

Contemplative Psychotherapy, Clinician Mindfulness, and the Common Therapeutic Factors

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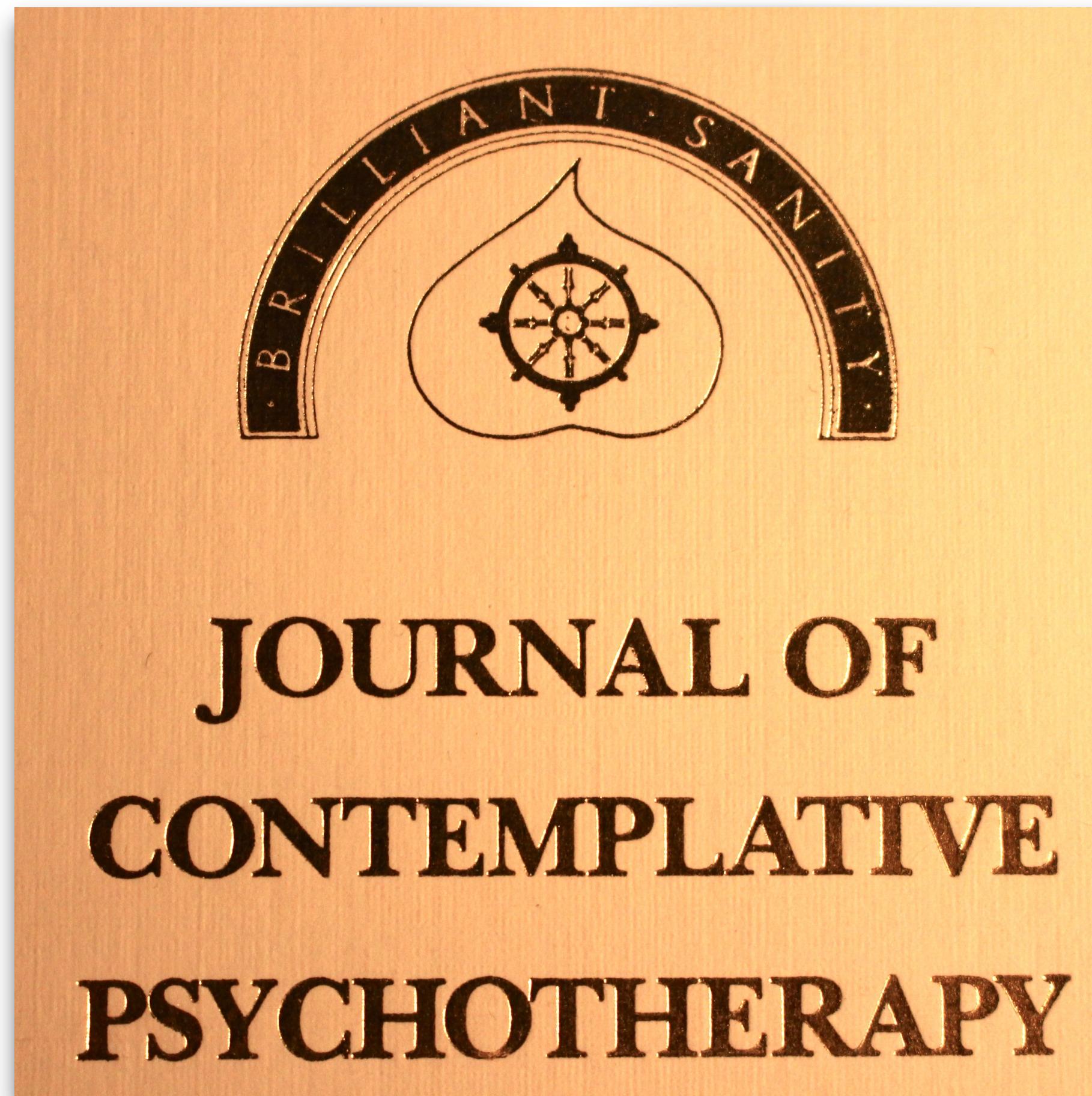
they/them

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Agenda

- Overview of Contemplative Psychotherapy (CP)
- Introduction to the therapeutic common factors
- How CP can help cultivate the common factors

What is Contemplative Psychotherapy?

