

activity. During the third session, a ritual used worldwide for mindfulness, the ringing of

a bowl shaped bell, is introduced, and incorporated into the opening and closing to call

each group member to mindfulness for each subsequent session (Hanh, 1975). The

definition and examples of mindfulness is reviewed, coupled with examples of

mindlessness. During the initial stages of group development, the facilitators use didactic

instruction to impart information of critical aspects of mindfulness (Yalom & Leszcz,

2005) including a brief history and general overview. This is done to ease discomfort and

at the same time provide opportunities for the facilitators to convey an atmosphere of

unconditional positive regard for the members (Yalom & Leszcz, 2005). In addition, the

members are introduced to critical concepts of group process during the first phase of

group through integration into the didactic instruction, thus allowing an opportunity at the

outset of the experience to learn valuable developmental information. The decision of

how many sessions to convey information can be group specific. The MESG provides

room for the facilitators to be sensitive to the delicate balance of providing only the

minimal amount of information and also to provide opportunities for learning and

personal growth (Kolb, 1984).

Mindfulness is introduced as historically grounded but independent of religious

and cultural traditions. Mindfulness is operationally defined as intentional attention and

is explained as a way of cultivating an awareness of self, others, and living non-

judgmentally in the present moment (Linehan, 1993b). The MESG includes awareness

exercises and practices of experiencing the present moment and encouraging observations

of external as well as internal stimuli (Linehan, 1993b). For example, guided exercises

are facilitated with a focus on the breath and body sensations to increase awareness of

internal stimuli (Kabat-Zinn, 1990). Additionally, homework assignments such as

identifying an object or event within daily life (such as the sound of a telephone) to serve

as a mindfulness reminder, are incorporated to increase individual focus on awareness of

internal thoughts and feelings and external stimuli (Hanh, 1975, Stauffer & Pehrsson,

2012). Facilitated group processing, reflective journal writing and facilitator feedback

are integrated into the experience to promote personal growth and development (Osborn,

Daninhirsch, & Page, 2003). Each week members are asked to reflect in writing on their

group experience articulating what was learned about self, self in relation to the group,

and about the group members. Following this, the group facilitators review each

reflection and provide feedback in the form of Socratic questioning, encouraging

interaction in a reciprocal dialogue (Yalom & Leszcz, 2005) thus promoting engagement

of the group process.

The initial group session is used to provide didactic education with subsequent

sessions transitioning to less and less instruction. It is important to avoid conceptualizing

the transitional phase of moving into group development as a linear progression, keeping

a strong sense of the immediate group needs to identify what might be the most beneficial

each session (Yalom & Leszcz, 2005). Mindfulness exercises that build awareness and

promote bonding are introduced to carry the group towards being a more cohesive entity.

An example of a beginning mindfulness activity during this phase is a guided breathing

exercise to practice focusing attention on the breath, noticing thoughts that come into the

mind, accepting them without judgment or commentary. The group members are asked

to notice when their minds stray from the exercise and to simply go back to focusing on

the breath, again without judgment or self-criticism (Newsome, Waldo, & Gruzska,

2012). There is an emphasis on the promotion of group cohesion while integrating a measure of structure (Gowin, 1981, Kolb, 1984, Yalom & Leszcz, 2005). Then, by gradually reducing structure, the group can transition to the middle phase of mindful awareness and group development to take possession of their mindfulness group experience (Yalom & Leszcz, 2005).

Phase II: Mindful Awareness and Group Development

In this phase, the group leaders can facilitate process through the use of encouragement (Yalom & Leszcz, 2005) coupled with mindfulness practices (Greason & Cashwell, 2009) to assist the group members in the development of awareness skills for personal use and eventually within the counseling setting. Keep in mind group development is situational and some groups could move into this phase in a different time span. During weeks four through six, exercises are introduced for the purpose of facilitating cohesion and allowing for application of mindfulness skills. The use of guided exercises focusing on breathing, body sensations, and the observation of thoughts are highlighted during this phase. In one exercise, the participants are asked to express how they experience another group member and in turn, that member is encouraged to apply mindfulness skills to embrace and accept the feedback, noticing internal feelings without judgment or verbal reactions. Additionally, the group members are encouraged to cultivate awareness of where the feelings are located in the body and how fleeting they really are when asked to intentionally do nothing but notice them. This skill can help the CIT outside of the group to navigate anxiety, ambiguity, and personalization issues brought out in a classroom, during a counseling session, or within supervision.

This phase emphasizes the therapeutic group experience and factors, which

happen developmentally during the conflict stage (Yalom & Leszcz, 2005). Furthermore, the facilitators are encouraged to maintain a focus on the underlying processes of the group members and facilitate the application and use of mindfulness awareness skills to aid in interpersonal learning and development (Greason & Cashwell, 2003; Johns, 2012). Through participant reflective journaling, and weekly facilitator comments on those reflections, group members are educated, encouraged, supported, and challenged within the group to apply mindfulness skills in the here-and-now to facilitate personal growth and development (Osborn, Daninhirsch, & Page, 2003, Yalom & Leszcz, 2005). Within the MESG, the facilitator provides intentional opportunity for group members to be challenged. The facilitators encourage members to state difficult here-and-now thoughts and feelings or reflections from their journals. The facilitators provide support to the members to incorporate and practice mindfulness skills, also in the here-and-now, when group members are experiencing these difficult emotions.

Phase III: Mindful Application

During the final phase of the MESG, the objective is for group members to further transition into a period of operationalizing mindfulness both in and out of the small group setting. In weeks seven through nine, facilitators engage the group in exercises that encompass all the skills learned previously. The expansion of group processing provides opportunities in which the facilitators can use immediacy to encourage the use of mindfulness skills in the present moment of the group. In this phase, the group facilitators focus on encouraging member integration of mindfulness in areas of their life outside of the small group. Facilitator encouragement sets the stage for incorporating mindfulness skills obtained through the MESG to manage academic and emotional

challenges and interventions to incorporate into professional clinical practice. Within this phase, the group facilitators have opportunity to assist the CITs in acknowledging development of a professional identity, growth of interpersonal awareness, and the integration of a valuable skill that transcends personal and professional development.

Within the final phase of the MESG, the group facilitator is challenged to assist the CIT in identifying the value of further development of intrapersonal process awareness and how this aids in viewing process dimensions central to the art of group counseling. As the group process moves to a close it is critical for learning to be synthesized in a manner where the CIT leaves the experience fully aware of the value of the group experience and the significance of mindfulness within the therapeutic group environment. As an integral part of counselor training it is imperative that educators, and in this instance the group facilitators, impart the value of the group experience for both CITs and the clients with whom they will interact in their future.

Mindfulness as awareness is a seemingly simple activity that requires practice to master effectively. It was presented in the MESG Curriculum as a means of increasing awareness of self and of others, which could be used by CITs personally as well as professionally through interventions to be used with clients. This may be particularly important as CITs are learning how to be aware of the needs and states of mind of their clients as well as themselves (Rothschild, 2006). Additionally, through the use of this MESG Curriculum, the counselor education program may have a way to encourage and facilitate growth and development as required by ethical and counseling program standards. The purpose of the present research is to study the effects on attention and awareness, perceived stress, self-compassion, and self-efficacy of the CITs participating

in MESG Curriculum.

Summary

In order to establish a therapeutic relationship counselors are encouraged to develop attention and empathy (Greenberg, Elliott, Watson, & Bohart, 2001; Greason & Cashwell, 2009; Lambert & Barley, 2001; Pope & Kline, 1999; Rogers, 1957, 1975; Watson, 2001). An actual or self-perceived lack of attention and empathy leads to lower counseling self-efficacy among CITs (Bandura, 1977, 1986a, 1992; Larson & Daniels, 1998). Low self-efficacy is connected to an increased level of anxiety and decreased capacity to establish a working relationship with clients (Larson & Daniels, 1998). Researchers have shown low confidence, high anxiety, and the lack of a strong working relationship are related to poor treatment outcomes (Orlinsky et al., 1994). Researchers have recommended incorporating mindfulness into counselor education to increase awareness and empathy (Brown, Marquis, & Guiffrida, 2013; Campbell & Christopher, 2012; Chrisman, Christopher, & Lichtenstein, 2009; Greason & Cashwell, 2009; Stauffer & Pehrsson, 2012). In addition, Grepmair, Mitterlehner, Loew, and Nickel, 2007, found client treatment outcomes were positively affected by incorporating mindfulness into training. Mindfulness has also been shown to assist in the reduction of perceived stress (Kabat-Zinn, 1990), specifically in CITs (Christopher et al., 2011; Newsome, Waldo, & Gruszka, 2012).

Incorporating mindfulness training into counselor education programs may be a way to promote personal growth and awareness in CITs (Greason & Cashwell, 2009; Kiweewa, Gilbride, Luke & Seward, 2013; Newsome Waldo & Gruszka, 2012). Mindfulness training can serve as one of the components introduced into a course, which

specifically encourages personal growth and self-awareness, meeting CACREP (2009) accreditation standards. The awareness facilitated through mindfulness training can aid both CITs and supervisors in recognizing personal issues and countertransference responses, possibly reducing such occurrences in counseling sessions. Mindfulness skills can be integrated into counseling education programs through experiential learning, which has been frequently cited as being significantly impactful with regard to counselor training (Furr & Carroll, 2003; Neufeldt, 2007; Wagner, 2014).

As stressful experiences happen that require accommodation, counselor educators can encourage mindfulness skills learned in MESG Curriculum to intentionally facilitate counselor development and possibly reduce occurrences of halted development. While CITs may not have control over their learning processes, they may be able to learn how to view the stressful events from a different perspective. Mindfulness skills may be activities that are effective in managing the stress of learning in the counselor development process. Kabat-Zinn (1990) asserted mindfulness can facilitate a change in relationship and therefore the way in which people respond to stressors. The awareness practicing mindfulness can bring to CITs may reduce stress by assisting with understanding underlying processes. A focus on mindfulness in a course or counselor education program can provide skills CITs are able to incorporate for themselves when faced with stressful situations in which they do not know what to do (Baer, 2003; Didonna, 2009; Kabat-Zinn, 1990; Kaiser, McAdams, & Foster, 2012; Neufeldt, 2007; Stoltenberg, McNeill, & Delworth, 1998; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992, 2003). Incorporating MESG Curriculum into counselor education may provide counselor educators a way to promote guided reflection to intentionally facilitate

and support counselor development that may reduce CIT stress (Christopher et al., 2006; Didonna, 2009; Figley, 2002; Kabat-Zinn, 1990; Newsome, Waldo, & Gruszka, 2012). When faced with the stress of critical incidents, CITs may incorporate mindfulness to facilitate a reduction in perceived stress, an increase in insight, self-awareness, and new learning (Baer, 2003; Campbell & Christopher, 2012; Chrisman, Christopher, & Lichtenstein, 2009; Christopher et al, 2011; Didonna, 2009; Greason & Cashwell, 2009; Grepmair et al., 2007; Kabat-Zinn, 1990; Linehan, 1993a; Newsome, Waldo, & Gruszka, 2012; Shure, Christopher, & Christopher, 2008).

CHAPTER 3: METHODOLOGY

As accreditation standards provide general guidelines for counselor education

programs, it is incumbent on counselor educators to develop curricula and implement

educational strategies that are grounded in evidenced based practices (CACREP, 2009,

II.G.8.e). It is important to educate counselors in training (CITs) to become competent

and effective counselors. Incorporating mindfulness into counselor education may be of

benefit to assist CITs in building skills and incorporating the habits of mind necessary to

become a competent professional counselor (Bohecker, Wathen, Wells, Salazar, &

Vereen, 2014; Greason & Cashwell, 2009; Stauffer & Pehrsson, 2012). There is limited

research available on incorporating mindfulness in to counselor education, and more

specifically on the incorporation of mindfulness in to the small group experience required

by programmatic standards.

Previous qualitative analyses yielded data supporting the hypothesis that

incorporating mindfulness into a small group experience provides a benefit to CITs

(Bohecker et al., 2014; Newsome, Waldo, & Gruszka, 2012). The purpose of this study

is to add to results using a quantitative research method, based on its characteristic of

predicting relationships among variables (Creswell, 2002). Provided in this chapter are

research design, appropriateness of design, operational definitions of variables,

identification of population, sampling plans, instrumentation, data collection procedures,

research questions and hypotheses, data analyses, validity and reliability, and a summary.

The Mindfulness Experiential Small Group (MESG; Bohecker et al., 2014)

Curriculum was developed based on standards set by CACREP, ASGW, ACES, and the

ACA *Code of Ethics* (ACA, 2014; ACES, 2011; ASGW, 2000; CACREP, 2009). The

MESG Curriculum was developed to assist in meeting accreditation standards for an experiential small group and to facilitate growth and development of CITs. The primary purpose of this study is to ascertain if a relationship exists between MESG Curriculum and an increase in mindfulness skills, empathy, and counseling self-efficacy and a decrease in stress in CITs. This chapter discusses the methodology used to investigate the following research questions:

RQ1: Does MESG Curriculum impact mindfulness skills in CITs?

RQ2: Does MESG Curriculum impact empathy in CITs?

RQ3: Does MESG Curriculum impact counseling self-efficacy in CITs?

RQ4: Does MESG Curriculum impact perceived stress for CITs?

Research Design

A Solomon four-group experimental design is the research design logically derived from the purpose and the theoretical framework of the study. The general goal of quantitative research is to isolate relationships among constructs of interest and operationalizing them into independent and dependent variables while at the same time eliminating sources of bias, contamination, and error (Heppner, Wampold, & Kivlighan, 2007). A between groups design is considered a true experimental design and can be arranged to control extraneous variables and minimize error variance through randomization and experimental control. The between groups design is immune from most threats to internal validity (Braver & Braver, 1988). An essential factor is a comparison of variables across two or more groups under tightly controlled experimental conditions. A threat to generalizability is a participants' exposure to the pretest, which increases sensitivity to the experimental treatment (Huck & Sandler, 1973). However,

the Solomon four- group design "deservedly has higher prestige" (Campbell & Stanley, 1963, p. 24) and is "the most desirable" (Helmstadter, 1970) of all the basic research designs. The Solomon four-group design increases generalizability by both the experimental and control groups lacking in pretest, thereby making determinable both the main effects of testing (MESG Curriculum) and the interaction of the testing (Campbell & Stanley, 1963; Creswell, 2003; Sproull, 2002). Table 2 below provides a diagram of the Solomon-four group research design.

TABLE 2

Solomon Four-Group Design

Group	Assignment	Pretest	Treatment	Posttest
TG1	R	O_1	X	O_2
CG1	R	O_3		O_4
TG2	R		X	O_5
CG2	R			O_6

Note: TG = Treatment Group, R = Random Selection, O = Measures, CG = Control Group, X = Treatment

This study, in ascertaining if the MESG Curriculum had an impact on mindfulness skills, empathy, and counseling self-efficacy and decreased the stress of CITs requires a comparison of two data collections. One is before receiving MESG Curriculum and the other is after receiving MESG Curriculum to evaluate any changes. The Solomon four-group design increases validity by mitigating the effects of using the same instrument for both pretest and posttest (Sproull, 2002). This research design will assist in discovering the relationship between MESG Curriculum and mindfulness skills, empathy, counseling self-efficacy, and perceived stress for CITs.

The study will be conducted at one university in northwestern United States. A

random sample selection process will be used to choose in which group CITs will

participate for the study. Random assignment of participants is one of the identifying

features of between-groups design. Specifically, four groups will be utilized, two of

which participants will be given pretests. One of the pretest group participants will

receive MESG Curriculum and one will receive treatment as usual (TAU) as a control

group. Two other group participants will not be given pretests, one of which will receive

MESG Curriculum and the other TAU as a control group. All four group participants

will be given posttests. The instruments that will be utilized are the Five Facet

Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney,

2006), Interpersonal Reactivity Index (IRI; Davis, 1980), Counseling Self-Estimate

Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992), the

Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) and a demographic

questionnaire.

Appropriateness of Design

Correlational research might be an appropriate design to ascertain the relationship

between MESG Curriculum and mindfulness skills, empathy, counseling self-efficacy,

and perceived stress of CITs within a counselor education program. Correlational

research methods indicate whether variables share something in common with each other

(Salkind, 2003). The use of correlational design facilitates the prediction and explanation

of the relationship between the variables without controlling or manipulating them, but at

the same time, it does not automatically signify causation (Creswell, 2002; Leedy &

Ormrod, 2005). Therefore, a limitation of utilizing correlational design for the purposes

of this research is it does not provide cause and effect between the variables (Sproull,

2002).

