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Short communication

# Promotion of mindfulness in psychotherapists in training: Preliminary study

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**Abstract**

This study examined whether the promotion of mindfulness in psychotherapists in training can influence the treatment results of their patients. The therapeutic course and treatment results of 196 inpatients, who were treated during a nine week period by nine psychotherapists in training, were compared: in the first phase of the study, the treatment group without (CG, historical control group, $n = 55$), and in the second phase the treatment group with, (MFG, $n = 58$) therapists who were currently practicing Zen meditation. The results of treatment were examined (according to the intent-to-treat principle) with the Session Questionnaire for General and Differential Individual Psychotherapy (STEP), the Questionnaire of Changes in Experience and Behaviour (VEV) and the Symptom Checklist (SCL-90-R), and showed significantly better results in the MFG.


*Keywords:* Mindfulness; ZEN meditation; Psychotherapists in training

## 1. Introduction

All psychotherapists need to practice a certain degree of vigilance during therapy [5]. The task is highly complex: a therapist must assess the most subtle verbal and non-verbal cues and simultaneously regulate his or her own reactions [16]. An increased ability to engage in self-reflection and self-regulation, acquired through self-experience, strengthens these abilities [2,7].

In order to further promote these skills, attention exercises that were historically developed in the Buddhist practice of meditation were integrated into psychotherapeutic treatment approaches during the course of the eighties and nineties [12]. Mindfulness is one such method. It understood as a present moment, purposeful and non-judgmental form of directing attention [4].

However, we are not aware of any studies that prospectively examine the direct influence of the promotion of mindfulness in psychotherapists on their patients' psychotherapeutic results. The authors known to us concentrate exclusively on patient intervention [14,18], or on the indirect effects of enhancing mindfulness in health care professionals and students [9,15].

The aim of this study was to assess whether there are indications that the promotion of mindfulness, through daily Zen meditation, in psychotherapists in training influences the treatment results of their patients.

## 2. Subjects and methods

### 2.1. Study general framework and subjects

The study was conducted in 2004/2005 in the Inntalklinik, Simbach am Inn, Germany, a. 200+ bed-psychosomatic hospital and licensed training institution. Psychologists who want to work as psychotherapists in Germany can complete the

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required three year internship here following their university studies. Their patients' therapeutic results are always evaluated as part of their training.

A homogenous group of psychotherapists in training (PiT) took part in the study. They all had the equivalent of a bachelor's degree in psychology and were in their second year of training. All the patients who were treated by the PiTs at the time of the study were included.

### 2.2. Assessment

The admission diagnoses were qualified by means of Structured Clinical Interviews (SCID). The questionnaires included socio-demographic data, the Session Questionnaire for General and Differential Individual Psychotherapy STEP [7], the Questionnaire of Changes in Experience and Behaviour VEV [19], and the Symptom Checklist SCL-90-R [11].

The STEP is a German questionnaire that records the various general influencing factors in the psychotherapeutic process from the perspective of the patients. The 12 items directly relate to the experience of a therapy session in an individual setting and form three subscales: K – clarification perspective, P – problem solving perspective and B – relationship perspective. Directly following a therapy session, the patients note on a seven step answer scale whether the respective statement applies (Cronbach's alpha between $r = .71$ and $r = .91$). The scale's raw values are transformed into $T$-values.

The VEV is a German questionnaire that quantitatively assesses subjectively perceived changes in experience and behaviour. The questionnaire contains 42 questions on change, which record the subject's subjectively perceived conditions in comparative form. In validating studies, the variance analysis of the post-test data showed that the differences between the groups were significant on a 0.5% niveau (multiple validity coefficients $r = .72$).

The SCL-90-R measures subjectively perceived impediments through 90 of the person's physical and psychological symptoms during the previous seven days. Once interpreted, it offers an overview of the person's emotional and symptomatic stress on nine scales: somatization, obsession/compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychotism. The GSI (Global Severity Index) is also part of the Symptom Checklist and measures basic psychological stress. It can be portrayed on a five-tiered Likert scale between ''absolutely not'' (0) and ''very strong'' (4). The transformation of the raw data to $T$ scores, with the socio-demographic factors taken into consideration, makes an oriented classification of the individual case possible. $T$-scores starting at 60 are considered lightly elevated, at 65 obviously, at 70 strongly, and at 75 very strongly elevated. In the control group, the internal consistency (Cronbach's alpha) lay between $r = .75$ and $r = .87$.

### 2.3. Study design

Based on our statistics on the average hospital occupancy, we estimated the time necessary for the study duration as two phases of nine weeks (two months) each. A total of 113 patients, whose health insurance approved treatment periods of four or six weeks, were recruited for both phases of the study (see below): prior to the introduction of meditation for PiTs [CG; 9 (15.5%) men, 49 (84.5%) women] and while the PiTs were meditating [MFG; 9 (16.4%) men, 46 (83.6%) women]. Patients with the two different lengths of treatment were equally distributed in the study. Written permission was obtained for using data related to the therapy. Both the patients (they knew nothing about the changes in the content of the PiT training) and the PiTs (the reasons for the change in the training plan was not mentioned) were naive to the hypothesis. Not revealing the background for the introduction of Zen meditation at the end of the second year of training was ethically and legally proper. The Inntalklinik is currently the only hospital in Bavaria that is licensed to offer this training. The psychologists are accepted for the training with the basic provision that the training plan is innovative and can be experimentally adjusted for the purposes of researching the optimal content for the training program. The patients are also aware of this. The objective of the data collection during this training period was first revealed to the therapists and patients after completion of the last test. No objections were raised to further use of the data.

In the first study phase the PiT training program remained unchanged; in the second, Zen meditation was conducted. A Japanese Zen master domiciled in Germany, who was likewise unaware of the reasons for introducing Zen meditation at that point in time, led the group meditation [10]. The course contained instructions for motionless sitting, in the lotus position or half lotus position, on a meditation pillow. The Zen training itself was carried out in part as directed (assisted) mediation for focusing attention on breathing and in part in silence without this assistance. The directed mediation was similar to the presumably oldest surviving detailed instructions for meditation, the Discourse on the Mindfulness of Breathing (Anapanasati Sutra, approx. 500 B.C.). It deals with an exercise from Thich Naht Hanh [10].

The meditation took place daily over a nine week period daily (Monday through Friday) from 7:00 to 8:00.

The patients were treated according to an inpatient, integrative psychiatric-psychotherapeutic plan. The treatment involved two individual psychotherapeutic sessions (50 min each), five group therapy sessions (60 min each), two group sessions of gestalt therapy (60 min each), five sessions of group body psychotherapy based on psychoanalysis (60 min each), two sessions of progressive muscle relaxation based on Jacobson (30 min each), and sports and gymnastic groups (totalling 480 min) per week. In addition, where indicated, individual appointments were made for physical therapy, nutritional counselling, or co-therapy and social counselling.

Following each individual therapy session, the patients filled out the STEP questionnaire, and after completion of their inpatient treatment, they filled the VEV form out once. The SCL-90-R was carried out at admission and prior to discharge. No PiTs dropped out.