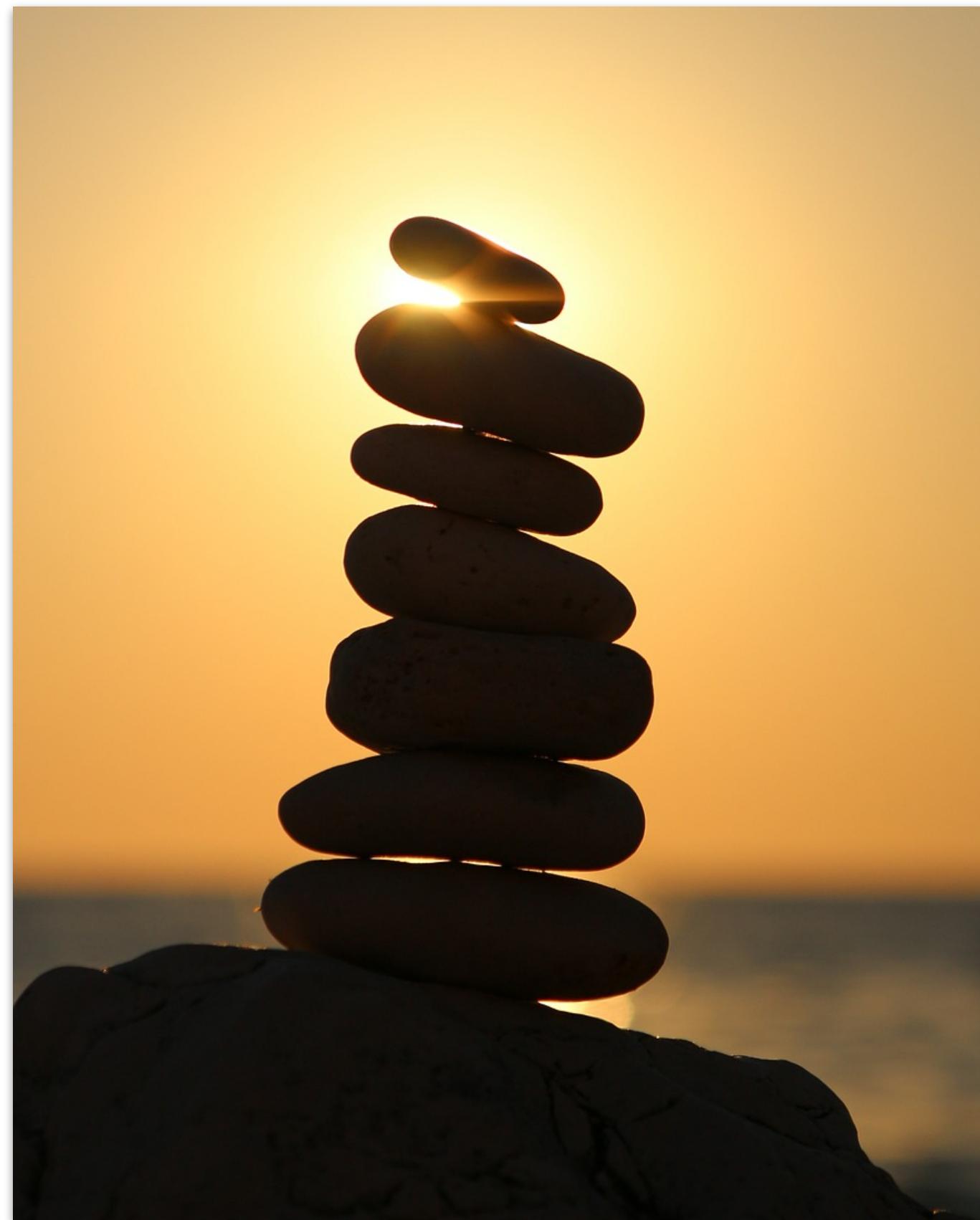


- A theoretical orientation under development since the 1970s
- Pioneered at Naropa University in Boulder CO
- Integrates counseling, clinician mindfulness, compassion practices, and Buddhist perspectives on health & healing

What Is Mindfulness?