Since the purpose of this study is to understand if the MESG Curriculum (cause) has an effect on CITs (mindfulness skills, empathy, counseling self-efficacy, and stress), a true experimental research model is the ideal choice (Salkind, 2003; Sproull, 2002). Fitzgerald and Cox (2002) have developed three criteria for establishing causality, which are (a) "If and only if condition x varies concomitantly with condition y," and (b) "condition x (the independent condition) has preceded condition y (the dependent condition) in time," and (c) " all other possible independent conditions have been eliminated, then condition x is a cause of condition y." (p. 76). Ayres and Hopf (2000) specified the use of the Solomon four-group design is a true experimental design that provides a more accurate indication of the extent to which changes in one variable (level of mindfulness skills, empathy, counseling self-efficacy, and stress) are directly attributable to another variable (MESG Curriculum). The Solomon four-group design facilitates the satisfaction of the three criteria to infer a causal relationship between variables. The first necessity is that if a change occurs in x, y also changes; the second stipulation is that x must take place before y if x indeed causes y; and the last requirement is to eliminate additional conditions that may satisfy the aforementioned stipulations (Fitzgerald & Cox, 2002).

Operational Definitions of Variables

To develop the conceptualization of the variables used through this study, definitions of each dependent and independent variable are operationalized. This is deemed crucial so the research question can be empirically tested (Heppner, Wampold, & Kivlighan, 2007). By providing an operational definition, the constructs will be specified

in order to measure or manipulate the variables during the trials of this study.

Dependent Variables

The observable and measurable dependent variables for this research are mindfulness skills, empathy, counseling self-efficacy, and stress. These factors are operationally defined as follows:

Mindfulness Skills: The specific skills that are components of mindfulness in this study are observing, describing, acting with awareness, non-judgment, and non-reactivity (Baer et al., 2006). This variable will be measured through the combination of all five subscales of the 39 item, five-point Likert scale FFMQ (Baer et al., 2006).

Observing: Noticing or attending to internal and external experiences, such as sensations, cognitions, emotions, sights, sounds, and smells. This variable will be measured through an eight item, five-point Likert subscale of the FFMQ (Baer et al., 2006).

Describing: The ability to apply words to the observed (as defined above) phenomena. This variable will be measured through an eight item, five-point Likert subscale of the FFMQ (Baer et al., 2006).

Acting with Awareness: Attending to one's activities of the moment. This can be contrasted with behaving mechanically while attention is focused elsewhere. This variable will be measured through an eight item, five-point Likert subscale of the FFMQ (Baer et al., 2006).

Non-Judgment: Refraining from placing evaluative labels on one's own thoughts and feelings. This variable will be measured through an eight item, five-point Likert subscale of the FFMQ (Baer et al., 2006).

Non-reactivity: The tendency to allow one's own thoughts and feelings to come and go, without being caught up in or carried away by them. This variable will be measured through a seven item, five-point Likert subscale of the FFMQ (Baer et al., 2006).

Empathy: A multidimensional phenomenon comprised of an emotional (or affective) reaction to the experiences of others combined with an intellectualized (or cognitive) sympathy without any vicarious experiencing of that state (Davis, 1980, 1983, 1996). Empathy is a combination of perspective taking and empathic concern. Empathy will be measured through the combination of two, seven item subscales of the 28 item, five-point Likert-type scale of the IRI (Davis, 1980).

Perspective Taking: The tendency to adopt the point of view of others and see things from their point of view. This variable will be measured through a seven item, five-point Likert-type subscale of the IRI (Davis, 1980).

Empathic Concern: The tendency to respond to distress in others with feelings of warmth, compassion, and concern for others. This variable will be measured through a seven item, five-point Likert-type subscale of the IRI (Davis, 1980).

Counseling Self-Efficacy: Based on Bandura's (1977) Self-Efficacy Theory assumption that people's sense of personal efficacy mediates the relationship between what people know how to do and what they actually do (Bandura, 1986a). Counseling self-efficacy, for the purposes of this study is defined as a counselor's perceived abilities or expected performance levels of counseling activities including behaviors, affect, and cognition. The constructs of counseling activities are defined as confidence in executing counseling microskills, attending to the counseling process, and dealing with difficult

client behaviors, combined with behaving in a culturally competent way and being aware of one's own values (Larson et al., 1992). Counseling self-efficacy will be measured through the instrumentation of a combination of all five subscale scores of a 37 item, six-point Likert-type scale, that yield a total self-efficacy score of the COSE (Larson et al., 1992).

Counseling Micro Skills: Perceived confidence in counseling abilities that include active listening and responding skills. This variable will be measured through a 12 item, six-point Likert-type subscale of the COSE (Larson et al., 1992).

Attending to Process: Appropriately understand and interpret client issues, as well as appropriately challenging and confronting clients. This variable will be measured through a 10 item, six-point Likert-type subscale of the COSE (Larson et al., 1992).

Difficult Client Behaviors: Perceived confidence in dealing with clients who may be suicidal, unresponsive or unmotivated, indecisive, or have other difficult issues. This variable will be measured through a seven item, six-point Likert-type subscale of the COSE (Larson et al., 1992).

Cultural Competence: Perceived competence to counsel culturally diverse clients. This variable will be measured through a four item, six-point Likert-type subscale of the COSE (Larson et al., 1992).

Awareness of Values: Perceived ability to refrain from (a) imposing one's own values or judgments on clients and (b) from giving clients advice. This variable will be measured through a four item, six-point Likert-type subscale of the COSE (Larson et al., 1992).

Perceived Stress: The degree to which respondents appraise life events as

stressful during the last month. Stressful is defined as life events that are appraised by respondents as unpredictable, uncontrollable, and overloaded. This variable will be measured through the 10 item self-report instrument PSS (Cohen, Kamarck, & Mermelstein, 1983).

Independent Variable

The independent variable for this study is the MESG Curriculum. The MESG Curriculum is an eight-week group structure with a specific focus on mindfulness. The purpose of this study is to ascertain if participants who receive MESG Curriculum will score higher on measures of mindfulness, empathy, counseling self-efficacy and score lower on an instrument of perceived stress.

Identification of Population

Entry-level master's students in counseling are the target population of this research. Individuals will be selected because of their enrollment in a small group experience course in a graduate level counseling program and opportunity to receive MESG Curriculum. The purpose of this quantitative study is to relate MESG Curriculum to the development of competent counselors. One factor contributing to the limitation of the participant pool in this study are opportunities to obtain MESG Curriculum. At the time of this study, MESG Curriculum is offered only at one institution of higher education and therefore the participant pool is limited to that university.

Kruskal and Mosteller (1979) posited that available samples may be "good enough for our purpose" (p. 259). This principal stipulates valid inference or generalization to a "hypothetical population, resembling the sample," can be made even without random selection (Serlin, 1987, p. 366). Heppner, Wampold, and Kivlighan

(2007) provide support by explaining further this is a rational rather than a statistical generalization. However, Serlin (1987) cautions this type of generalization requires care in identifying the characteristics of study participants. It is for this reason a detailed demographics questionnaire will be included as one of the measures of this study and generalizations will be tentative until further investigations can be made.

The sample for this study will consist of first year master's students selected from a university in the northwestern United States. The students will all be enrolled in a CACREP accredited counseling program. It is projected that there will be no fewer than 20 students enrolled in this program at the time of this study. The number of subjects will be no fewer than five participants per group. Participants will be contacted through the faculty of record for the course.

To calculate statistical power for this research design, the relationships among the four statistical variables of sample size (N), significance criterion (α), population effect size (ES) and statistical power were analyzed. The total sample size (N) is 20 and thus predetermined. The significance criterion (α) is taken to equal .05 to minimize a Type I error or the risk of false rejections of the null hypothesis (Cohen, 1992). Generally, researchers recommend a minimum power level of .80 to minimize the risk of a Type II error and require a sample size that is reasonable and manageable for researchers (Cohen, 1992). There is generally a low level of consciousness of the magnitude of phenomena that characterizes much in the social sciences, and as a result specifying effect size (ES) is the most difficult part of power analysis (Cohen, 1992). Jaccard & Becker (1997) describe effect size as a measure of the strength of the phenomena of interest, whether an observed finding is trivial or substantive. Cohen (1992) defined effect sizes as "small, d

= .2," "medium, d = .5," and "large, d = .8" (p. 157). An a priori analysis was computed given a total of no less than twenty participants, with 5 participants in each group for a total of ten receiving MESG Curriculum (treatment) and ten receiving TAU (control). Using α = .05 and a medium effect size of .7, there is an actual power of .84 to detect statistically significant difference between the groups receiving MESG Curriculum and TAU.

This research study will be submitted to the Human Subjects Committee of Idaho State University before commencement of participant recruitment. Prior to involvement, participants will be informed of the purpose of the study, their role in the research, use of the results, and asked for voluntary consent to participate. Confidentiality of responses to the instruments will be described to the participants. All informed consent forms will be placed in a sealed envelope and stored in this researchers safe deposit box for three years after which it will be shredded. To protect the confidentiality of the participants, each will be given an identification (ID) number. The participants will be instructed to place their ID number on all subsequently administered instruments. This procedure ensures anonymity by eliminating the possibility of linking names to records (Salkind, 2003). Data gathered will not reveal identifying information and results will be kept confidential to assure participants privacy and to increase honest and complete responses.

Sampling Plans

Contact will be made with the faculty of record responsible for the small group experience course for first year master's students. Permission will be requested from the faculty to attend the first class meeting to personally present this research opportunity to the students. The invitation letter, informed consent, and an envelope will be given to all

potential CITs in the class. To maintain confidentiality, all CITs will be asked to place

the informed consent form back into the envelope regardless if they consented to

participate in the study.

     This methodology will use random sampling for all four of the groups. Upon

consent to participate a web-based application, Research Randomizer, will be used to

assign participants to one of the four groups. The groups will be two treatment groups

(TG1 and TG2) and two control groups (CG1 and CG2). Participants who are assigned

to TG1 and CG1 will be given the four surveys and a demographic questionnaire to

complete during class time. Participants who are assigned to TG2 and CG2 will be given

a demographic questionnaire to complete in class. Participants will be assured that all

reasonable steps will be taken to maintaining confidentiality and anonymity of responses.

All four assessments will take approximately 25-30 minutes to complete. A database will

be developed using Vanderbilt University's REDCap Software 5.10.1. Support for

REDCap is provided by grant UL1TR000423 from NCRR/NIH. Data will be entered

into REDCap and exported into a statistical software package for analysis.

Instrumentation

Four instruments and a demographics questionnaire will be used for this research.

Participants will complete the Five-Facet Mindfulness Questionnaire (FFMQ; Baer et al.,

2006), the Interpersonal Reactivity Index (IRI; Davis, 1980), the Counselor Self-Estimate

Inventory (COSE; Larson et al., 1992), the Perceived Stress Scale (PSS; Cohen,

Kamarck, & Mermelstein, 1983), and a demographic questionnaire. Each instrument can

be found in the Appendices. In this section, each instrument is described and

psychometric properties are examined. Table 3 below outlines the number of items for

each instrument, subscales, published alpha coefficients, and score ranges.

Five Facet Mindfulness Questionnaire

The Five Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2006) is based on an analysis of five independently developed self-report mindfulness questionnaires that have been used in recent research. The analysis yielded five factors that were developed into subscales and together appear to represent elements of mindfulness. The five facets are *observing*, *describing*, *acting with awareness*, *non-judgment*, and *non-reactivity*. The FFMQ (Baer et al., 2006) uses a Likert-type scale (1 = never or very rarely true, 5 = very often or always true). Sample questions include "I am easily distracted" and "I am able to accept the thoughts and feelings I have." Respondents are asked to rate each statement in the way that best describes what is generally true for them. The estimated time to complete the questionnaire is 5-10 minutes.

TABLE 3

Instrumentation, Subscales, Published Alpha Coefficients, Score Range

Instrument	Items	Subscales	Alphas	Range
Five-Facet Mindfulness Questionnaire	39	Total	.96	39-195
	8	Observe	.83	
	8	Describe	.91	
	8	Act With Awareness	.87	
	8	Non-Judgment	.87	
	7	Non-Reactivity	.75	
Interpersonal Reactivity Index	28	Empathic Concern	.80	0-112
	7	Perspective Taking	.79	
	7	Fantasy	.82	
	7	Personal Distress	.75	
	7	Total (PT & EC)	.89	
Counselor Self Estimate	37	Total	.93	37-222
	12	Counseling Microskills	.88	
	10	Attending to Process	.87	
	7	Difficult Client Behaviors	.80	

	4	Cultural Competence	.78	
	4	Awareness of Values	.62	
Perceived Stress Scale	10	Total	.85	0-40

Note: Table 3 presents the instrumentation for this study including the subscales,

published alpha coefficients, and score range.

Baer et al. (2006) initially explored the facet structure of mindfulness using five

self- report assessment methods, which included the Mindful Attention Awareness Scale

(MAAS; Brown & Ryan, 2003), the Freiburg Mindfulness Inventory (FMI; Buchheld,

Grossman, & Walach, 2001), the Kentucky Inventory of Mindfulness (KIMS; Baer,

Smith, & Allen, 2004), the Cognitive and Affective Mindfulness Scale (CAMS; Feldman,

Hayes, Kumar, & Greeson, unpublished manuscript, as cited in Baer et al., 2006), and the

Mindfulness Questionnaire (MQ; Chadwick, Hember, Mead, Lilley, & Dagnan,

unpublished manuscript, as cited in Baer et al., 2006). The psychometric characteristics

including, internal consistency, correlations with each other, and convergent and

discriminant relationships with a variety of other constructs were explored.

Subsequently all items from the questionnaires were pooled into a single data set

and exploratory factor analysis was used to examine the facet structure of the combined

item group. The combined items were administered to 613 undergraduate psychology

students along with assessments of other constructs. Ten other measures were used to

examine convergent and divergent validity. Evidence was found for good internal

consistency for the five mindfulness questionnaires and moderate to large correlations in

the expected directions with measures of other constructs except for one. Exploratory

factor analysis suggested a five-factor solution that accounted for 33% of the variance

after factor extraction. The five factors were only modestly correlated with each other,

suggesting they measure separate but related components of mindfulness.

To further examine the factor structure of mindfulness, the researchers used confirmatory factor analysis to investigate whether the five-factor structure could be derived in an independent sample. They also examined convergent and divergent validity at the factor level. The researchers developed the FFMQ (Baer et al., 2006) as a new instrument for their study by reducing the original total item pool from 115 items to 39 items. The FFMQ (Baer et al., 2006) includes only those items that had the highest loadings on the five factors and that loaded on a single factor.

The researchers then administered the FFMQ (Baer et al., 2006) to a new sample of 268 undergraduate students. Results of this study provided confirmatory evidence of the five-factor structure of mindfulness. A hierarchical model examined whether the five factors were indicators of an overall mindfulness construct or where better understood as individual constructs. This examination revealed the *describe*, *act with awareness*, *non-judgment* and *non-reactivity* factors all loaded significantly onto an overall mindfulness factor.

The *observe* factor did not load significantly, which the researchers suggested was related to the *observe* factor's differential correlations with the other four factors, particularly the nonsignificant and negative correlation with *non-judgment*. Results of previous research suggested individuals with no meditation experience might observe their experience judgmentally while those with meditation experience might observe the experience non-judgmentally (Baer, Smith, & Allen, 2004; Brown & Ryan, 2003). To further investigate this possibility, the authors examined the correlation between the *observe* and *non-judgment* scores for participants with meditation experience and found a

significant, positive relationship. Examination of differential relationship with other constructs revealed relationships consistent with predictions. This suggested the five-factor structure is useful for understanding how the overall mindfulness construct relates to other constructs.

Psychometric properties of the FFMQ (Baer et al., 2006) have been investigated in administrations with college undergraduate students, although the instruments from which the FFMQ (Baer et al., 2006) is derived have been validated using additional populations, including cancer patients (Carlson & Brown, 2005), individuals with a diagnosis of borderline personality disorder (Baer, Smith, & Allen, 2004), and experienced meditators (Buchheld, Grossman, & Walach, 2001). Researchers indicated the FFMQ (Baer et al., 2006) is measuring distinct aspects of mindfulness and the factors have strong internal consistency. The following alpha coefficients were obtained: observing = 0.83, describing = 0.91, acting with awareness = 0.87, non-judgment = 0.87 and non-reactivity = 0.75 (Baer et al., 2006). The composite estimate of reliability was 0.96. Inter-factor correlations ranged from 0.15 to .34, providing evidence that each factor is distinct from the other four.

Interpersonal Reactivity Index

The Interpersonal Reactivity Index (IRI; Davis, 1980, 1996) was designed as a research tool to assess the multidimensional nature of empathy. The IRI (Davis, 1980) is based, in part, on Hoffman's (1977) theoretical model of the development of pro-social tendencies and empathy. He or she contends the capacity of perspective-taking, which is considered instrumental in empathy, parallels the developmental shift from a self-orientation to other-orientation. Children, prior to this shift, are unable to distinguish

between the distress of others and the distress of self. Witnessing others in distress

arouses their own fear and anxiety. However, as perspective-taking ability increases,

personal distress decreases in the face of another's pain. The IRI (Davis, 1980) has been

used widely in social psychological research, but not as much in counseling research.

However, the IRI (Davis, 1980), is the most widely researched and comprehensive

multidimensional assessment of empathy available (Cliffordson, 2002).

The IRI (Davis, 1980) is a 28-item self-report measure that asks such questions

as, "I often have tender, concerned feelings for people less fortunate than me" and

"Before criticizing somebody, I try to imagine how I would feel if I were in their place."

