Clinical Considerations in Using Mindfulness- and Acceptance-Based Approaches With Diverse Populations: Addressing Challenges in Service Delivery in Diverse Community Settings

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Mindfulness- and acceptance-based strategies effectively alter clients' relationships with their internal experiences, which may have been previously restricted, avoided, or even beyond clients' awareness. Even though the scientific exploration of the psychological benefits of mindfulness in the treatment literature continues to be in its infancy, it is important to uphold best practices by exploring the applications of these therapeutic approaches in diverse community populations. In this article, we discuss recommendations for addressing challenges that have arisen while delivering mindfulness- and acceptance-based behavioral therapies to consumers of mental health services from underserved and underrepresented backgrounds (e.g., marginalized racial, religious, and socioeconomic groups). Specific case examples illustrate the challenges of promoting acceptance in the face of adversity, the acceptability of mindfulness, attending to differences in the therapist and client perspectives, and promoting the pursuit of values in the face of adversity. Clinical recommendations and suggestions for dissemination of these approaches to clinicians working with racially and ethnically diverse, underserved populations are discussed.

Acceptance and mindfulness-based behavioral treatments[1] for psychological disorders have grown in prominence in recent years (Hayes, Follette, & Linehan, 2004). They have been further developed and adapted by clinicians and researchers to treat an array of psychopathological conditions and treatment populations, including borderline personality disorder (Linehan, 1993), generalized anxiety disorder (e.g., Roemer, Orsillo, & Salters-Pedneault, 2008), deliberate self-harm (Gratz & Gunderson, 2006), depression (Segal, Williams, & Teasdale, 2002), stress reduction (Kabat-Zinn, 1990), obsessive-compulsive disorder (Fairfax, 2008), substance use (e.g., Hayes, Wilson, et al., 2004), mood and stress in cancer patients (Speca, Carlson, Goodey, & Angen, 2000), and even couples in conflict (Carson, Carson, Gil, & Baucom, 2007). The use of mindfulness and acceptance-based clinical strategies to treat a variety of presenting problems seems promising and worthy of further investigation. One critical step in the scientific exploration of the psychological benefits of mindfulness is to examine the potential utility of these therapeutic approaches in diverse community populations.

Although research on acceptance-based behavior therapies (ABBTs) in underserved populations is in its infancy, this approach may be a particularly relevant and helpful one. However, there are a number of challenges that could arise that therapists striving to be culturally competent may want to consider. In this article, some of the challenges that have arisen while delivering mindfulness and acceptance-based behavioral therapies to consumers of mental health services from underserved and underrepresented backgrounds (e.g., marginalized racial, religious, and socioeconomic groups) will be discussed. Such challenges include promoting acceptance in the face of adversity, acceptability of mindfulness, attending to difference in the therapist and clients' perspectives, and promoting the pursuit of values in the face of adversity. Specific examples from our encounters will be illustrated with case examples drawn from clinical work primarily in community mental health settings in urban areas in the Northeast and Southern regions in the United States. With each case, we discuss the challenges we faced, what we learned, and our recommendations for

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[1] This category of behavioral treatments, sometimes called acceptance-based behavioral therapies (Roemer & Orsillo, 2009), includes a range of approaches that share an emphasis on cultivating acceptance of internal experiences, often through the practice of mindfulness and helping clients to choose to act in ways that are consistent with what matters to them (i.e., valued actions; Wilson & Murrell, 2004).

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clinical applications. Finally, challenges and suggestions for the dissemination of these approaches to clinicians working with racially and ethnically diverse, underserved populations are considered.

Overview of Mindfulness- and Acceptance-Based Approaches

When we discuss mindfulness practices or applications in treatment we refer to "an openhearted, moment-to-moment, nonjudgmental awareness" (Kabat-Zinn, 2005, p. 24). Mindfulness practice is derived from Buddhist traditions; however, it has been more recently used in psychological contexts in order to help clients pay attention to the present moment by noticing their environment, their bodily sensations, and their thoughts, without becoming entangled in them. Clients who practice mindfulness are able to cultivate a sense of acceptance that helps them acknowledge their internal experiences without suppressing, controlling, or avoiding them. Together, both mindfulness and acceptance-based strategies allow for clients to have different relationships to their emotions such that they react to these emotions (and thoughts) with less criticism and distress.

Once clients are able to cultivate mindfulness and acceptance, they are less likely to engage in avoidance and more likely to engage in behaviors that allow them to live a meaningful, enhanced, and valued life. In mindfulness- and acceptance-based interventions, an exploration of what is important to them (i.e., their values) helps clients locate where they are experiencing dissonance in their lives. These interventions are particularly relevant in ABBTs because clients are becoming aware of their own thoughts, feelings, memories, and sensations as well as the ways in which attempts to avoid those internal states hinder their ability to live a life consistent with their values.

An important step in the process of acting consistently with values is the process of clarifying what is most important to the client and identifying obstacles to action. People face both internal and external obstacles when considering values-consistent behaviors (Roemer & Orsillo, 2009). Internal obstacles are typically avoided thoughts, emotions, or sensations that could arise if a person takes a valued action. External obstacles can be contextual features of one's environment such as limited opportunities for employment, stressors, or oppression. Values clarification can help individuals identify instances where inconsistencies between their values and actions occurred because of attempts to avoid distress, a lack of perceived choice, or as a result of external barriers. In ABBTs, the discussion of values or values clarification is an experiential exercise to help individuals identify and reconnect to what truly matters to them. When individuals are able to identify and understand their values, they can be more aware of what matters to them during stressful moments, make choices consistent with their values, and act upon these choices. ABBTs emphasize that during these moments, distress may be inevitable, yet individuals can choose how they act in response to that distress (Roemer & Orsillo).

Mindfulness- and Acceptance-Based Approaches and Underserved Populations

Mindfulness- and acceptance-based therapies may be particularly helpful with underserved populations because individuals living in adverse circumstances may forget or not even be aware of the possibility of being able to alter their relationship to their emotions. These approaches may be relevant for people from underserved backgrounds because they focus on the clients and their specific values. In addition, these approaches are aimed at validating discrimination and oppression, while also promoting action and self-advocacy.

To illustrate this important orientation to the therapeutic process, there is a metaphor adapted from Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). This metaphor describes the therapist in the role of a trained mountain climber who is assisting a climber (i.e., the client) on another mountain. In an adapted version of the metaphor, the therapist, in the role of trained mountain climber, has the ability to help the client, a novice mountain climber, because the therapist not only has more experience "climbing," but he can see a broader perspective by, metaphorically, being situated on another mountain. At the same time, the trained mountain climber must ask for the climber's personal experience on her mountain, as even a trained mountain climber does not know what it is like to climb the terrain of that particular mountain. In other words, the therapist must acknowledge that he does not have the client's unique, lived experience. In this way, the therapist serves as the mental health expert, whereas the client serves as the expert about herself. Given the constant experience of disempowerment often experienced by clients from marginalized backgrounds, this metaphor can help therapists to empower clients and balance the power differential somewhat. By doing so, the therapist is able to recognize the client's particular journey as she progresses throughout the treatment, and is always prepared to make changes to the plan when necessary.

In order to maintain this stance, the therapist should be mindful as a way to raise his awareness for the moments when his values as therapist are misaligned with the values held by the client. Breaking this stance can sabotage the therapeutic process by not only derailing the client's journey, but also potentially rupturing the trust a client has placed in the therapist. It is always important for the therapist to recognize any shifts in the relationship that may be due to the therapist wielding his power. Such shifts