- A special way of paying attention in the present moment, non-judgmental awareness; stability, clarity, calm. Remembering to come back to nowness.
- Allowing experience to be as it is in the present moment (Germer, 2013)
- Present-moment awareness that is open, clear, and warm (Wegela, 2014)
- Neural and experiential integration; optimal flow of energy and information (Siegel, 2010)
- Mindfulness practices produce mindful states; repeated over time, these states become mindful traits (Shapiro & Carlson, 2017)

Mindful Breathing

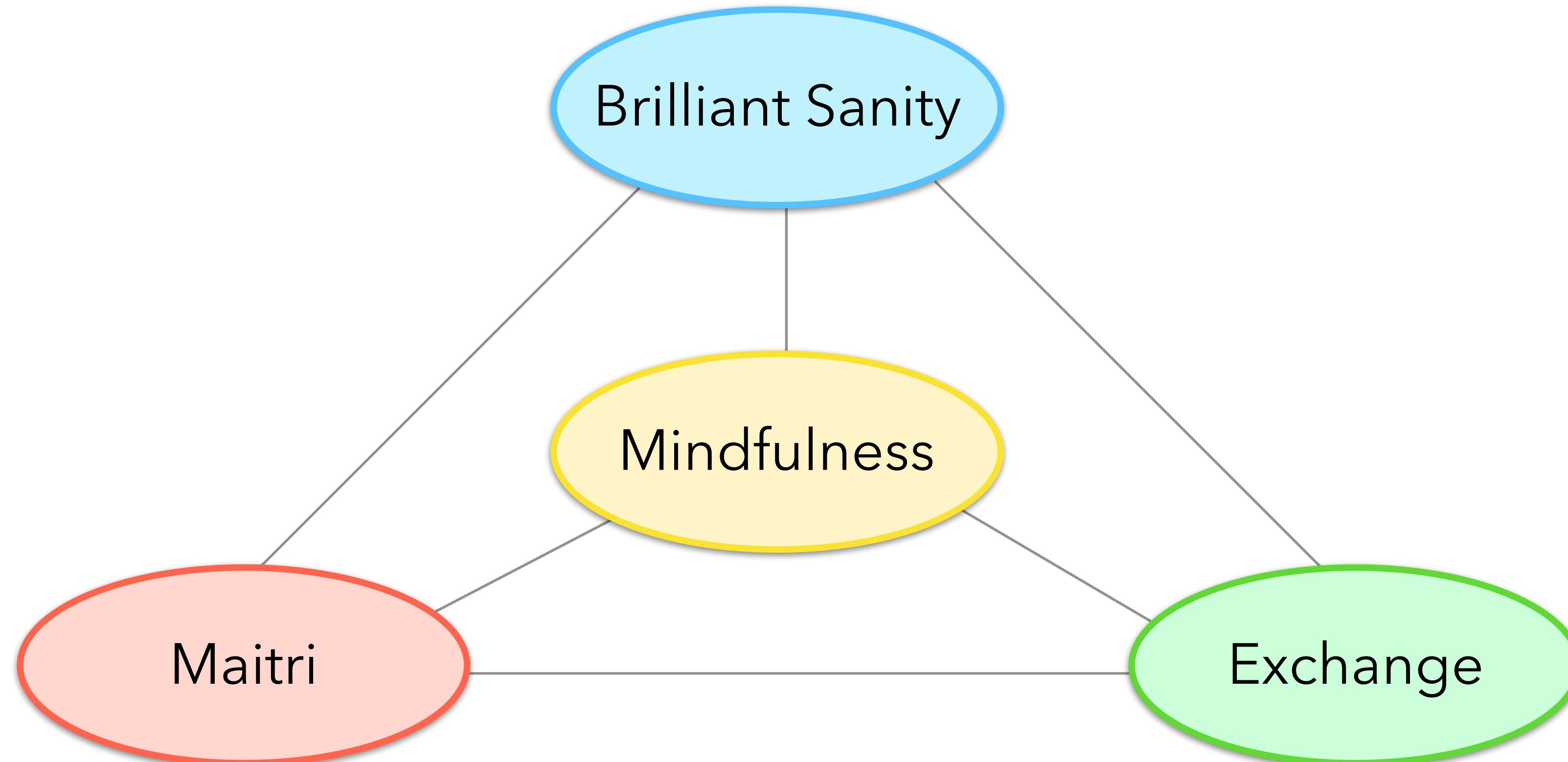


- Noticing the sensation of the breath
- Letting thoughts, emotions, and sensations be as they are
- Welcoming whatever arises
- Settling into the present moment
- Openness and presence

Core Theories & Practices of CP

- Mindfulness– The therapist tuning into themselves and the client in the present moment. Sensitivity, stability, and awareness.
- Brilliant Sanity– Humans are fundamentally wakeful and sane. Sanity precedes and underlies disturbance.
- Maitri– Unconditional friendliness towards self, others, and all experience.
- Exchange– Mutual dyadic resonance, feeling each others' feelings and realities. Using this embodied empathy in therapy.

Mindfulness Actualizes the Theories



Clinician mindfulness serves to investigate, validate, deepen, and actualize the core theories within the therapeutic encounter. Therapist capacities and attitudes that were cultivated in mindfulness practice become available within therapy and in the rest of life.

The Common Factors Model

- The most important therapeutic ingredients are common to all forms of therapy (Rosenzweig, 1936).