The measure consists of four subscales each tapping different aspects of global empathy.

Each subscale consists of seven items rated on a Likert-type scale ranging from 0 (does

not describe me well) to 4 (describes me very well). The *Perspective Taking* subscale

asses the tendency to adopt the point of view of others. The *Empathic Concern* subscale

assesses the tendency to respond to distress in others with an affective experience of

sympathy and compassion. Davis (1980) considered these two subscales to reflect the

most advanced levels of empathy.

The *Personal Distress* and *Fantasy* subscales represent lower and intermediate

levels of empathy, respectively (Davis, 1980). Furthermore, Davis (1980) advised the

Personal Distress scale correlates negatively with the other subscales. The *Personal*

Distress subscale measures the tendency to become personally anxious and uneasy in the

presence of distressing feelings of others ("When I see someone who badly needs help in

an emergency, I go to pieces"). It indicates susceptibility to over identification with the

issues of another. The *Fantasy* subscale taps the tendency to imaginatively transpose into

the feelings and actions of characters in books, movies, and plays ("When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me"). An intermediate developmental level frequently expressed by adolescents may be associated with this subscale (Hatcher, Favorite, Hardy, Goode, Deshetler, & Thomas, 2005).

Pulos, Elison, & Lennon, (2004) found two second-order factors through a recent analysis of the hierarchical structure of the IRI (Davis, 1980). The first factor, *General Empathy*, was associated with *Empathic Concern* (factor loading = .79), *Fantasy* (factor loading = .61), and *Perspective Taking* (factor loading = .51). The second factor, *Emotional Control*, was positively associated with *Perspective Taking* (.42) and negatively with *Personal Distress* (-.50). *Personal Distress* loaded minimally on the *General Empathy* factor (factor loading = .04) thus supporting the theoretical position that adult empathy and personal distress are separate constructs (Hoffman, 1977; Lennon & Eisenberg, 1987). Therefore, it was concluded that a possible measure of general empathy might be the sum of the scores of the *Empathic Concern*, *Perspective Taking*, and *Fantasy* scales (Pulos, Elison, & Lennon, 2004).

Internal consistency for a total empathy score has not been reported, however, the four subscales of the IRI (Davis, 1980) have been shown to be reliable and stable measures of these facets of empathy (Carey, Fox, & Spraggins, 1988; Cliffordson, 2002; Davis, 1980, 1983; Pulos, Elison, & Lennon, 2004). Davis (1980) found internal consistency reliabilities of the four subscales ranging from .70 to .78. Pulos, Elison, and Lennon (2004) found similar reliabilities for the subscales (*Fantasy*, alpha = .82; *Empathic Concern*, alpha = .80; *Personal Distress*, alpha = .75; *Perspective Taking*,

alpha = .79).

The construct validity of the IRI (Davis, 1980) has been assessed in a number of settings with a variety of populations. This includes undergraduate students (Beitel, Ferrer, Cecero, 2004; Davis, 1980, 1983; Joireman, Needham, & Cummings, 2001; Joireman, Parrott, & Hammersla, 2002), medical personnel (Bellini & Shea, 2005; Galantino, Baime, Maguire, Szapary, Farrar, 2005; Shanafelt, West, Zhao, Novotny, Kolars, Habermann, Sloan, 2005), and therapists and counselors (Constantine & Gainor, 2001; Hatcher, et al., 2005). These studies have demonstrated a variety of correlations between the subscales of the IRI (Davis, 1980) and other constructs. For example, Davis (1983) found *Perspective Taking* was negatively correlated with various measures of social dysfunction and positively correlated with sensitivity to others. *Personal Distress* generally has been found to be positively correlated with social dysfunction and negatively correlated to sensitivity to others. The *Empathic Concern* and *Fantasy* scales also differentially correlated at a significant level with various measures of social functioning and sensitivity. For example, *Fantasy* has been found to be positively and significantly related to shyness ($r = .21$, $p < .05$), loneliness ($r = .22$, $p < .05$), and social anxiety ($r = .22$, $p < .05$), but only in males.

Similarly, in two studies by Joireman et al. (2001; 2002) the subscales of the IRI (Davis, 1980) were found to vary in their correlations with other constructs. They found *Perspective Taking* and *Empathic Concern* to be positively correlated to self-reflection (rs = .26 and .27, $p < .01$, respectively) and self-esteem ($r = .34$, $p < .01$; $r = .14$, $p < .10$, respectively). *Personal Distress* was found to be non-significantly and negatively correlated with self-reflection, significantly and positively related to self-rumination ($r =$

.45, *p* < .01), and significantly and negatively related to self-esteem (r = - .40, *p* < .01).

In another study, Joireman et al. (2001) found *Personal Distress* was significantly

correlated to anxiety (r = .44, *p* < .01). Also, they found both greater trust and comfort

with closeness were positively associated with *Empathic Concern* (r = .21, *p* < .05; r =

.31, *p* < .01, respectively) and *Perspective Taking* (r = .21, *p* < .05; r = .31, *p* < .05) and

negatively associated with *Personal Distress* (r = -.27, *p* < .01; r = -.14, *p* > .05). These

findings support a multidimensional view of empathy and provide evidence the various

subscales of the IRI (Davis, 1980) are measuring separate aspects of empathic tendencies.

Given the evidence the *Personal Distress* scale may not be related to a global measure of

empathy (Pulos, Elison, & Lennon, 2004) and suggestions the *Fantasy* scale measures a

more intermediate level of empathy (Davis, 1980; Hatcher et al., 2005), only the

Empathic Concern scale and the *Perspective Taking* scales will be used to measure global

empathy in this study.

Counseling Self-Estimate Inventory

The Counseling Self-Estimate Inventory (COSE; Larson et al., 1992) is the most

widely used instrument to measure counseling self-efficacy and is based on Bandura's

(1977) self-efficacy theory (Larson & Daniels, 1998). The items on the COSE (Larson et

al., 1992) examine perceptions of CIT capabilities related to five dimensions: executing

Counseling Microskills, *Attending to Process*, dealing with *Difficult Client Behavior*,

behaving with *Cultural Competence*, and having an *Awareness of Values*. Larson and

Daniels (1998) found the COSE (Larson et al., 1992) significantly predicts counselor

performance and demonstrate initial construct validity through factor analysis and

adequate test and re-test reliability. The COSE (Larson et al., 1992) is composed of 37

positive and negative items related to counselors' behavior toward and feelings about a client. Each item is ranked on a Likert scale, ranging from strongly disagrees to strongly agrees. The COSE (Larson et al., 1992) asks questions such as "I am confident that I will be able to conceptualize my client's problem" and "I am unsure as to how I will lead my client towards the development and selection of concrete goals to work toward."

Psychometric properties reported by Larson et al. (1992) for the COSE (Larson et al., 1992) include relatively high reliability coefficients for the total score as shown in Table 3 Initial validity measures for the COSE (Larson et al., 1992) have shown the instrument to be positively related to counselor performance, self-concept, problem-solving appraisal, performance expectations, and negatively related to state and trait anxiety (Larson et al., 1992). The COSE (Larson et al., 1992) was also minimally related to aptitude, achievement, personality type, and defensiveness.

Additional validation studies have been undertaken to measure sensitivity to change across counseling professionals to include both master's level counselors and counseling psychologists. A significant main effect was found for years of experience, F $(2,314) = 53.75$, $p < .001$; and level of training, F $(2,314) = 4.17$, $p < .001$ but not for gender ($p > .05$). Counselors at the bachelor's level had a significantly lower self-efficacy than master's level counselors and counseling psychologists (Larson et al., 1992). COSE (Larson et al., 1992) scores increase over time due to experience (successfully counseling clients), vicarious learning, and verbal persuasion (Larson et al., 1992). Criterion and convergent validity of the COSE (Larson et al., 1992) has been reported with the State-Trait Anxiety Inventory (STAI), Satisfaction with Course Performance (SCP), and the Behavioral Rating Form (BRF). The COSE (Larson et al., 1992) and the STAI were

significant predictors of the BRF. As measured by the BRF and stated by self-efficacy theory, trait anxiety and self-efficacy significantly contributed to counselor performance (Larson et al., 1992).

Perceived Stress Scale

The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) is 1983) is one of the more popular tools for measuring psychological stress. It is a self-reported questionnaire designed to measure "the degree to which individuals appraise situations in their lives as stressful" (Cohen, Kamarck, & Mermelstein, 1983, p. 385). The PPS items evaluate the degree to which individuals believe their life has been unpredictable, uncontrollable, and overloaded during the previous month. The assessed items are general in nature rather than focusing on specific events or experiences.

There are three versions of the PSS. The original instrument is a 14-item scale (PSS-14) that was developed with 7 positive and 7 negative items rated on a 5-point Likert scale. Questions such as "In the last month, how often have you felt nervous and "stressed" and "In the last month, how often have you been able to control irritations in your life?" Five years after the introduction of the PSS-14, it was shortened to 10 items (PSS-10 using factor analysis based on data from 2,387 U.S. residents). A brief version of the PSS with four items (PSS-4) was introduced for telephone interviews or requiring a very short scale.

In a recent review of research related to the psychometric properties of the PSS (Lee, 2012), it was found the PSS-14 was either moderately, or strongly correlated with the hypothesized emotional variables such as depression or anxiety, as measured using the Center for Epidemiologic Studies Depression Scale (Radloff, 1977), Inventory to

Diagnose Depression (Zimmerman & Coryell, 1987), Beck Depression Inventory (Beck,

Steer, & Garbin, 1988), Hospital Anxiety and Depression Scale (Zigmond & Snaith,

1983)¸State-Trait Anxiety Inventory (Spielberger, 1983), General Health Questionnaire

(Goldberg & Williams, 1991), Edinburgh Postnatal Depression Scale (Cox, Holden, &

Sagovsky, 1987), Thai Depression Inventory (Lotrakul & Sukanich, 1999), and

Depression Anxiety Stress Scale-21 (Lyrakos, Arvaniti, Smyrinioti, & Kostopanahioutou,

2011). In general, the psychometric properties of the PSS-10 are superior to those of the

PSS-14 (Lee, 2012). Lee (2012) recommended that the PSS-10 be used to measure

perceived stress, both in practice and research. For the purposes of this research, the

PSS-10 will be used.

Demographic Questionnaire

A demographics questionnaire will be intentionally designed for this research.

Demographic information will be gathered to help generalizability to populations that are

similar in demographics. For example, information regarding a participant's age, gender,

, ethnicity, religious affiliation, and socioeconomic status will be collected.

Data Collection Procedures

Data for this research will be obtained from first year students who are currently

enrolled in a small group experience course in a counseling program in the Northwest

United States. Data collection procedures will begin with contacting the faculty of record

via email and asking for permission to attend the first class meeting to personally present

and additionally provide an invitation letter regarding this research opportunity to the

students. The preliminary presentation will describe the study, the importance of their

participation, and a request for their voluntary participation.

Once participants consent to participate, they will be randomly assigned to one of the four groups under study. Each participant will be given a packet containing either the Five Facet Mindfulness Questionnaire, Interpersonal Reactivity Index, Counseling Self-Estimate Inventory, Perceived Stress Scale, and the demographics questionnaire or only the demographic questionnaire based upon to which group a participant was assigned. Time will be provided during class and the combined instruments and questionnaire, which will take approximately 25-30 minutes to complete.

The present study will examine the correlation between MESG Curriculum and specific characteristics by finding answers to the following research questions:

Research Question 1: Does MESG Curriculum impact mindfulness skills in CITs?

Hypothesis 1: There will be a statistically significant difference in acting with awareness, observing, describing, non-judgment, and non-reactivity, as measured by the FFMQ (Baer et al., 2006) between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Hypothesis 2: There will be a statistically significant difference in mindfulness skills, as measured by the FFMQ (Baer et al., (2006), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Research Question 2: Does MESG Curriculum impact empathy in CITs?

Hypothesis 3: There will be a statistically significant difference in empathy, as measured by the IRI (Davis, 1980), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Research Question 3: Does MESG Curriculum impact counseling self-efficacy in

CITs?

Hypothesis 4: There will be a statistically significant difference of confidence in executing counseling microskills, attending to the counseling process, dealing with difficult client behaviors, behaving in a culturally competent way, and being aware of one's own values, as measured by the COSE (Larson et al., 1992), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Hypothesis 5: There will be a statistically significant difference in counseling self-efficacy, as measured by the COSE (Larson et al., 1992), between master's level CIT's who received MESG Curriculum and those who did not receive MESG Curriculum.

Research Question 4: Does MESG Curriculum impact perceived stress for CITs?

Hypothesis 6: There will be a statistically significant difference of perceived stress scores, as measured by the PSS (Cohen, Kamarck, & Mermelstein, 1983), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

Data Analyses

The purpose of this quantitative survey study is to ascertain the effects of MESG Curriculum on mindfulness skills, empathy, counseling self-efficacy, and perceived stress of CITs. This study will evaluate the effectiveness of the MESG Curriculum facilitating changes in behavior and an increase in mindfulness, empathy, and counseling self-efficacy which, when transferred to a counseling session, may result in the ability of the participants to engage in counseling with confidence and competence. The independent sample *t*-test will be used to ascertain the effects of MESG Curriculum on CITs.

According to Sproull (2002), the use of an independent sample *t*-test is appropriate when one is comparing two independent groups (treatment and control) chosen using random sampling from the population with unknown population variances. This study will use six different *t*-tests with 14 dependent variables (observing, describing, awareness, non-judgment, non-reactivity, overall mindfulness, empathy, counseling microskills, process, difficult clients, culture, values, overall counseling self-efficacy, and perceived stress. The comparisons of means for the six different tests are as follows:

1. The mean FFMQ, IRI, COSE and PSS pretest scores of the two groups receiving the pretest (TG1 and CG1) will be compared to ascertain the statistical equality of the two groups prior to the MESG Curriculum.

2. The mean FFMQ, IRI, COSE, and PSS posttest scores of the two groups receiving the pretest (TG1 and CG1) will be compared the mean FFMQ, IRI, COSE, and PSS posttest scores of the non pretested groups (TG2 and CG2) to ascertain if exposure to the pretests increased sensitivity to the experimental treatment (MESG Curriculum) and the results of the posttest.

3. The mean FFMQ subscale and total posttest scores of the two treatment groups (TG1 and TG2) will be compared to the mean FFMQ subscale and total posttest scores of the two control groups (CG1 and CG2) to ascertain the difference of the two groups in observing, describing, awareness, non-judging, non-reactivity, and overall mindfulness after receiving the MESG Curriculum.

4. The mean IRI empathy subscale posttest scores of the two treatment groups (TG1 and TG2) will be compared to the mean IRI empathy subscale posttest scores of the

two control groups (CG1 and CG2) to ascertain the difference of the two groups in empathy after receiving the MESG Curriculum.

5. The mean COSE subscale and total posttest scores of the two treatment groups (TG1 and TG2) will be compared to the mean COSE subscale and total posttest scores of the two control groups (CG1 and CG2) to ascertain the difference of the two groups in counseling microskills, process, difficult clients, culture, values and overall counseling self-efficacy after receiving the MESG Curriculum.

6. The mean PSS posttest scores of the pretest of the two treatment groups (TG1 and TG2) will be compared to the mean PSS posttest scores of the two control groups (CG1 and CG2) to ascertain the difference of the two groups in perceived stress after receiving the MESG Curriculum .

The independent groups *t* test will be used to analyze for mean differences between groups (Group: Treatment or Control and Pre-test: yes or no) on a dependent variable such as the FFMQ, IRI, COSE, and PSS scores. This allows each independent variable to be tested for its main effect on the dependent variable (Sproull, 2002). A difference between the posttest results of the groups receiving MESG Curriculum and the posttest results of the groups not receiving MESG Curriculum will indicate the results of the MESG Curriculum.

Validity and Reliability

Validity and reliability of the research design are imperative to the success of this study. Regardless of how well designed a research study may be, the question of the truth of the results will always remain. Therefore, validity concerns must be addressed (Cooper & Schindler, 2003). A failure to mitigate validity threats will lead to

inconsistent and questionable results. Creswell (2002) stated, "the goal of good research is to have measures or observations that are reliable" (p. 180). Reliability contributes to the validity of the study, but it alone does not ensure validity (Cooper & Schindler, 2003).

The entire research study efforts rest on the validity and reliability of the instruments used in the study (Leedy & Ormrod, 2005). If the instruments repeatedly and correctly measure the intended criterion, they are both valid and reliable; however, if the instruments repeatedly provide results that are off 5%, the instruments are reliable but not valid. To ensure the reliability of the research study, it is essential that instrument questions are unambiguous and the procedures regarding the administration of the instrument are standardized (Creswell, 2002). Multiple administrations of the instruments will validate the reliability of the study. This principle is known as test-retest reliability, which is used to examine the stability of scores from one sample to another at differing time intervals (Creswell, 2002). Regardless of the ability of the study to produce consistent results, questions of whether relational conclusions imply cause or whether the observed relationships are applicable to differing populations, times, or environments must be addressed (Cooper & Schindler, 2003).

