

Helping MFT Graduate Students Develop

# mindfulness

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

In my many years of teaching marriage and family therapy (MFT) graduate students, I've come to experience them as an eager lot, bringing enthusiastic curiosity, and clear agendas for what they believe they need to learn to become skilled MFTs. While the curiosity is genuine, their agendas are fueled more by anxiety than by curiosity.



Typically, they think I'll teach them how to "act like a therapist," "ask the right questions," and use the "right techniques" to help people "feel better." They want to know what to do to learn the tools a skilled therapist uses. Many are stunned to discover the paradox inherent in those assumptions.

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

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

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

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

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

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

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

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

**Enlightenment is always preceded by confusion. — Milton Erickson**

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

One reflective listening skill that will allow for information sharing while developing and deepening a therapeutic relationship is a self-report. A self-report lets the

client know what the therapist is experiencing in the moment. Instead of asking, "Have you seen a therapist before?" the student might say, "I'm wondering if you've been in a therapeutic relationship before." Instead of asking, "How will you know if therapy will be helpful?" one might say, "I'm curious about what you'll notice when therapy is helpful for you." "Why do you think you're in such pain?" can become, "I'm wondering what that pain wants from you." There is a clear shift from question and answer to one of relationship building.

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

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

#### **"But what about diagnosis?"**

Surely we can't diagnose without asking questions!" Yes, diagnostic conversations are directed, and we can direct them without asking questions. Instead of, "Have you seen a doctor to rule out physical problems?" one might say, "Sometimes there are



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physical reasons for the concerns you have. I'm wondering what your feelings are about seeing your doctor." Instead of, "How often in the last month have you felt hopeless?" one could say, "Tell me more about the hopelessness." "OK. But we can't do this with couples and families!" Yes, the same principles apply with more than one person in the room. "Jane, I'd like to know what you think Sue will first notice about you if she makes this change." "I wonder what it would mean, John, if Sarah accepted your idea that there are some neurological reasons for your son's struggles."

Children? Adolescents? Both respond well to effective use of listening skills, particularly observations. "You look like you have some worries" is a more powerful way to engage a child or adolescent than "How are you feeling?" None of this is to suggest that skilled therapists do not ask clients questions. Of course we do. This is simply one approach to teaching basic skills that invites students into higher order thinking and a powerful second order change process. By the

end of the term, students experience a self-efficacy that they bring forward into the more advanced courses. The skilled therapist is a life-long learner. There is always more to come.

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

—Virginia Satir



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# beginning therapist

<b>CONTENT</b>	<b>SKILL</b>	<b>AWARENESS</b>
Me: How are you?	Open question	What was I thinking?! I can't believe I started with a question! Might have been better if I'd said something like, "I'd like to know how you're doing."
Client: I'm fine.		Looks nervous.
Me: We can start with whatever you'd like to talk about.	Self-report, Encourager,	I look really nervous and I am really nervous. Trying to invite her to direct the conversation.
Client: Well, I'm really upset with my roommate.		Client gets a little more animated here.
Me: Tell me about your roommate.	Encourager	Wanted to ask why, but went with this encourager instead to allow her to continue to direct the conversation. Now I can see that this turned the conversation away from her and onto her roommate. Might have been better if I'd just said, "Tell me more."
Client: Yeah, she's been a real pain since she starting seeing this new boyfriend.		
Me: She has a new boyfriend.	Encourager	Trying to give her control over the direction of the conversation, but can see now that I directed it to the boyfriend.
Client: Yes! He's nice.		
Me: So she was friendly until she started seeing this new boyfriend.	Reflection of meaning	Trying to get back on track.
Client: Yes! We did all sorts of things together because we both moved here from out of state.		
Me: You did a lot together. Are there other people you can do things with?	Summary? Paraphrase? Closed question	No idea where this came from... Wanting to help her feel better...
Client: Yeah. There are some other girls on my floor who have asked me to do things.		
Me: That must feel good.	?	Yep, going down the "trying to help her feel better" road...
Client: Yeah. I guess I should just do more stuff with other people.		I'm lost...
Me: That sounds like a good idea.	?	

# advanced therapist

<b>CONTENT</b>	<b>SKILL</b>	<b>AWARENESS</b>
Me: Hi. You can start with whatever you'd like to talk about.	Self-report, encourager	Allowing her to direct.
Client: Well, I'm really upset with my roommate		Looks nervous.
Me: You're upset with your roommate.	Encourager	
Client: Yeah, she's been a real pain since she starting seeing this new boyfriend.		Looks uncertain, nervous
Me: Things have changed between the two of you.	Reflection of meaning	Naming meaning of what she's describing
Client: Yes! We did all sorts of things together because we both moved here from out of state.		
Me: Moved here from out of state...	Encourager	Giving her control over the direction of the conversation by repeating the last thing she said
Client: Yeah. It's the first time I've been away from home.		She is tearing up here.
Me: It's your first time away...	Encourager	Just staying with her
Client: Yeah. I thought it would be easier to make friends.		
Me: It's not as easy to make friends as you thought it would be.	Paraphrase	Staying with her
Client: Yeah. There are some other girls on my floor who have asked me to do things, but I don't think they really want me along.		
Me: They're just being polite; they don't want you along?	Reflection of meaning	Checking to see if I'm understanding correctly
Client: Yeah. It's the same as it was in high school.		Tearing up again
Me: It reminds you of a hard time in high school.	Reflection of meaning	Just staying with her