- Across cultures, healing takes place in a special setting, with a special person, using special methods that the healer, the person to be healed, and the culture expect will be healing (Frank & Frank, 1961/1991).
- In psychotherapy, understanding the context of healing and the meanings people make is much more important than diagnosing a problem based on the medical model (Wampold, 2007).

Common Therapeutic Factors

- **Relationship/Alliance:** warmth, understanding, affirmation; minimal attack or blame; mutual trust, confidence, acceptance; rupture and repair
- **Client variables:** severity, motivation, capacity to relate, psychological mindedness, social environment, resources
- **Therapist variables:** presence, awareness, humor, empathy, compassion, kindness
- **Expectancy/placebo:** self-fulfilling prophecy
- **Generic structure:** goals and tasks of healing

(Asay & Lambert, 1999)

Research Evidence for The Common Factors

- A meta-analysis integrating the results of 400 psychotherapy outcome studies (Smith & Glass, 1977)
- “On the average, the typical therapy client is better off than 75% of untreated individuals.”
- “Few important differences in effectiveness could be established among many quite different types of psychotherapy.”
- Subsequently re-validated (Wampold et al., 1997).

The average study showed a .68 standard deviation superiority of the treated group over the control group. Thus, the average client receiving therapy was better off than 75% of the untreated controls. Ironically, the 75% figure that Eysenck used repeatedly to embarrass psychotherapy ap-