The perfect research design would control for threats to the ability of the study to prove the independent variable did cause changes in the dependent variable, considered internal validity. The perfect design would also control threats to the ability to generalize research results to varying samples, which is external validity (Sproull, 2002). The internal validity is most important in the research design of this study as without it, the results will not be useful as impetus for the effects will not be conclusively known (Sproull, 2002). Many factors will cause threats to validity, both internal and external;

however, the design of this study mitigates most of these threats.

According to Sproull (2002), the factors of history, statistical regression, and selection may affect the internal validity of a study. To mitigate these factors, control groups will be used to control for history, and random assignment will facilitate the controlling of the statistical regression and selection factors (Sproull, 2002). The use of pretest is a factor, which threatens the external validity of the research design (Cooper & Schindler, 2003; Sproull, 2002). A research design utilizing groups not pretested will mitigate the reactivity of testing (Cooper & Schindler, 2003). The Solomon four-group design used in this study not only controls for the external source of invalid interaction of testing, but it also controls for all internal sources of validity (Sproull, 2002).

Summary

This chapter has provided an overview of the research design of the study. The use of random sampling facilitates bias-free sampling and the controlling for variables, which may affect the major variable of the study (Sproull, 2002). The random assignment of a sufficient number of subjects and the use of control groups will facilitate a thorough exploration of the effects of MESG Curriculum (Creswell, 2002). The chapter has also outlines methods used to control for extraneous factors that may affect the reliability and validity of the study. The experimental nature of the research design of the study is considered nearly ideal due to the high control employed, mitigating most threats, and thus facilitating stronger inferences regarding cause and effects. Additionally, steps will be taken to ensure this study will be replicable and generalizable (Sproull, 2002). The next chapter will provide the results of the research study in appropriate detail.

CHAPTER 4: RESULTS

The purpose of this research is to determine if a relationship exists between the

Mindfulness Experiential Small Group (MESG) Curriculum (independent variable) and

an increase in mindfulness skills, empathy, counseling self-efficacy, and a decrease in

perceived stress (dependent variables) in master's student counselors in training (CITs).

Quantitative research methodologies were implemented to assess if the exposure to the

pretest increased sensitivity to the experimental treatment and the results of the posttest. In

addition, quantitative research methodologies were implemented to assess the differences

between the groups of CIT's who received the MESG Curriculum and the groups of CIT's

who received treatment as usual (TAU).

An independent samples *t* test was used to examine the research questions guiding

this study: Research Question One "Does MESG Curriculum impact mindfulness skills in

CITs?", Research Question Two "Does MESG Curriculum impact empathy in CITs?",

Research Question Three "Does MESG Curriculum impact counseling self-efficacy in

CITs?", and Research Question Four "Does MESG Curriculum impact perceived stress

for CITs?" This chapter provides participant sample demographics, data collection

process, summarizes research results, and presents analyses findings of the data obtained.

Sample Demographics

The population for this study was first year CITs enrolled in a Council for

Accreditation of Counseling and Related Educational Programs (CACREP) accredited

counseling program in a university located in northwestern United States. Individuals

were identified because of their enrollment in a small group experience course and

opportunity to receive the MESG Curriculum. Permission to attend the first class

meeting to present this research opportunity and recruit participants was granted by the

instructor of record. The CITs were given the invitation letter, informed consent for their

participation in the research, and an envelope. To maintain confidentiality, all CITs

were asked to place the informed consent back into the envelope regardless of their

choice to consent to participate in the study or not. All students who were eligible for

participation in the study did volunteer their consent and completed the research for

100% participation and completion rate. The sample for the quantitative analysis

consisted of 22 CITs enrolled in a small group experience course in a CACREP

accredited masters counseling program.

To maintain confidentiality and anonymity, a numerical identifier was assigned to

each participant. The numbers were entered into Research Randomizer to provide random

assignment of each participant into one of four groups. The groups consisted of were two

treatment groups (TG1 that included a pretest and TG2 that did not) and two control

groups (CG1 that included a pretest and CG2 that did not) as shown in Table 4.

Participants assigned to TG1 and CG1 were given the Five Facet Mindfulness

Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006), the

Interpersonal Reactivity Index (IRI; Davis, 1980), the Counseling Self-Estimate

Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992), and

the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). All

participants were asked to complete a demographic questionnaire.

The counseling program in which all of the participants were enrolled also

required all first year first semester CITs participate in a Prepracticum skills course. The

format of this course was such that the CITs were put into groups to practice counseling

microskills. As a result, the CITs in the course were also participants in this research;

however, they were in a different configuration of groups from the treatment and control

groups of the study. This highlighted the confounding variable of participants

discussing different treatment formats with each other, potentially influencing the

posttest scores and assessment of treatment and control groups. To mitigate this factor,

a post group questionnaire (Appendix F) was developed to assess if there were the

interactions of participants between treatment and control groups and the potential

influences to the research design and results of this study. The questionnaire consisted

of three questions as part of this study and four qualitative questions to provide space

and a venue for participants to provide feedback on group format and facilitators. The

post group questionnaire was included in the posttest packet.

TABLE 4

Intervention Plan

Group	Assignment	Pretest	MESG Curriculum	Posttest
TG1 (n=6)	R	O_1	X	O_2
CG1 (n=5)	R	O_3		O_4
TG2 (n=6)	R		X	O_5
CG2 (n=5)	R			O_6

Note: Table 4 presents the intervention plan for this study. TG = Treatment Group; R =

Random Selection; O = Measures; CG = Control Group; X = Treatment

Table 5 contains demographic information for the participant sample. Of the

participants, 16 were women (72.7 %) and 6 were men (27.3%). Ages of the participants

ranged from 21 to 52, with a mean age of 28.7, standard deviation 9.4. The majority of

participants reported White ethnicity (*N*=20, 90.9%). Other reported ethnicities included

biracial Black/African American-White/Caucasian (*N*=1, 4.5%) and Hawaiian/Pacific

Islander (*N*=1, 4.5%). The participants reported religion as Christian (*N*=6, 27.3%), LDS

(*N*=5, 22.7%), Spiritual, Unaffiliated (*N*=4, 18.2%), Catholic (*N*=2, 9.1%), Orthodox

Christian (*N*=1, 4.5%), Religious, Affiliated (*N*=1, 4.5%), Atheist (*N*=1, 4.5%), and

Questioning (*N*=1, 4.5%). Half of the participants reported a Middle household income

level (*N*=11, 50.0%). Other reported household income levels included Upper (*N*=1,

4.5%), Upper Middle (*N*=2, 9.1%), Lower Middle (*N*=6, 27.3%), and Very Low (*N*=2,

9.1%).

TABLE 5

Sample Demographics (N=22)

Variable	N	%
Gender		
Female	16	72.7
Male	6	27.3
Age		
21 - 23	8	36.4
24 - 28	7	31.8
> 29	7	31.8
Race/Ethnicity		
White/Caucasian	20	90.9
Non-White/Caucasian	2	9.1
Religion		
Christian	6	27.3
LDS	5	22.7
Spiritual, Unaffiliated	4	18.2
Catholic	2	9.1
Orthodox Christian	1	4.5
Religious, Affiliated	1	4.5
Atheist	1	4.5
Questioning	1	4.5
Income		
Upper	1	4.5
Upper Middle	2	9.1
Middle	11	50.0
Lower Middle	6	27.3

Very Low	2	9.1

Note. Table 5 presents the general demographic data for the 22 participants in the

sample. Both the number of respondents and the percent conversions are provided.

Statistical Analysis

Four main research questions were explored. The purpose of this study was to

determine if there is a relationship between the MESG Curriculum and mindfulness

skills as measured by the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith,

Hopkins, Krietemeyer, & Toney, 2006), empathy as measured by the combined

subscales of Empathic Concern and Perspective Taking of the Interpersonal Reactivity

Index (IRI; Davis, 1980), counseling self-efficacy as measured by the COSE (Larson et

al, 1992), and perceived stress as measured by the Perceived Stress Scales (PSS;

Cohen, Kamarck, & Mermelstein, 1983) assessment instruments. All research

questions were investigated using independent samples *t* test analysis and α of .05 to

determine statistical significance. The use of an independent sample *t* test is

appropriate when comparing two independent groups (pretest and no pretest or

treatment and no treatment) chosen using random sampling from the populations with

unknown population variances (Sproull, 2002). Data were analyzed using IBM SPSS

Statistics 20 software.

Preliminary Assessment for Pretest Scores

Before testing the hypotheses of this study, two preliminary statistical tests were

utilized to increase validity. The first analysis to test validity was used to determine if

there was statistically significant variability among the pretest scores of the participants

in treatment group TG1 who received the MESG Curriculum and the participants in

control CG1 who received TAU. The second validity test was to determine if there was a statistically significant difference in the posttest scores of the pretested groups (TG1 and CG1) compared to the groups that were not pretested (TG2 and CG2).

The descriptive statistics for pretest results for treatment group TG1 were taken from scores on the FFMQ to measure mindfulness skills (M = 120.00, SD = 23.93), the IRI to measure empathy (M = 42.00, SD 3.58), the COSE to measure counselor self-efficacy (M = 148.17, SD 13.79), and the PSS to measure perceived stress (M = 20.33, SD 3.72) and are found in Table 6. For control group CG1, Table 7 contains the descriptive statistics for FFMQ scores (M = 126.20, SD 22.59), IRI scores (M = 43.80, SD 4.76), COSE scores (M = 130.40, SD 21.50), and PSS scores (M = 13.40, SD = 6.88).

TABLE 6

Pretest Descriptive Statistics for TG1 (N=6)

Instrument	Mean	sd	Range Min	Range Max
FFMQ (Mindfulness Skills)	120.00	23.93	94	159
IRI (Empathy)	42.00	3.58	37	47
COSE (Counseling Self-Efficacy)	148.17	13.79	132	170
PSS (Perceived Stress)	20.33	3.72	15	26

Note. Table 6 presents the descriptive statistics mean, standard deviation, range minimum, and range maximum for the pretest scores for treatment group TG1.

TABLE 7

Pretest Descriptive Statistics for CG1 (N=5)

Instrument	Mean	sd	Range Min	Range Max
FFMQ (Mindfulness Skills)	126.20	22.59	88	144
IRI (Empathy)	43.80	4.76	39	49
COSE (Counseling Self-Efficacy)	130.40	21.50	94	149

PSS (Perceived Stress)	13.40	6.88	4	21

Note. Table 7 presents the descriptive statistics mean, standard deviation, range

minimum, and range maximum for the pretest scores for control group CG1.

Levene's test for equality of variances indicated variances for TG1 and CG1 did

not differ significantly at the $\alpha < .05$ level (FFMQ $p = .635$; IRI $p = .536$; COSE $p =$

.373; PSS $p = .173$). This result allowed the slightly more powerful equal variance t test.

Therefore, independent groups t test analysis was used to determine if there were any

statistical differences in the pretest scores between treatment group TG1 and control

group CG1. Results confirmed, shown in Table 8, there were no statistical differences

between the treatment and control group pretest scores. FFMQ scores for TG1 were not

statistically different, $t(9) = .439$, $p = .67$, from the FFMQ scores for CG1 (TG1: M =

120.00, SD = 23.93; CG1: M = 126.20, SD = 22.58). IRI scores for TG1 were not

statistically different, $t(9) = .717$, $p = .492$, from the IRI scores for CG1 (TG1: M =

42.00, SD = 3.58; CG1: M = 43.80, SD = 4.76). Scores for the COSE for TG1 were not

statistically different, $t(9) = -1.663$, $p = .131$, from the COSE scores for CG1 (TG1: M =

148.17, SD 13.79; CG1: M = 130.40, SD = 21.50). PSS scores for TG1 were not

statistically different, $t(9) = -2.136$, $p = .061$, from the PSS scores for CG1 (TG1: M =

20.33, SD = 3.72; CG1: M = 13.40, SD = 6.88).

TABLE 8

Independent Groups t Test Results for Comparison of TG1 and CG1 Pretest Scores

(N=11)

	F	Sig.	t	df	Sig. (2-tailed)
FFMQ (Mindfulness Skills)	.216	.653	.439	9	.671

IRI (Empathy)	.414	.536	-1.663	9	.131
COSE (Counseling Self-Efficacy)	.880	.373	.717	9	.492
PSS (Perceived Stress)	2.192	.173	-2.136	9	.061

Note. Table 8 presents the result of the independent groups *t* test analysis to determine

statistical significance in the pretest scores of TG1 and CG1 using α < .05.

Preliminary Assessment for Pretest Sensitivity

With no statistically significant differences between the pretest means of

treatment group TG1 and control group CG1, the next preliminary analyses were

conducted to determine if exposure to the pretests increased sensitivity to the experimental

treatment and the results of the posttest. The posttest scores of the pretested groups (TG1

and CG1) were combined and compared to the posttest scores of the combined non-

pretested groups (TG2 and CG2). The descriptive statistics for the combined posttest

scores of the pretested groups of treatment TG1 and control CG1 are shown in Table 9

while the descriptive statistics for the combined posttest scores of the non-pretested

groups of treatment TG2 and control CG2 are shown in Table 10.

TABLE 9

Posttest Descriptive Statistics for Combined Pretested Groups TG1 and CG1 (N=11)

Instrument	Mean	sd	Range Min	Range Max
FFMQ (Mindfulness Skills)	122.73	17.03	94	158
IRI (Empathy)	44.63	6.12	35	56
COSE (Counseling Self-Efficacy)	144.55	23.74	98	182
PSS (Perceived Stress)	19.55	6.44	13	31

Note. Table 9 presents the descriptive statistics mean, standard deviation, range

minimum, and range maximum for the combined posttest scores for treatment group

TG1 and control group CG1.

TABLE 10

Posttest Descriptive Statistics for Combined Non-Pretested Groups TG2 and CG2

(N=11)

Instrument	Mean	sd	Range Min	Range Max
FFMQ (Mindfulness Skills)	134.73	11.32	112	150
IRI (Empathy)	43.18	5.72	35	52
COSE (Counseling Self-Efficacy)	162.91	19.10	138	193
PSS (Perceived Stress)	13.56	5.82	5	26

Note. Table 10 presents the descriptive statistics mean, standard deviation, range minimum, and range maximum for the combined posttest scores for non-pretested treatment group TG2 and control group CG2.

Levene's test for equality of variances indicated the pretested group variance did not differ significantly from the non-pretested group variance at the $\alpha < .05$ level (FFMQ $p = .335$; IRI $p = .991$; COSE $p = .496$; PSS $p = .314$). This result allowed for the use of the slightly more powerful equal-variance *t* test. An independent groups *t* test analysis was used to determine if there were any statistical differences in the posttest scores of the FFMQ, IRI, COSE, and the PSS between combined pretested treatment and control groups (TG1 and CG1) and combined non-pretested treatment and control groups (TG2 and CG2) to evaluate if pretesting increased sensitivity to treatment or posttest scores. Results of these analyses are shown in Table 11.

TABLE 11

Independent Groups t Test Results for Comparison of Posttest Scores for Pretested (TG1 and CG1) and Non-Pretested (TG2 and CG2) Groups (N=22)

	F	Sig.	t	df	Sig. (2-tailed)
FFMQ (Mindfulness Skills)	.975	.335	-1.946	20	.066
IRI (Empathy)	.000	.991	.468	20	.645

| COSE (Counseling Self-Efficacy) | .481 | .496 | -1.999 | 20 | .059 |
| PSS (Perceived Stress) | 1.068 | .314 | 2.293 | 20 | .033 |

Note. Table 11 presents the result of the independent groups *t* test analysis to determine

statistical significance in the posttest scores of the combined pretested groups (TG1 and

CG1) and combined non-pretested groups (TG2 and CG2) using $\alpha < .05$.

The FFMQ combined posttest scores measuring mindfulness skills were not

statistically different ($t(20) = -1.946$, $p = .066$) for the pretested groups, TG1 and CG1

(M = 122.73, SD = 17.03) from the posttest scores from the non-pretested groups TG2

and CG2 (M = 134.73, SD = 11.32). The IRI posttest scores measuring empathy were

not statistically different ($t(20) = .468$, $p = .645$) for the pretested groups, TG1 and CG1

(M = 44.36, SD = 6.12) from the combined posttest scores for the non-pretested groups

TG2 and CG2 (M = 44.36, SD = 6.12). Combined TG1 and CG1 posttest scores for

COSE, measuring counseling self-efficacy (M = 144.55, SD 23.74), were not

statistically different, $t(20) = -1.999$, $p = .059$, from TG2 and CG2 combined COSE

posttest scores (M = 162.91, SD = 19.10). However, *t* test analysis discovered the

combined posttest scores (M = 19.55, SD = 6.44) for the pretested groups (TG1 and

CG1) on the PSS measuring perceived stress demonstrated a statically significant

difference $t(20) = 2.293$, $p = .033$, from the combined posttest scores for the groups TG2

and CG2 (M = 13.55, SD = 5.82) not receiving pretests. This finding may suggest

assessing for perceived stress prior to treatment may increase sensitivity to the

perception of stress.

To explore this further, the descriptive statistics for the posttest scores of the

pretested groups of treatment TG1 and control CG1 were reviewed. It is interesting,

although not statistically significant, to note the pretest PSS mean score for the control

group was low (13.40, SD 5.74). It is interesting the mean score on the PSS for the

treatment group (TG1; p = 20.33, SD 3.72) decreased after receiving the MESG

Curriculum (p = 18.17, SD 5.74). This can be compared to the pretest mean score on the

PSS for the control group (13.40, SD 6.88) which increased on the PSS posttest (p =

21.20, SD 7.50) as shown in Table X. This finding may suggest there may have been a

confounding variable related to the perception of stress that was unaccounted for or

influenced the findings in this analysis.

Statistical Findings

Major findings from this research are presented and discussed in detail in this

section. Findings will be delineated according to the aforementioned research questions.

Integration of findings with current literature and implications of the statistical findings are

explored in Chapter 5.

Research Question One

Research question one was to determine if there was a statistically significant

difference in the mindfulness skills of participants who received the MESG Curriculum

as compared to control groups of participants who received TAU. Specifically this

question asked, "Does MESG Curriculum impact mindfulness skills in CITs? " The

instrument, FFMQ (Baer et al, 2006), was used to provide a measurement of five

mindfulness activities of observing, describing, acting with awareness, non-judgment

and non-reactivity. The FFMQ total score was used to answer this research question.

FFMQ. Overall results of the FFMQ rejected the null hypothesis in favor of the

alternative hypothesis, specifically there was a significant difference (t(20) = 2.455, p =

.023) in mindfulness skills as measured by the FFMQ between master's CIT's who

received the MESG Curriculum (Bohecker, et al, 2014) and those who did not receive

the MESG Curriculum. Descriptive statistics for the combined treatment groups (TG1

and TG2) and combined control groups (CG1 and CG2) posttest results of the subscales

and total FFMQ scores are found in Table 12.

TABLE 12

FFMQ Posttest Descriptive Statistics for Combined TG1 and TG2 Treatment Groups

(n=12) and Combined CG1 and CG2 Control Groups (n=10) Scores

	Mean	sd	Range Min	Range Max
Observing				
Treatment	30.83	3.90	23	37
Control	26.60	5.42	18	39
Describing				
Treatment	29.75	6.08	21	39
Control	24.80	4.08	17	30
Awareness				
Treatment	26.92	3.90	19	34
Control	23.20	3.80	18	30
Nonjudging				
Treatment	27.75	4.71	19	36
Control	23.90	5.69	15	31
Nonreactivity				
Treatment	20.08	3.92	13	26
Control	22.30	3.97	16	30
Total				
Treatment	135.33	14.55	111	158
Control	120.80	12.88	94	139

Note. Table 12 presents the descriptive statistics mean, standard deviation, range

minimum, and range maximum for the FFMQ scores for combined treatment groups,

TG1 and TG2, and control groups CG1 and CG2.

Levene's test for equality of variances indicated variances for treatment and

control groups did not differ significantly at the α < .05 level (observing p = .742;

describing p = .116; awareness p = .698; nonjudging p = .552; nonreactivity p = .870;

total p = .716). The result allowed the use of the slightly more powerful equal-variance t

test. An independent groups t test was used in the comparison of treatment and control

group posttest scores within the subscales and total of the FFMQ and the results of the

analysis for research question 1 are found in Table 13. The results for the FFMQ

subscales of non-judgment (t(20) = 1.738, p = .098) and nonreactivity (t(20) = -1.313, p

= .204) retained the null hypothesis as there was not a statistically significant difference

in the posttest scores of master's CIT's who received the MESG Curriculum (Bohecker,

et al., 2014) and those who did not. Alternatively, the results for FFMQ subscales

observing (t(20) = 2.127, p = .046), describing (t(20) = 2.193, p = .040), acting with

awareness (t(20) = 2.254, p = .036), and FFMQ total (t(20) = 2.455, p = .023) rejected

the null hypothesis in favor of the alternative hypothesis as there was a significant

difference between the posttest scores of master's CIT's who received the MESG

Curriculum and those who did not and received TAU. This finding may indicate that

MESG Curriculum increases overall mindfulness skills.

TABLE 13

Independent Groups t Test Results for the Comparison of Treatment and Control Group

FFMQ Posttest Scores (N=22)

	F	Sig.	t	df	Sig. (2-tailed)
FFMQ (Mindfulness Skills)					
Observing	.111	.742	2.127	20	.046
Describing	2.699	.116	2.193	20	.040
Awareness	.155	.698	2.254	20	.036
Nonjudging	.366	.552	1.738	20	.098
Nonreactivity	.028	.870	-1.313	20	.204
TOTAL	.136	.716	2.455	20	.023

Note. Table 13 presents the result of the independent groups *t* test analysis to determine statistical significance in the FFMQ posttest scores of the combined treatment groups (TG1 and TG2) and combined control groups (CG1 and CG2) using α < .05.

Research Question Two

Research question two was to determine if there was a statistically significant difference in the empathy of participants who received the MESG Curriculum compared to control groups of participants who did not. Specifically this question asked, "Does MESG Curriculum impact empathy in CITs? " The instrument IRI (Davis, 1980), was used to provide a measurement of empathy. The empathy subscale of the IRI was used to answer this research question.

IRI. Results of the empathy subscale of the IRI rejected the null hypothesis in favor of the alternative hypothesis, specifically there is a significant difference ($t(20) = 3.008, p = .007$) in empathy as measured by the IRI empathy subscale scores between master's CIT's who received the MESG Curriculum (Bohecker, et al, 2014) and those who received TAU. Descriptive statistics for the combined treatment groups (TG1 and TG2) and combined control groups (CG1 and CG2) posttest results of the empathy subscale scores are found in Table 14.

TABLE 14

IRI Posttest Descriptive Statistics for Combined TG1 and TG2 Treatment Groups (n=12) and Combined CG1 and CG2 Control Groups (n=10) Empathy Scores

	Mean	sd	Range Min	Range Max
IRI Empathy				

Treatment	46.67	4.33	41	56
Control	40.30	5.60	35	48

Note. Table 14 presents the descriptive statistics mean, standard deviation, range

minimum, and range maximum for the IRI empathy scores for combined treatment

groups, TG1 and TG2, and control groups CG1 and CG2.

Levene's test for equality of variance was conducted for IRI posttest scores for

treatment and control groups. The subscale of empathy ($p = .125$) did not differ

significantly at the $\alpha < .05$ level. The result allowed the use of the slightly more

powerful equal-variance estimate in the subsequent t test analysis. Independent groups t

test was used in the comparison of treatment and control group IRI empathy scores. The

result of the t test analysis for research question 2 is found in Table 15. The IRI

empathy results, $t(20) = 3.008$, $p = .007$, rejected the null hypothesis in favor of the

alternative hypothesis as there was a significant difference between the scores of

master's CIT's who received the MESG Curriculum (Bohecker, et al., 2014) and those

who did not. This finding may indicate CIT's who received MESG Curriculum have

increased levels of empathy.

TABLE 15

Independent Groups t Test Results for the Comparison of Treatment and Control Group

IRI Empathy Posttest Scores (N=22)

	F	Sig.	t	df	Sig. (2-tailed)
IRI					
Empathy	2.566	.125	3.008	20	.007

Note. Table 15 presents the result of the independent groups t test analysis to determine

statistical significance in the IRI empathy posttest scores of the combined treatment

groups (TG1 and TG2) and combined control groups (CG1 and CG2) using α < .05.

Research Question Three

Research question three was to determine if there was a statistically significant

difference in the counseling self-efficacy of participants who received the MESG

Curriculum compared to control groups of participants who received TAU. Specifically

this question asked, "Does MESG Curriculum impact counseling self-efficacy in CITs?"

The instrument, COSE (Larson et al., 1992), was used to provide a measurement of the

confidence (self-efficacy) in executing the five activities of counseling microskills,

attending to the counseling process, dealing with difficult client behaviors, behaving in a

culturally competent way, and being aware of one's own values. The total score from

the COSE was used to answer this research question.

COSE. Overall results of the COSE rejected the null hypothesis in favor of the

alternative hypothesis, specifically there is a significant difference ($t(20) = 2.419$, $p =$

.025) in counseling self-efficacy as measured by the COSE between master's CIT's who

received the MESG Curriculum (Bohecker, et al, 2014) and those who did not receive

the MESG Curriculum. Descriptive statistics for the combined treatment groups (TG1

and TG2) and combined control groups (CG1 and CG2) posttest results of the subscales

and total COSE scores are found in Table 16.

TABLE 16

COSE Posttest Descriptive Statistics for Combined TG1 and TG2 Treatment Groups

(n=12) and Combined CG1 and CG2 Control Groups (n=10) Scores

	Mean	sd	Range	Range

			Min	Max
Counseling Microskills				
Treatment	57.08	7.50	46	68
Control	50.80	7.82	38	61
Process				
Treatment	41.67	6.11	33	51
Control	33.70	7.03	19	41
Difficult Clients				
Treatment	26.67	5.60	19	37
Control	22.20	4.47	12	28
Culture				
Treatment	18.25	2.09	15	21
Control	17.10	2.92	11	21
Values				
Treatment	19.83	1.70	17	22
Control	18.20	2.25	15	22
Total				
Treatment	163.50	20.08	134	193
Control	142.00	21.56	98	167

Note. Table 16 presents the descriptive statistics mean, standard deviation, range

minimum, and range maximum for the COSE scores for combined treatment groups,

TG1 and TG2, and control groups CG1 and CG2.

Levene's equality of variances indicated variances for treatment and control

groups did not differ significantly at the $\alpha < .05$ level (microskills $p = .889$; process $p =$

.734; difficult clients $p = .395$; culture $p = .627$; values $p = .290$; total $p = .889$). The

result allowed the use of the slightly more powerful equal-variance t test. Independent

groups t test was used in the comparison of treatment and control group COSE and

subscale scores within the subscales of the COSE. The results of the t test analysis for

research question 3 are found in Table 17. The results for the COSE subscales of

microskills ($t(20) = 1.920$, $p = .069$), difficult clients ($t(20) = 2.038$, $p = .055$), culture

($t(20) = 1.074$, $p = .296$) and values ($t(20) = 1.941$, $p = .067$) retained the null hypothesis

as there was not a statistically significant difference in the scores of master's CIT's who received the MESG Curriculum (Bohecker, et al., 2014) and those who did not. However, the subscale results of process ($t(20) = 2.846$, $p = .010$) and the COSE total ($t(20) = 2.419$, $p = .025$) rejected the null hypothesis in favor of the alternative hypothesis as there was a significant difference between the scores of master's CIT's who received the MESG Curriculum (Bohecker, et al., 2014) and those who received TAU.

TABLE 17

Independent Groups t Test Results for the Comparison of Treatment and Control Group COSE Posttest Scores (N=22)

	F	Sig.	t	df	Sig. (2-tailed)
COSE (Counseling Self-Efficacy)					
Microskills	.020	.889	1.920	20	.069
Process	.119	.734	2.846	20	.010
Difficult Clients	.754	.395	2.038	20	.055
Culture	.244	.627	1.074	20	.296
Values	1.181	.290	1.941	20	.067
TOTAL	.020	.889	2.419	20	.025

Note. Table 17 presents the result of the independent groups *t* test analysis to determine statistical significance in the COSE posttest scores of the combined treatment groups (TG1 and TG2) and combined control groups (CG1 and CG2) using $\alpha < .05$.

Research Question Four

Research question four was to determine if there was a statistically significant difference in the perceived stress of participants who received the MESG Curriculum compared to control groups of participants who did not. Specifically this question asked, "Does MESG Curriculum impact perceived stress for CITs? " The instrument

PSS (Cohen, 1983), was used to provide a measurement of perceived stress and the total

score of the PSS was used to answer this research question.

      PSS. Results of the PSS led to the process to retain the null hypothesis as there

was not a statistically significant difference in the scores of perceived stress of master's

CIT's who received the MESG Curriculum (Bohecker, et al., 2014) and those who did

not. Descriptive statistics for the combined treatment groups (TG1 and TG2) and

combined control groups (CG1 and CG2) posttest results of the PSS scores are found in

Table 18. Levene's equality of variances indicated variances for treatment and control

groups did not differ significantly at the $\alpha < .05$ level ($p = .835$). The result allowed the

use of the slightly more powerful equal-variance t test. Independent groups t test was

used in the comparison of treatment and control group PSS total scores and found no

statistically significant difference, $t(20) = -.096, p = .925$, shown in Table 19.

TABLE 18

PSS Posttest Descriptive Statistics for Combined TG1 and TG2 Treatment Groups

(n=12) and Combined CG1 and CG2 Control Groups (n=10) Scores

	Mean	sd	Range Min	Range Max
Total				
Treatment	16.42	6.46	9	28
Control	16.70	7.39	5	31

Note. Table 18 presents the descriptive statistics mean, standard deviation, range

minimum, and range maximum for the PSS scores for combined treatment groups, TG1

and TG2, and control groups CG1 and CG2.

TABLE 19

Independent Groups t Test Results for Comparison of Treatment and Control Group

PSS Posttest Scores (N=22)

	F	Sig.	t	df	Sig. (2-tailed)
PSS (Perceived Stress)					
TOTAL	.045	.835	-.096	20	.925

Note. Table 19 presents the result of the independent groups *t* test analysis to determine

statistical significance in the PSS posttest scores of the combined treatment groups (TG1

and TG2) and combined control groups (CG1 and CG2) using α < .05.

In the previous discussion regarding pretest score differences in perceived stress

levels as measured by PSS scores, it was noted the control group mean was much lower

than the treatment group mean before receiving treatment. Upon further review of the

descriptive statistics in Table 18 above, the mean posttest scores of the combined

treatment and control groups, are within .28 of each other and not statistically different.

This may validate the stress associated with the developmental level of first year first

semester master's students in a counseling program. This finding may also indicate

confounding variables that are having an effect on the results of this study.

Post Group Questionnaire

A concern that developed after treatment began was treatment control group

participants discussing differences in group format with each other. The quantitative

questions asked were 1) how much did you like your small group experience? 2) Did you

discuss the group format with other students who were experiencing a different group

format?; and 3) If yes, how much did this affect your opinion of your group format?

Table 20 contains the frequency analysis of the post group questionnaire.

TABLE 20

Frequency Results of the Question, "How Much Did You Like Your Small Group

Experience?" (N= 22)

Response	N	%
Very Much	14	63.6
Somewhat	5	22.7
Neutral	2	9.1
Not Very Much	1	4.5

Note: Table 20 presents the frequency results for question 1 of the post group

questionnaire regarding the small group experience.

TABLE 21

Frequency Results of the Question, "Did You Discuss The Group Format With Other Students Who Were Experiencing a Different Group Format?" (N= 22)

Response	N	%
Yes	20	90.9
No	2	9.1

Note: Table 21 presents the frequency results for question 2 of the post group

questionnaire regarding the small group experience.

TABLE 22

Frequency Results of the Question, "How Much Did This Affect Your Opinion of Your Group Format?" (N= 22)

Response	N	%
Very Much	4	18.2
Somewhat	9	40.9
Neutral	3	9.1
Not Very Much	2	13.6
Not At All	2	9.1

Note: Table 22 presents the frequency results for question 3 of the post group

questionnaire regarding the small group experience.

Results of question 1 of post group questionnaire indicated only 1 participant

(4.5%) reported a negative response to the small group experience. A majority of the

participants (95.4% (N= 21) responded neutral or positively; Neutral (N= 2, 9.1%)

Somewhat (N= 5, 22.7%) or Very Much (N= 14, 63.6%)) towards the small group experience regardless of randomly being placed in a treatment or a control group. This finding increases the validity of the statistical analyses by reducing the possibility that dissatisfaction with the small group experience for any reason might be affecting the results of the posttest scores. Results from question 2 indicate a majority of participants (N= 20, 90.9%) discussed the format of the group with someone from another group. This finding may indicate that discussion of group format between groups does not affect the posttest scores on mindfulness, empathy, or counseling self-efficacy. This finding may be a factor contributing to the lack of statistical significance between the treatment and control groups on perceived stress. Results from question 3 seem to indicate the discussion of group format differences did have a bearing on the opinion of the group format with 59% (N= 13) responding with Somewhat (N= 9, 40.9%) or Very Much (N= 4, 18.2%). However, without further explanation from the participants, it is not clear in what way.

Conclusion

This research implemented a Solomon four-group design and utilized Levene's *t* test analysis to compute statistical differences between groups. Data gained from the 22 respondents were analyzed to assess four research questions: (1) Does MESG Curriculum impact mindfulness skills in CIT's, (2) Does MESG Curriculum impact empathy in CIT's, (3) Does MESG Curriculum impact counseling self-efficacy in CITs, and (4) Does MESG Curriculum impact perceived stress for CIT's.

Analysis determined there were no statistical differences in the scores for mindfulness, empathy, counseling self-efficacy and perceived stress of the pretested groups prior to receiving the MESG Curriculum. Analysis found administration of the

pretests did not increase sensitivity to the treatment or posttest scores assessing for

mindfulness, empathy and counseling self-efficacy, however, the administration of the

pretest measuring stress did significantly increase sensitivity to the posttest scores of

perceived stress. Analysis found no difference in the perceived stress levels of the

posttest scores between the treatment or control groups. Results from the posttest

questionnaire found only one participant did not like the small group experience, which

contributed to the validity of the findings of this study. Further analysis revealed that

the treatment groups receiving the MESG Curriculum differed in mindfulness skills,

empathy, and counseling self-efficacy from the control groups receiving TAU as

predicted.

CHAPTER FIVE: DISCUSSION

Chapter five discusses the results and interpretations of this study. Specifically, the chapter will summarize the participant demographics, overview the research methodology, questions and hypotheses, present major statistical findings as they relate to their respective research question, and discuss the implications to counselor education and the current literature. Chapter five concludes with implications for counselor education, limitations of the current study, and recommendations for future research.

Personal and professional growth and awareness are emphasized in counselor training programs and within accreditation standards (ACA, 2014; CACREP, 2009). Ideally, counselors in training (CITs) are able to increase the characteristics of empathy and counseling self-efficacy while navigating the inevitable developmental stress of the process of becoming a professional counselor. Stress is linked to the movement through developmental phases of counselor growth (Rønnestad and Skovholt, 2001; and Skovholt and Rønnestad, 1992, 2003) and has been found to negatively affect attention, concentration (Shapiro, Shapiro, & Schwartz, 2000; Skosnik, Chatterton, Swisher, & Park, 2000), and decision making (Klein, 1996; Lehner, Seyed-Solorforough, O'Connor, Sak, & Mullin, 1997; Shapiro, Shapiro & Schwartz, 2000). A significant contributing factor for CITs who did not advance through the phases of counselor development has been stress (Rønnestad and Skovholt, 2001; and Skovholt and Rønnestad, 1992, 2003), which has also been found to decrease the ability of CITs to establish strong relationships with clients (Enochs & Etzbach, 2004).

Empathy is one of the identified characteristics of a counselor to form the core of the therapeutic relationship (Rogers, 1957; Johns, 2012). Empathy refers to the ability to

accurately understand and emotionally experience another's feelings without becoming lost in those feelings (Watson, 2001). Described as a combination of cognition and emotion (Duan & Hill, 1996; Eisenberg & Fabes, 1990), empathy in counseling is a process of entering the world of the client with openness and a non-judgmental attitude (Duan & Hill, 1996; Greenberg, Elliot, Watson, & Bohart, 2001; Johns, 2012; Lambert & Barley, 2001; Rodgers, 1975; Watson, 2001). Honing the necessary element of empathy is included as a critical element of the developmental process for CITs (Johns, 2012).

The goal of counseling programs is to grow competent counselors. The personal growth of becoming a counselor is an emotionally and intellectually challenging endeavor (Bernard & Goodyear, 2009; Neufeldt, 2007; McAuliffe & Eriksen, 2011; Rønnestad and Skovholt, 2001; and Skovholt and Rønnestad, 1992, 2003). The stress and challenge to develop the effective capabilities to counsel a client can contribute to low CIT self-confidence (Bischoff & Barton, 2002; Bischoff, Batron, Thober, & Hawley, 2002) which is a crucial factor in determining counseling self-efficacy. Counseling self-efficacy is defined as views of one's own abilities to control performance of a task. The Association for Counselor Education and Supervision (ACES; ACES, 2011; McAuliffe & Eriksen, 2000, 2011) recommends experiential learning in counselor education to provide situations in which educators can link abstract concepts to concrete experiences and CITs can experiment with generalizing to other circumstances and applications (Kolb, 1984; Kolb & Kolb, 2005; Furr & Caroll, 2003; McAuliffe & Eriksen, 2000, 2011). Counselor educators are then challenged to develop and integrate experiential learning opportunities into the curriculum that fit the developmental needs of the CIT while focusing on personal and professional growth and development.

While mindfulness has a long history and tradition, it has been recently included in counseling with increasing frequency and popularity. Mindfulness has been shown to increase attention, empathy, and help reduce stress (Baer, 2003; Brown, Marquis & Guiffrida, 2013; Campbell & Christopher, 2012; Chrisman, Christopher, & Lichtenstein, 2009; Christopher & Maris, 2010; Christopher, Chrisman, Trotter-Mathison, Schure, Dahlen, & Christopher, 2011; Greason & Cashwell, 2009; Stauffer & Pehrsson, 2012). The MESG Curriculum was developed to meet accreditation and ethical standards (Bohecker, Wathen, Wells, Salazar, & Vereen, 2014). Mindfulness information and experiential exercises are infused into the framework and structure of the MESG Curriculum to challenge and provide skills for CITs. The MESG Curriculum encourages CITs to expand the application of mindfulness skills from their personal lives into counseling sessions and work with clients (Bohecker et al., 2014). No quantitative research has been conducted on the effectiveness of a MESG Curriculum or any similar training focused on mindfulness with CITs.

Overview of the Study

Thus, the purpose of this study was to contribute a further understanding of the relationship between the MESG Curriculum and mindfulness skills, empathy, counseling self-efficacy and stress. A Solomon four-group design was the methodological format used to investigate the effect of participation in the MESG Curriculum on mindfulness, empathy, counseling self-efficacy, and perceived stress with CITs. Participants completed four instruments and a demographics questionnaire in order to assess the four variables of interest. The instruments included the Five Facet Mindfulness Questionnaire (FFMQ: Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) to assess mindfulness

skills; the Interpersonal Reactivity Index (IRI: Davis, 1980) to assess empathy; the

Counseling Self-Estimate Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel,

& Toulouse, 1992) to assess counseling self-efficacy; the Perceived Stress Scale (PSS;

Cohen, Kamarck, & Mermelstein, 1983) to assess the perception of stress for CITs; and a

demographics questionnaire. A follow-up questionnaire was added to the instrumentation

due to the close proximity and potential influences of interactions between participants of

treatment and control groups.

Participant Demographics

Individuals were identified and recruited because of their enrollment in a small

group experience course and opportunity to receive the MESG Curriculum (Bohecker

et al., 2014). The sample for this research consisted of 22 first year, first semester

graduate students in a Council for Accreditation of Counseling and Related Educational

Programs (CACREP) accredited counseling program located in the northwestern

United States. Of the sample participants 16 were women (72.7%), and 6 were men

(27.3%). Ages of participants ranged from 21 to 52, with a mean age of 28.7, standard

deviation 9.4. Ethnicity of the participants was reported as 90.9% White/Caucasian

($N=$ 20, 90.9%), biracial Black/African American-White/Caucasian ($N=$ 1, 4.5%) and

Hawaiian/Pacific Islander ($N=$ 1, 4.5%). The participants reported religious affiliation as

Christian ($N=6$, 27.3%), LDS ($N=5$, 22.7%), Spiritual, Unaffiliated ($N=4$, 18.2%), Catholic

($N=2$, 9.1%), Orthodox Christian ($N=1$, 4.5%), Religious, Affiliated ($N=1$, 4.5%), Atheist

($N=1$, 4.5%), and Questioning ($N=1$, 4.5%). Half of the participants reported a Middle

household income level ($N=11$, 50.0%). Other reported household income levels included

Upper ($N=1$, 4.5%), Upper Middle ($N=2$, 9.1%), Lower Middle ($N=6$, 27.3%), and Very

Low (*N*=2, 9.1%).

Research Questions and Hypotheses

The primary purpose of this study was to determine if a relationship existed between the MESG Curriculum (independent variable) and an increase in mindfulness skills, empathy, counseling self-efficacy, and a decrease in perceived stress in CITs (dependent variables). Therefore, for the purpose of this study, four principal research questions were explored. These questions and their respective hypotheses included:

RQ 1: Does MESG Curriculum impact mindfulness skills in CITs?

H_o 1: There will be a statistically significant difference in acting with awareness, empathy, non-judgment, and non-reactivity, as measured by the FFMQ (Baer et al., 2006) between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

H_o 2: There will be a statistically significant difference in mindfulness skills, as measured by the FFMQ (Baer et al., (2006), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

RQ 2: Does MESG Curriculum impact empathy in CITs?

H_o 3: There will be a statistically significant difference in empathy, as measured by the IRI (Davis, 1980), between master's level CITs who received MESG Curriculum and those who did not receive MESG Curriculum.

RQ 3: Does MESG Curriculum impact counseling self-efficacy in CITs?

H_o 4: There will be a statistically significant difference of confidence in

executing counseling microskills, attending to the counseling process,

dealing with difficult client behaviors, behaving in a culturally competent

way, and being aware of one's own values, as measured by the COSE

(Larson et al., 1992), between master's level CITs who received MESG

Curriculum and those who did not receive MESG Curriculum.

H_o 5: There will be a statistically significant difference in counseling self-

efficacy, as measured by the COSE (Larson et al., 1992), between

master's level CIT's who received MESG Curriculum and those who did

not receive MESG Curriculum.

RQ 4: Does MESG Curriculum impact perceived stress for CITs?

H_o 6: There will be a statistically significant difference of perceived stress

scores, as measured by the PSS (Cohen, Kamarck, & Mermelstein, 1983),

between master's level CITs who received MESG Curriculum and those

who did not receive MESG Curriculum.

Data Analysis

Once pretest and posttest data were collected from the sample participant groups,

data were uploaded into SPSS for statistical analysis. Mean scores for each instrument

were calculated for the treatment and control groups that received the pretest and all four

groups that received the posttest. Preliminary analyses were conducted to increase validity

and determine if there were differences in pretest scores prior to treatment and if exposure

to pretests increased sensitivity to the experimental treatment and the results of the posttest.

To test each hypothesis, an independent groups *t* test was conducted comparing mean

scores of groups that received the pretest and those groups who did not and comparing

mean scores of groups that received the MESG Curriculum treatment and the control groups who did not.

Overall, the results of the statistical analysis supported the purpose of this research to determine that a relationship does exist between the MESG Curriculum and an increase in mindfulness skills, empathy, and counseling self-efficacy. Significant differences in mean scores of mindfulness, empathy, and counseling self-efficacy were found based on level with groups receiving the MESG Curriculum having higher mean scores. However, the statistical analysis did not support the relationship between the MESG Curriculum and a decrease in perceived stress as there was no significant differences in the mean scores with groups receiving the MESG Curriculum and those who did not. A discussion of the results of specific hypotheses follows.

Discussion of the Results

It was hypothesized the MESG Curriculum would account for a significant difference in the mean scores of mindfulness skills, empathy, counseling self-efficacy and perceived stress in CITs. The results of the hypotheses are discussed below.

Preliminary Assessment for Pretest Sensitivity

Very few studies incorporate pretest sensitization effects. However, it should be considered as it is an effect that could jeopardize the external validity of any research finding "until and unless the Solomon design has been used to explicitly rule it out" (Braver & Braver, 1988, p. 150). The preliminary analysis was conducted to specifically test for pretest sensitization effects and increase the validity of the subsequent analyses. Results confirmed there were no statistical differences between the treatment and control group pretest scores. It is a significant finding for this and future research that the posttest

scores for mindfulness, empathy, and counseling self-efficacy were not statistically different for the groups that were pretested. The implications of these results reduce validity concerns of sensitivity to testing for mindfulness, empathy, and counseling self-efficacy when using the MESG Curriculum and allows for pretest and posttest design for future studies.

Results from preliminary analysis indicated pretesting for perceived stress increased sensitivity to the treatment and posttest scores measuring perceived stress. The posttest scores measuring perceived stress for the pretested groups demonstrated a statically significant difference from the combined posttest scores for the groups not receiving pretests. This finding may indicate assessing for stress may increase stress. It is interesting to note the perception of stress in the participants of the control group were lower than (although not statistically significant) the pretest means of the treatment group before receiving treatment. It may be additional instrumentation assessing stress should be included to further inform PSS results. Incorporating surveys or instruments that measure the symptoms of stress or the impact of stress on domains such as physical, mental, emotional, spiritual, and social health may provide additional data. It may be that although the pretested groups scored significantly higher on the posttest assessment, the measure was the perception of stress. It may be that awareness may contribute to perception and thus this finding is understandable. What may be a more accurate measure of stress is to assess for the impact of stress not necessarily the perception of stress.

The finding of pretest sensitivity to stress may suggest the inclusion of qualitative inquiry to assess for events contributing to lack of or perceptions of stress would be warranted in order to contextualize testing results and situate the scores into the lives of the

participants.

Mindfulness Hypotheses

A number of researchers have examined the impact of mindfulness in counselor education (Bohecker et al., 2014; Campbell & Christopher, 2012; Chrisman, Christopher, & Lichtenstein, 2009; Christopher, Christopher, Dunnagan & Schure, 2006; Christopher & Maris, 2010; Greason & Cashwell, 2009; Shure, Christopher & Christopher, 2008; Maris, 2009; Stauffer & Pehrsson, 2012). However, incorporating mindfulness into counselor education through the MESG Curriculum (Bohecker, et al, 2014) had not been empirically studied; therefore, an examination of the relationship between the MESG Curriculum and mindfulness was warranted.

As hypothesized, there was a significant difference in the subscales of acting with awareness, observing, and describing in the participants who received MESG Curriculum as treatment. These findings make sense as mindfulness has been found to be related to increases in these skills (Baer, 2003; Brown, Marquis & Guiffrida, 2013; Campbell & Christopher, 2012; Chrisman, Christopher, & Lichtenstein, 2009; Christopher & Maris, 2010; Greason & Cashwell, 2009; Stauffer & Pehrsson, 2012). The ability to strategically control attention during a counseling session is fundamental to being an effective counselor (Lambert & Barley, 2001; Pope & Kline, 1999; Rogers, 1957) and recent literature supports the inclusion of mindfulness into counselor education for this reason (Baer, 2003; Brown, Marquis & Guiffrida, 2013; Campbell & Christopher, 2012, Greason & Cashwell, 2009; Stauffer & Pehrsson, 2012) .

 Acting with awareness is attending to one's activities of the moment and can be contrasted with behaving mechanically while attention is focused elsewhere (Baer et al.,

2006). In process of developing counseling skills, CITs are learning how to control and focus their attention on the client. When counselor education programs provide the MESG Curriculum, CITs may learn to focus their attention, which is a skill that directly related to becoming an effective counselor.

Observing is noticing or attending to internal and external experiences such as sensations, cognitions, emotions, sights, sounds, and smells (Baer et al., 2006). A foundational aspect of becoming a professional counselor involves personal growth and awareness (Connor, 1994; Loganbill, Hardy, & Delworth, 1982; McAuliffe & Eriksen, 2011; Torres-Rivera, Phan, Maddux, Wilber & Garrett, 2001). An improved ability for self and other awareness involves observation of internal and external experiences, often highlighted in clinical supervision (Johns, 2012). The area of addressing CIT personalization and intra personal process commentary when working with clients is imperative (ACA, 2014; McAuliffe & Eriksen, 2011). Incorporating the MESG Curriculum into counseling curricula may provide a ways to increase observational skills of self and others and framework to address areas of personal growth and awareness for CITs.

Describing is the ability to apply words to what is being observed. An increased ability to describe phenomena can contribute to CITs ability to communicate with others, conceptualize client concerns, and articulate new awareness's and observations of self and others. CITs who receive MESG Curriculum may increase in their abilities to describe and as a result may increase their abilities to complete course assignments, communicate more effectively with peers, faculty, and clients, and articulate their client cases to others.

It was not too surprising there was no significant difference in the mindfulness

subscales of nonjudging and nonreactivity. Mindfulness specifically addresses suspending

judgment of self and others and distress tolerance (Campbell & Christopher, 2012;

Christopher et al., 2009; Gratz, Rosenthal, Tull, Lejuez, & Gunderson, 2006; Maris, 2009).

At the same time, mindfulness skills are not to be mastered as one learns to ride a bicycle;

to be learned once and never unlearned. Mindfulness skills such as non-judgment or the

ability to refrain from placing evaluative labels on one's own thoughts and feelings

requires practice (Hanh, 1976, 1992). This is supported by Baer, Smith, and Allen (2004)

and Brown and Ryan (2003) who found individuals with little mindfulness practice might

observe experiences judgmentally while those with more mindfulness practice might

observe experiences non-judgmentally. It is unlikely a participant would become

proficient at mindfulness and non-judgment in an eight or nine week period. Likewise,

non-reactivity, the tendency to allow one's own thoughts and feelings to come and go,

without being caught up in or carried away by them is a skill that also takes time and

practice to master. Given the short time frame, it is not surprising this skill was lacking in

both the treatment and control groups.

These findings may also indicate mindfulness was not practiced outside of the MESG

Curriculum. It has been shown practicing mindfulness outside of the MESG Curriculum

contributes to the process of specifically building the mindfulness skills of non-judgment and

non-reactivity (Bohecker, Vereen, Wathen, & Wells, in press). This is also supported by

Shapiro, Brown, and Biegel (2007) who found a correlation between the degree to which

students practiced, and increases in mindfulness skills.

The finding of no differences between treatment and control groups on the

mindfulness subscales of non-judgment and non-reactivity may suggest the expansion of

the MESG Curriculum into a semester long course to facilitate additional practice of

mindfulness skills. CACREP requires CITs to have a minimum of 10 hours of direct

experience as a group member (CACREP, 2009); however, the Association for Specialists

in Group Work (ASGW) promotes 20 hours of experiential training for CITs as group

members (ASGW, 2000). It may be that the results of the study are translated into changes

in the MESG Curriculum, extending the length to a semester long course to promote

ASGW recommendations. Extending the length of the MESG Curriculum would provide

additional space and practice time to hone the skills of non-judgment and non-reactivity. It

would be interesting to evaluate over time if CITs in treatment groups develop a non-

judgmental stance sooner than TAU because of the jump-start of higher levels of empathy.

Extending the length would also provide opportunity for group members to continue to

process their experiences and support the recommendations of previous research on the

MESG Curriculum (Bohecker, et al., 2014; Bohecker et al., in press).

The test of the overall mindfulness skills was significant, as expected. Specifically,

participants receiving MESG Curriculum scored higher on total mindfulness skill

assessment than did the control groups receiving TAU or no mindfulness skill training.

Since this is the first empirical study of the MESG Curriculum, there are no other research

findings with which to compare. As such, replication of the current study would contribute

to the results to validate the findings and perhaps obtain additional data, which would

further explain the findings of this study.

Empathy Hypothesis

As hypothesized, differences in empathy levels based on receiving the MESG

Curriculum or TAU was significant. Specifically, participants in groups receiving MESG

Curriculum scored significantly higher on a measure of empathy than those receiving no

mindfulness training through TAU. To clarify the type, as suggested by Duan and Hill

(1996), empathy was defined as both a cognitive and an affective activity; having an

emotional reaction to the experiences of others combined with an intellectualized

experiencing of that state (Davis, 1980, 1983, 1996).

  This finding is as predicted and is consistent with research indicating mindfulness

is related to empathy (Baer, 2003; Beitel, Ferrer, Cecero, 2004; Brown, Marquis, &

Guiffrida, 2013; Campbell & Christopher, 2012; Greason & Cashwell, 2009; Newsome,

Waldo, & Gruzska, 2012; Shapiro, Brown, & Biegel, 2007). Empathy is foundational for

CITs, as Rogers (1957) and Johns (2012) identified empathy as one of three

characteristics from which a counselor forms the core of the therapeutic relationship. The

ability to accurately understand and emotionally experience another's feelings without

becoming lost in those feelings is a necessary skill for counselors to have (Watson, 2001).

The practice of mindfulness requires noticing, describing, and awareness, which

contribute to being open to hearing someone else's experience and are highlighted in the

MESG Curriculum. Perhaps mindfulness through the MESG Curriculum facilitates the

experience of what it is be like to be in another person's experience or situation. Perhaps

learning about mindfulness in a small group experience provides opportunities to observe

and hear first person descriptions of other's past as well as here-and-now experiences

(Yalom & Leszcz, 2005). The MESG Curriculum incorporates experiential activities

specifically for the purpose of encouraging and providing space for expressions of

difficult thoughts and feelings. It may be through these intentional activities in the

MESG Curriculum, the tendency to respond to other with feeling of warmth, compassion,

and concern, or in other words, empathy, is increased in CITs.

It is interesting to note empathy in counseling requires an open and non-judgmental attitude toward a client (Clark, 2004; Duan & Hill, 1996; Greenberg, Elliot, Watson, & Bohart, 2001; Johns, 2012; Lambert & Barley, 2001; Watson, 2001) and yet that did not translate to the mindfulness non-judgment subscale as cited above. It could be posited the development of empathy precedes development of maintaining a non-judgmental stance with others. Due to the significant difference in the empathy levels of participants receiving treatment, incorporating the MESG Curriculum during the first semester of the first year of a counseling program may provide a strong foundational platform of empathy for CITs to continue to grow and develop into a non-judgmental stance. This significant finding indicates MESG Curriculum facilitates the development of empathy and suggests the benefits of inclusion of the MESG Curriculum into counselor education programs, as empathy is a crucial element of any counseling relationship (Johns, 2012; Rogers, 1957).

Counseling Self-Efficacy Hypotheses

Bandura theorized empathy was a predictor of counseling self-efficacy (Bandura, 1986b, 1992) which is not included as a focus of this study. However, because of the previous finding related to significantly high levels of empathy in treatment groups, it is not surprising to find significant differences in counseling self-efficacy as hypothesized. Performance of skills is a function of knowledge and confidence in those skills (Bandura, 1986b). Although not surprising, at the same time this is a very significant finding. This study is the first in the literature as no previous research specifically tested a relationship between mindfulness and counseling self-efficacy.

The MESG Curriculum does not specifically provide training or education on counseling skills but rather focuses on interpersonal experiences. Therefore, it is very interesting that mindfulness training through the MESG Curriculum promotes the development of counseling self-efficacy. Pervious qualitative research on the MESG Curriculum found the process to begin with fear of the unknown and move through several domains, one of which was labeled translating. In this domain, the mindfulness skills learned through the MESG Curriculum were implemented into other areas such a personal lives and work with clients. It is possible the ability to expand application of mindfulness skills into counseling with clients translates into confidence with counseling skills. Alternatively, it is possible mindfulness skills contribute directly to counseling self-efficacy and the application of mindfulness skills in the counseling sessions is what may have contributed to this significance. Larson (1998) suggested promoting CIT self-efficacy could provide a foundation for meeting the challenges of training for the counseling profession. This said, mindfulness training through the MESG Curriculum might provide the delivery vehicle for counselor educators to promote self-efficacy in CITs.

An unexpected finding was the non-significant relationship of the culture and values subscales of the counseling-self-efficacy assessment. One factor may be the psychometric properties for these two subscales. The psychometric properties for the COSE instrument include relatively high reliability coefficients for the total score (.85), however the culture (.78) and values (.62) subscales are noticeably and relatively low (Larson et al., 1992). Aside from the psychometric properties, another factor that might have played into the lack of significant difference between the treatment and control

groups related to culture and values concerns the demographics of the participant sample.

The cultural subscale measures perceived competence to counsel culturally diverse clients. The sample demographic of this population lacks cultural diversity with a 91% identification of white race/ethnicity, which may contribute to no significant differences between the groups. It is understandable the entire sample population of participants would equally not perceive themselves as competent to counsel culturally diverse clients when there is little diversity in the population.

The values subscale is evaluating an awareness of values and the perceived ability to refrain from imposing one's own values or judgments on clients and from giving clients advice. This finding is not so surprising then given the developmental process of becoming a counselor. First year, first semester master's students are just beginning to transition from layperson to professional counselor. Advice giving could be viewed as a socialized characteristic that the participants are just learning how to refrain from doing with clients (Rønnestad and Skovholt, 2001; and Skovholt and Rønnestad, 1992, 2003).

A demographic factor may have also contributed to the lack of significance between the groups regarding awareness. There was a lack of diversity within religious values of the sample population with 68% identifying with some form of Christianity. There was diversity found within the various forms of Christianity, however from a global perspective, there was a lack of diversity in values in the sample. It is possible that lack of diversity in values of the population may translate to not having an awareness of the need to refrain from imposing values when with others of similar values and may have contributed to the lack of significance with this subscale.

Even though the groups receiving MESG Curriculum scored significantly higher

on a measure of counseling self-efficacy as predicted, there was a confounding variable identified that could have contributed to counseling self-efficacy. One of the foundational classes in which the study participants were concurrently enrolled was a pre-practicum counseling skills course. The pre-practicum skills course provided didactic and experiential learning on foundational counseling skills. This may have explained high counseling self-efficacy scores that would not at all be related to the treatment in this study. However, upon further exploration this confounding variable in fact increased the validity of this finding. All of the study participants learned pre-practicum counseling skills in a different configuration of groups from the treatment and control groups of the small group experience and this study. Had there been no statistical significance between the treatment and control groups, the pre-practicum course would have been highlighted to explain why there might have been no statistical significance since all the participants were learning and practicing counseling skills elsewhere. Methodologically, the fact all study participants were learning counseling skills through the same course in a different configuration of groups from the study helped to neutralized the potential effects on this study as all study participants were learning the same skills at the same time. Therefore, it appears the statistical significant difference in counseling self-efficacy appears to be the infusion of mindfulness through the MESG Curriculum.

The psychometric properties of the instrument measuring counseling self-efficacy has been found to be negatively related to state and trait anxiety (Larson et al., 1992). State anxiety is defined as fear, nervousness, and discomfort associated with the arousal of the autonomic nervous system (Spielberger & Sydeman, 1994). This type of anxiety refers more to how a person is feeling at the time of a perceived threat and is

considered temporary. Trait anxiety can be defined as feelings of stress, worry, or discomfort that a person experiences on a day-to-day basis (Spielberger & Sydeman, 1994). This is usually perceived as how people feel across typical situations that everyone experiences. This inverse relationship of the COSE to state and trait anxiety means as the scores of counseling self-efficacy go up, state and trait anxiety scores would go down. The statistically significant higher scores of the groups receiving MESG Curriculum indicated if an instrument measuring state and trait anxiety levels were administered, the anxiety scores would be low for the treatment groups. This correlation is interesting given the finding of the following hypothesis on stress.

Perceived Stress Hypothesis

The most unexpected and surprising finding in this study was no significant difference in perceived stress between the treatment and control groups. This finding did not support the hypothesis in this study. This finding is inconsistent with the literature and research where mindfulness has been found to reduce stress (Baer, 2003; Bohecker et al., 2014; Brown, Marquis, & Guiffrida, 2013; Campbell & Christopher, 2012; Christopher & Maris, 2010; Didonna, 2009; Eisen, Allen, Bollash, & Pescatello, 2008; Forman, Herbert, Moitra, Yeomans, & Geller, 2007; Greason & Cashwell, 2009; Kabat-Zinn, 1990; Linehan, 1993a, 1993b; Newsome, Waldo, & Gruzska, 2012; Shapiro, Brown, & Biegel, 2007; Stauffer & Pehrsson, 2012). The inconsistent findings in the relationship between mindfulness and stress in this study might have been due to an aspect of mindfulness in the MESG Curriculum treatment. However, other qualitative studies indicated participants reported a reduction in stress specifically because of participation in the MESG Curriculum (Bohecker, et al., 2014; Bohecker et al., in press).

Another possible explanation may be reflective of measurement issues. The PSS

assessment is measuring the perception of stress. Specifically, it is the degree to which

respondents appraise life events as unpredictable, uncontrollable, and overloaded during

the last month. Given this definition, it makes more sense there was no statistical (and

even little numerical) difference between the treatment and control groups on their

perceived stress levels.

The concept of stress for CITs is a common theme among developmental models

(McAuliffe & Eriksen, 2011; Neufeldt, 2007). During the first nine weeks of a

counseling program, CITs may be moving from Lay Helper to Beginning Student and

experiencing the challenges and stress associated with the movement through these

phases (Rønnestad and Skovholt, 2001; and Skovholt and Rønnestad, 1992, 2003). The

experiential small group, either treatment or control, is the participants first experience in

graduate education as ten weeks prior, the participants were not yet even in graduate

school. The timing of administration of posttest instruments was half way through the

first semester of the first year, so it is possible this finding validated CIT perceptions of

stress referenced in CIT developmental models (Bernard & Goodyear, 2009; Loganbill,

Hardy, & Delworth, 1982; McAuliffe & Eriksen, 2011; Neufeldt, 2007; Rønnestad and

Skovholt, 2001; and Skovholt and Rønnestad, 1992, 2003; Stoltenberg, McNeill, &

Delworth, 1998).

It is also possible the measurement of the perception of stress is not an indicator

of how stress is managed. It is interesting that although there were no statistical

differences between treatment and control groups regarding the perception of stress, the

groups receiving the MESG Curriculum were able to demonstrate the ability to have

more mindfulness, empathy, and counseling self-efficacy. Perhaps the findings indicate the stress of the developmental level of the participants, and the groups who received MESG Curriculum are better equipped to be mindful, empathetic, and engage the skills necessary to effectively counsel clients. This finding may support learning theorists who posit to move through developmental phases, CITs need to be able to manage the stress and tension of disequilibrium and realizations of their own ignorance (Gowin, 1981; Piaget, 1971). Perhaps this finding indicates stress does not go away, but the MESG Curriculum provides the requisite skills needed to move through developmental phases of becoming a professional counselor. It also may be a better evaluation of the relationship of mindfulness to stress would have been to evaluate levels of state or trait anxiety present rather than perceived level of stress.

The overall implications for counselor education programs include the opportunity for counselor educators consider implementing the MESG Curriculum for all entry level CITs. As one of very few empirically supported curricula for small group experiences, the MESG has shown promise in equipping CITs with mindfulness tools, increased empathy, and counseling self-efficacy to aid in facilitating successful completion of a counseling program (Bohecker et al., 2014; Bohecker et al. in press). In addition, the MESG Curriculum could be used in remediation plans for struggling CITs or even in the prevention of gatekeeping issues. As highlighted by developmental models, CITs may advance through the stages of counselor development and some may not (Rønnestad and Skovholt, 2001; and Skovholt and Rønnestad, 1992, 2003). CITs who struggle with empathy or counseling self-efficacy may benefit from receiving MESG Curriculum as the findings from this study have shown significant increases in

empathy and counseling self-efficacy as a result. By incorporating MESG Curriculum to entry level CIT's, it may prevent a future remediation plan by providing an increase in awareness, observing, describing, empathy and counseling self-efficacy in the beginning of a counseling program and counselor development.

Posttest Questionnaire

The confounding variable of discussing group format, mindfulness skills, or other aspects of the MESG Curriculum as treatment would have been discussed in more detail had the statistical findings not been significant. The reason for this would have been the contamination the control groups with mindfulness or other aspects of the MESG Curriculum. However, the findings from the posttest questionnaire, which indicated all but two participants discussed the group format with a participant from another group format, may have increased the significance of the findings. This indicated there was cross contamination and yet there was still overall statistical significance with the hypotheses on mindfulness, empathy, and counseling self-efficacy. It may be talking about mindfulness does not increase mindfulness skills. This would be consistent with the history of mindfulness (Alston, 1907; Armstrong, 2002; Hanh, 1976, 1992; Keating, 2006; Lew, 2005; Watts, 1989; Yogananda, 1946, 2005) and current literature that indicates *practicing* mindfulness is what contributes to building mindfulness skills (Bohecker, et al., 2014; Chrisman, Christopher & Lichtenstein, 2009; Hayes, Strosahl, & Wilson, 1999; Kabat-Zinn, 1990; Linehan, 1993b; Segal, Williams, & Teasdale, 2002; Shure, Christopher, & Christopher, 2008).

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Limitations

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This research provides insight into the relationship of the MESG Curriculum to

mindfulness, empathy, counseling self-efficacy, and perceived stress in CITs. Even though this study has significant strengths and fills a void in the mindfulness and group work research literature, limitations remain. Limitations of this research are reviewed and discussed.

Results of the current study were based on self-report surveys. Self-report instruments allow for responses that mirror culturally appropriate reports rather than unbiased perspectives (Crowne & Marlowe, 1960; Heppner, Wampold, & Kivlighan, 2007; Leedy & Ormrod, 2005). Researchers who attempt to measure attitudes, emotional or behavioral self-report constructs often face the challenge of participants who wish to be viewed favorably, and over report responses that are perceived to be correct. Social desirability was not included in the instrumentation and as a result, it is not clear how much social desirability may have affected the results. However, the Solomon four-group research design of this study accounts for this limitation. Half of the participants completing the self-report surveys did not receive treatment through the MESG Curriculum and were subject to social desirability bias. Thus, even with the limitation of self-report surveys, there is confidence in the results of this study because of the design (Fitzgerald & Cox, 2002).

The sampling procedure for this study is a limitation. Although participants were randomly assigned into treatment and control groups, they were not randomly selected as typically advised for validation procedures (Salkind, 2003; Sproull, 2002). Instead, purposeful sampling was used because at the time of this study, the MESG Curriculum had only been incorporated into one counselor education program. While it would be ideal to randomly select participants who could randomly be assigned into treatment and

control groups, this was beyond the scope of this study as only participants who would have access to the MESG Curriculum were recruited. As a result of this restriction, not all first semester first year CITs were given equal opportunity to participate in the research.

Confounding variables, or other information that is unknown and not controlled for in this research, were an additional limitation for this study (Heppner, Wampold, & Kivlighan, 2007; Sproull, 2002). These variables that have not yet been discussed included situations in home and life outside the counseling program, experiences with mindfulness prior to this study, relationships both positive and negative between members of the same group and between members of different groups, relationships with group facilitator(s), personal style of group facilitator(s), how well the small group experience was liked. The finding in the posttest questionnaire indicating all but one participant liked their respective small group experience regardless of receiving MESG Curriculum or TAU also contributes to the validation of the results as negative feelings about the small group experience may influence responses. Not all potential variables could be taken into account for this research, therefore, confidence in the results of this study will be increased when this study is replicated or comparable findings emerge from studies that address or test for other information and variables that have the potential to confound results.

Although this research has limitations, it also provides critical findings to advance the field of counselor education. By incorporating mindfulness into counselor education through the MESG Curriculum, counselor educators have a method to meet and exceed accreditation and educational standards for group work and provide CITs with skills and

tools to navigate the developmental process of becoming a counselor. Such insight provides counselor education programs opportunities to better prepare CITs to become competent professional counselors. Implications for future research are discussed further.

Recommendations for Future Research

As incorporation of mindfulness in counseling programs is in its beginning stages of development, there is a vast array of potentials for future research. This study provided the first empirical examination of the MESG Curriculum and the relationship with mindfulness skills, empathy, counseling self-efficacy, and perceived stress. Additional research is needed to further understand the impact of the MESG Curriculum on CITs and counselor education programs.

The current study suggests the MESG Curriculum may increase mindfulness skills, empathy, and counseling self-efficacy. Replication of the current study could serve to validate the findings of the current study and provide a further rationale for the use of mindfulness in the training curriculum. Training on the MESG Curriculum could be provided in order for studies to be conducted across a number of universities. Expanding the replication to universities in other demographic areas would assist in the generalizability of the results. In addition, replication with objective assessment instruments on the same variables of study would provide further insight into the skills gained by the participants. For example, incorporating an objective measure of counseling skills or skill level could shed more light on this important variable and the benefits of the MESG Curriculum specific to becoming a competent professional counselor.

The current study suggests mindfulness skills, empathy, and counseling self-

efficacy may increase as a result of receiving the MESG Curriculum and developmental level of CITs may be a factor. Although stress is associated with counselor development and stress levels seem to become less as CITs advance through the phases (Rønnestad and Skovholt, 2001; and Skovholt and Rønnestad, 1992, 2003), developmental level was not taken into account in this study. Future studies that include CITs at varying developmental levels may provide additional data with which to further evaluate the effectiveness of the MESG Curriculum.

Another study that would provide longitudinal and valuable information regarding the longer-term effects of mindfulness in counselor education would be to assess the same participants of the current study at a later date. Contacting the participants of this study a year later to administer the same instruments would shed light on longitudinal effects. Including qualitative inquiry on current mindfulness practices or the extent to which mindfulness has been incorporated into personal or professional practices would be interesting.

The addition of qualitative studies that could explore the subscale variables of culture, values, non-judgment, and non-reactivity may be useful. Qualitative studies using phenomenological methodology may be able to research several participants in order to describe the meaning of their lived experiences of going through the MESG Curriculum. Phenomenology can be used in future research in order to describe the universal essence of the MESG Curriculum or to "grasp the very nature of the thing" van Manen, 1990, *p*. 177). Studies using narrative inquiry could be conducted to collect participant stories about the experience of the MESG Curriculum. Through this qualitative methodology chronologies and sequences will emerge, similar to a novel,

providing aspects to the stories that involve a predicament, conflict, or struggle; a protagonist, or main character; and a plot. Studies using grounded theory methodology may develop an abstract analytical schema or theory of the process of going through the MESG Curriculum shaped by the views of a large number of participants. In general, qualitative inquiry may serve to provide further exploration and insight into the reasons behind why the nonjudging and nonreactivity subscales of the FFMQ and the culture and values subscales of the COSE were not statistically significant between treatment and control groups when both of these overall instrument scores were found to have statistical significance in this study.

If in the future, the MESG Curriculum is incorporated into many counselor education programs, studies using ethnographic methodologies would provide information on shared patterns of behavior, beliefs, and language of the culture group of master's students who have taken a course using the MESG Curriculum. Case study research can also be conducted as a qualitative methodology over time to explore detailed, in-depth data collection from observations, interviews, audiovisual material, documents and reports to provide a case description and case based themes on participants who have experienced the MESG Curriculum.

An additional area of research is the relationship of the MESG Curriculum to anxiety instead of perceived stress. This may produce results consistent with previous research related to mindfulness and the reduction of stress. Evaluating instrumentation and measures that assess for more than the perception of stress but also what coping skills are being utilized or how stress may be affecting the participants would provide additional data from which to evaluate in more detail the relationship between the MESG

Curriculum and stress. Using instrumentation to determine the physiological reactions to stress may be an area of future research as well.

Conclusion

This study used the Solomon four-group design to examine the relationship between the MESG Curriculum and mindfulness skills, empathy, counseling self-efficacy, and perceived stress. Twenty-two students participated and were randomly assigned to one of four groups. The groups consisted of two treatment groups and two control groups. One of each of the treatment and control groups were pretested in order to determine if pretesting increased sensitivity to the treatment and posttest scores. Assessment instruments were administered to measure mindfulness, empathy, counseling self-efficacy, and perceived stress. The data were analyzed using independent samples t tests to compare a variety of group means. The results supported the hypothesis there would be a significant positive relationship between the MESG Curriculum and mindfulness skills, empathy, and counseling self-efficacy.

The findings suggest the MESG Curriculum may influence a CITs capacity to stay present and empathize with the client with higher counseling self-efficacy. Counselor education programs can incorporate the MESG Curriculum into program curricula to not only meet ACA Code of Ethics, but also to exceed the minimum ASGW and CACREP standards. Using the MESG Curriculum responds to recommendations in the literature (Arthur & Achenbach, 2002; Falco & Bauman, 2004; Goodrich & Luke, 2010; Luke & Kiweewa, 2010; Osborn et al., 2003), by providing experiential learning opportunities while building transferable skills. An additional benefit is the MESG Curriculum provides a framework grounded in the literature that supports and enhances

CIT development. Mindfulness is a skill that can enhance counselor development.

Therefore, having the MESG Curriculum as a framework for facilitating mindfulness

skills such as awareness, empathy with clients, and counseling self-efficacy such

outcomes optimizes student learning in clinical, personal growth, and professional well-

being domains. The MESG Curriculum provides opportunity for conceptual,

experiential, and foundational learning experiences. Future research is needed to explore

the MESG Curriculum in this and other areas of counselor development.

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APPENDICES

Appendix A: Five Facet Mindfulness Questionnaire (FFMQ)

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
never or very rarely true	rarely true	sometimes true	often true	very often or always true

_____1. When I'm walking, I deliberately notice the sensations of my body moving.

_____ 2. I'm good at finding words to describe my feelings.

_____ 3. I criticize myself for having irrational or inappropriate emotions.

_____4. I perceive my feelings and emotions without having to react to them.

_____5. When I do things, my mind wanders off and I'm easily distracted.

_____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.

_____7. I can easily put my beliefs, opinions, and expectations into words.

_____ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.

_____9. I watch my feelings without getting lost in them.

_____ 10. I tell myself I shouldn't be feeling the way I'm feeling.

_____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.

_____12. It's hard for me to find the words to describe what I'm thinking.

_____ 13. I am easily distracted.

_____ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.

_____ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.

_____16. I have trouble thinking of the right words to express how I feel about things

_____ 17. I make judgments about whether my thoughts are good or bad.

_____ 18. I find it difficult to stay focused on what's happening in the present.

_____19. When I have distressing thoughts or images, I "step back" and am aware of

the thought or image without getting taken over by it.

_____20. I pay attention to sounds, such as clocks ticking, birds chirping, or
cars passing.

_____21. In difficult situations, I can pause without immediately reacting.

_____22. When I have a sensation in my body, it's difficult for me to describe it
because I can't find the right words.

_____23. It seems I am "running on automatic" without much awareness of what
I'm doing.

_____24. When I have distressing thoughts or images, I feel calm soon after.

_____25. I tell myself that I shouldn't be thinking the way I'm thinking.

_____26. I notice the smells and aromas of things.

_____27. Even when I'm feeling terribly upset, I can find a way to put it into words.

_____28. I rush through activities without being really attentive to them.

_____29. When I have distressing thoughts or images I am able just to notice
them without reacting.

_____30. I think some of my emotions are bad or inappropriate and I shouldn't
feel them.

_____31. I notice visual elements in art or nature, such as colors, shapes, textures,
or patterns of light and shadow.

_____32. My natural tendency is to put my experiences into words.

_____33. When I have distressing thoughts or images, I just notice them and let them go.

_____34. I do jobs or tasks automatically without being aware of what I'm doing.

_____35. When I have distressing thoughts or images, I judge myself as good or
bad, depending what the thought/image is about.

_____36. I pay attention to how my emotions affect my thoughts and behavior.

_____37. I can usually describe how I feel at the moment in considerable detail.

_____38. I find myself doing things without paying attention.

_____39. I disapprove of myself when I have irrational idea.

FFMQ Scoring Information:

Observe items:
1, 6, 11, 15, 20, 26, 31, 36

Describe items:
2, 7, 12R, 16R, 22R, 27, 32, 37

Act with Awareness items:
5R, 8R, 13R, 18R, 23R, 28R, 34R, 38R

Nonjudge items:
3R, 10R, 14R, 17R, 25R, 30R, 35R, 39R

Nonreact items:
4, 9, 19, 21, 24, 29, 33

Reference:

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Appendix B: Interpersonal Reactivity Index (IRI)

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter on the answer sheet next to the item number. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

<u>ANSWER SCALE</u>:

A	B	C	D	E
DOES NOT DESCRIBE ME WELL				DESCRIBES ME VERY WELL

1. I daydream and fantasize, with some regularity, about things that might happen to me. (_____)

2. I often have tender, concerned feelings for people less fortunate than me. (_____)

3. I sometimes find it difficult to see things from the "other guy's" point of view. (_____)

4. Sometimes I don't feel very sorry for other people when they are having problems. (_____)

5. I really get involved with the feelings of the characters in a novel. (_____)

6. In emergency situations, I feel apprehensive and ill-at-ease. (_____)

7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it. (_____)

8. I try to look at everybody's side of a disagreement before I make a decision. (_____)

9. When I see someone being taken advantage of, I feel kind of protective towards them. (_____)

10. I sometimes feel helpless when I am in the middle of a very emotional situation. (_____)

11. I sometimes try to understand my friends better by imagining how things look from their perspective. (_____)

12. Becoming extremely involved in a good book or movie is somewhat rare for me. (_____)

13. When I see someone get hurt, I tend to remain calm. (_____)

14. Other people's misfortunes do not usually disturb me a great deal. (_____)

15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments. (_____)

16. After seeing a play or movie, I have felt as though I were one of the characters. (_____)

17. Being in a tense emotional situation scares me. (_____)

18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them. (_____)

19. I am usually pretty effective in dealing with emergencies. (_____)

20. I am often quite touched by things that I see happen. (_____)

21. I believe that there are two sides to every question and try to look at them both. (_____)

22. I would describe myself as a pretty soft-hearted person. (_____)

23. When I watch a good movie, I can very easily put myself in the place of a leading character. (_____)

24. I tend to lose control during emergencies. (_____)

25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while. (_____)

26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me. (_____)

27. When I see someone who badly needs help in an emergency, I go to pieces. (_____)

28. Before criticizing somebody, I try to imagine how I would feel if I were in their place. (_____)

IRI Interpersonal Reactivity Index Scoring

A = 0

NOTE: (-) denotes item to be scored in reverse fashion

B = 1

C = 2

PT = perspective-taking scale

D = 3

E = 4

FS = fantasy scale

EC = empathic concern scale

Except for reversed-scored items, which are scored:

PD = personal distress scale

A = 4

B = 3

C = 2

D = 1

E = 0

_____

1. (FS)	15. (PT) (-)
2. (EC)	16. (FS)
3. (PT) (-)	17. (PD)
4. (EC) (-)	18. (EC) (-)
5. (FS)	19. (PD) (-)
6. (PD)	20. (EC)
7. (FS) (-)	21. (PT)
8. (PT)	22. (EC)
9. (EC)	23. (FS)
10. (PD)	24. (PD)
11. (PT)	25. (PT)
12. (FS) (-)	26. (FS)
13. (PD) (-)	27. (PD)
14. (EC) (-)	28. (PT)

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Appendix C: Counseling Self-Efficacy Scale (COSE)

September 4, 2014

Dear Ms. Bohecker

Thank you for your recent purchase of The Counseling Self-Estimate Inventory (COSE). I am happy to grant you permission to use the instrument for one year for one study. If this is a dissertation, please include sample items in your appendix of your dissertation; do not reproduce the entire scale.

I have attached a copy of the instrument and a list of references in which the COSE has been used. The instructions read for people to indicate their answers on the instrument. An alternative that we are doing is to use answer sheets so the inventories can be reused. Also there is no place for the person to indicate demographics and identification. You need to include this on a separate sheet of your own design.

The following items on the COSE are reverse scored: Items 2, 6, 7, 9, 16, 18, 19, 21, 22, 23, 24, 26, 27, 28, 31, 33, 35, 36, & 37.

The factors consist of the following items:

Factor 1: Microskills: Item 1, 3, 4, 5, 8, 10, 11, 12, 14, 17, 32, 34.

Factor 2: Counseling Process: Items 6, 9, 16, 18, 19, 21, 22, 23, 31, 33.

Factor 3: Dealing with Difficult Client Behaviors: Items 15, 20, 24, 25, 26, 27, 28.

Factor 4: Cultural Competence: Items 29, 30, 36, 37.

Factor 5: Values: Items 2, 7, 13, & 35.

I recommend use of the total score rather than the factor scores separately. I have also included some reliability information and validity information for you regarding the measure.
Best wishes in your research endeavors.

Warmly,

Lisa M. Larson, Ph.D.
3243 Evergreen Road
Ames, ID 50014

COSE sample items

Factor 1: Microskills:
When using responses like reflection of feelings, active listening, clarification, probing, I am confident that I will be concise and to the point.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

Factor 2: Counseling Process:
 I am worried that the wording of my responses (e.g., reflection of feeling, clarification, and probing) may be confusing and hard to understand).

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

Factor 3: Dealing with Difficult Client Behaviors:
I do not feel that I possess a large enough repertoire of techniques to deal with the different problems my clients may present.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

Factor 4: Cultural Competence:
When working with ethnic minorities clients I am confident that I will be able to bridge cultural differences in the counseling process.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

Factor 5: Values:
I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client's values, beliefs, etc.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree

Appendix D: Perceived Stress Scale (PSS)

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

0 = Never   1 = Almost Never   2 = Sometimes   3 = Fairly Often   4 = Very Often

1. In the last month, how often have you been upset because of something that happened unexpectedly? 0 1 2 3 4

2. In the last month, how often have you felt that you were unable to control the important things in your life? 0 1 2 3 4

3. In the last month, how often have you felt nervous and "stressed"? 0 1 2 3 4

4. In the last month, how often have you felt confident about your ability to handle your personal problems? 0 1 2 3 4

5. In the last month, how often have you felt that things were going your way? 0 1 2 3 4

6. In the last month, how often have you found that you could not cope with all the things that you had to do? 0 1 2 3 4

7. In the last month, how often have you been able to control irritations in your life? 0 1 2 3 4

8. In the last month, how often have you felt that you were on top of things? 0 1 2 3 4

9. In the last month, how often have you been angered because of things that were outside of your control? 0 1 2 3 4

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? 0 1 2 3 4

Please feel free to use the *Perceived Stress Scale* for your research.
Mind Garden, Inc.
info@mindgarden.com
www.mindgarden.com
References
The PSS Scale is reprinted with permission of the American Sociological Association, from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24,* 386-396. Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) *The Social Psychology of Health.* Newbury Park, CA: Sage, 1988.

Appendix E: Demographic Questionnaire

1. What is your gender? _____

2. What is your age? _____

3. What is the Race/Ethnicity you most identify with (choose one)?
   - ☐ Hispanic/Latino(a)
   - ☐ Am. Indian/Alaska Native
   - ☐ Black/African American
   - ☐ White/Caucasian
   - ☐ Asian
   - ☐ Other
   - ☐ Hawaiian/Pac. Islander
   - ☐ Decline

4. Which category best describes your Spiritual, Religious Affiliation, or Identity (select one)?
   - ☐ Christian
   - ☐ Hindu
   - ☐ Religious, Affiliated
   - ☐ Catholic
   - ☐ Buddhist
   - ☐ Religious, Unaffiliated
   - ☐ Jewish
   - ☐ Spiritual, Affiliated
   - ☐ Atheist
   - ☐ Muslim
   - ☐ Spiritual, Unaffiliated
   - ☐ Other Please specify _____

5. What is the range that best fits your household income (choose one)?
   - ☐ Poor – very low income
   - ☐ Upper middle income
   - ☐ Lower middle income
   - ☐ Upper income
   - ☐ Middle income
   - ☐ Decline

Appendix F: Post Group Questionnaire

1. How much did you like your small group experience?

Very Much	OK or Somewhat	Neutral	Not Very Much	Not at all
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

2. Did you discuss the group format with other students who were experiencing a different group format?
☐ Yes or ☐No

3. If yes, how much did this affect your opinion of your group format?

Very Much	Somewhat	Neutral	Not Very Much	Not at all
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

4. Would you like to provide anonymous feedback about your small group experience related to the format?
☐ Yes or ☐No

5. If yes, please use the following space for your feedback (also use back side of page if needed):

_____
_____
_____
_____
_____
_____
_____

6. Would you like to provide anonymous feedback about your small group experience related to your facilitator(s)?
☐ Yes or ☐No

7. If yes, please use the following space for your feedback (also use back side of page if needed):

_____
_____
_____
_____
_____
_____
_____