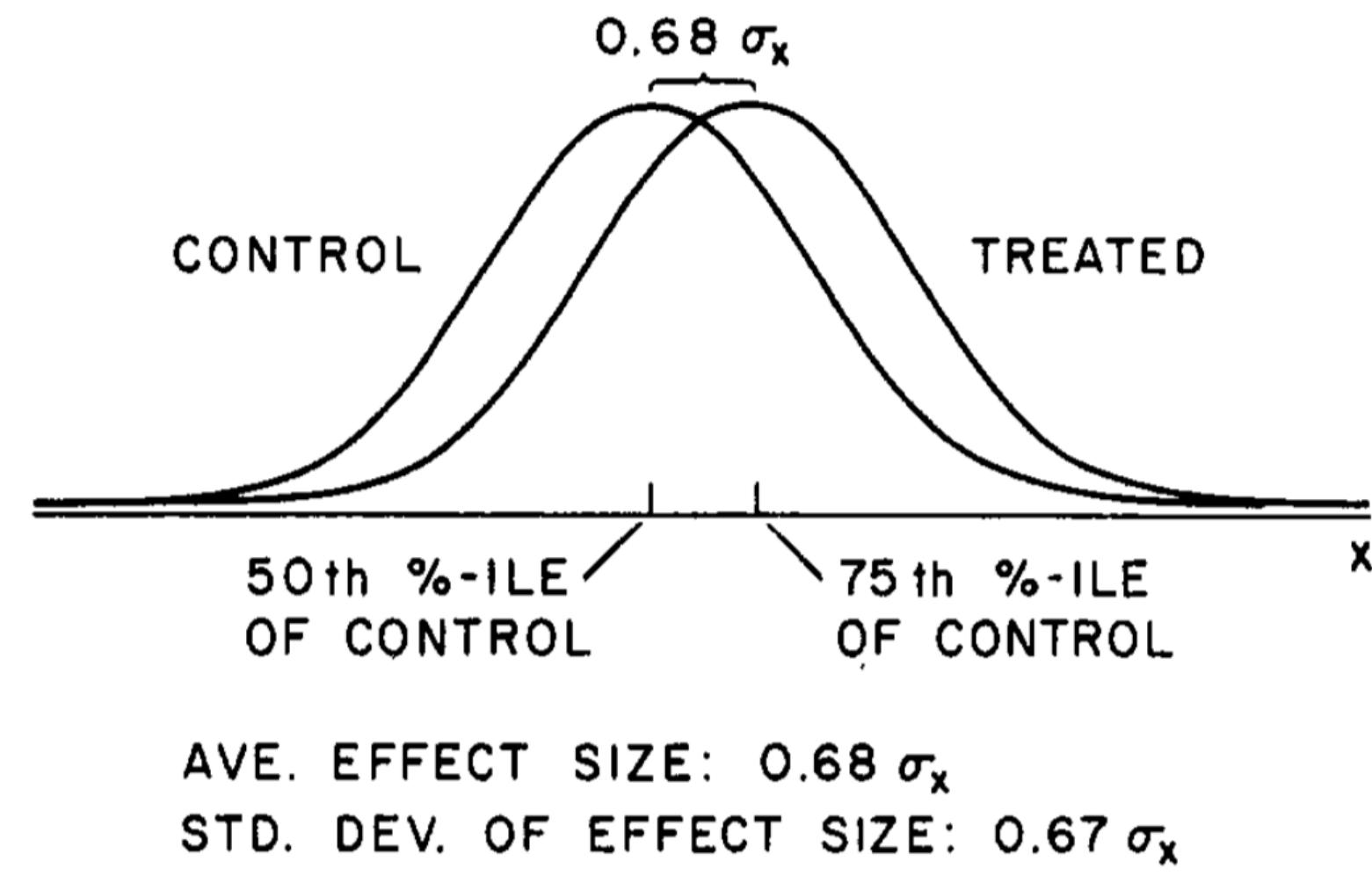
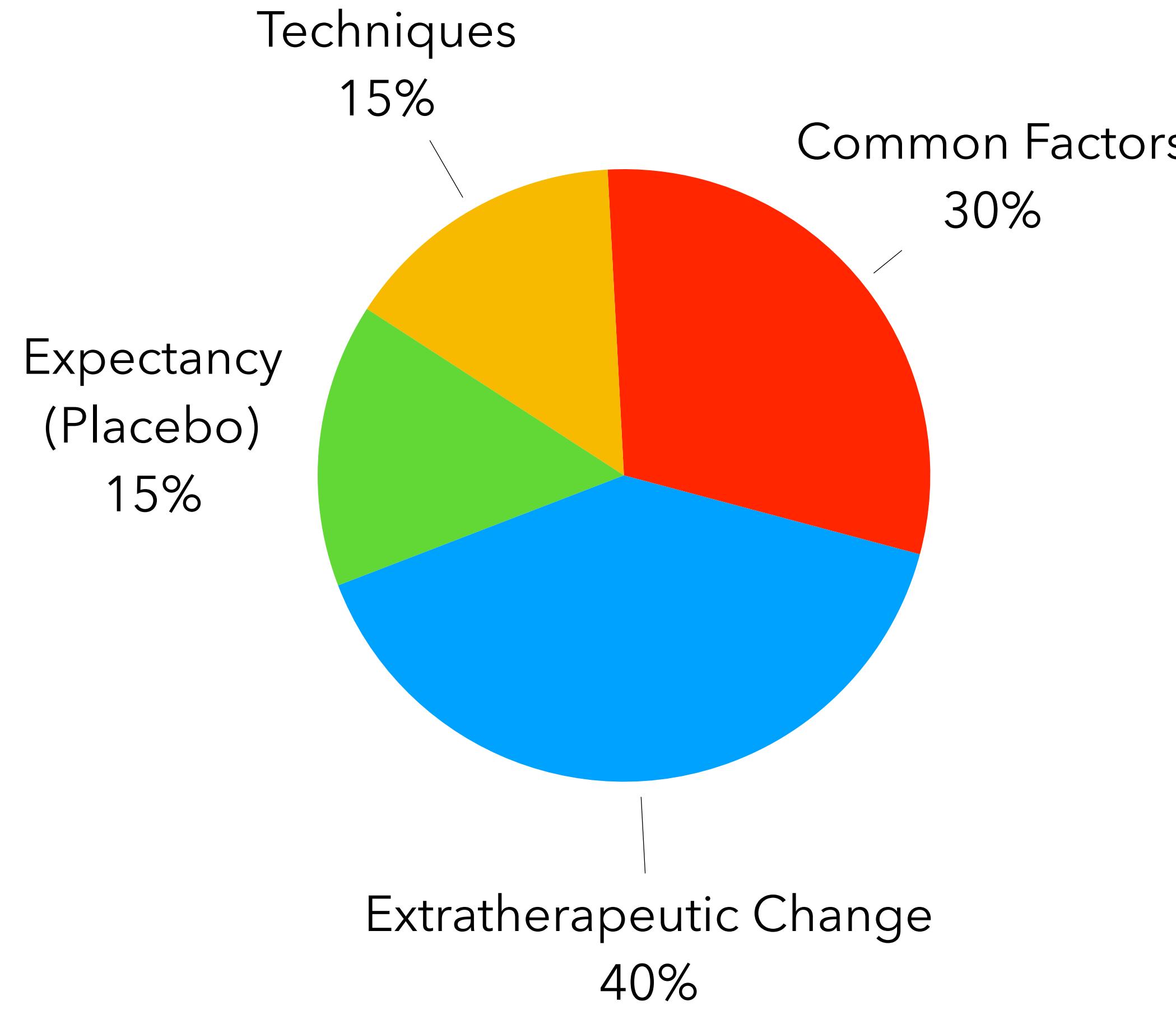


Figure 1. Effect of therapy on any outcome.
(Data based on 375 studies; 833 data points.)

Implications of The Common Factors

- There is little evidence for diagnostic specificity (Wampold, 2007).
- All *bona fide* therapies are equally effective (Wampold et al., 1997).
- That said, having a fully formed *bona fide* therapy is important (Wampold, 2007). This includes a theoretical rationale, treatment frame, and techniques.
- The therapist and the client must agree that the therapeutic approach, goals, tasks, and techniques are likely to be successful (Wampold, 2007).

The Numbers



"% of Improvement in Psychotherapy Patients as a Function of Therapeutic Factors" (Norcross & Lambert, 2011, p. 13)

Based on meta-analytic empirical research:

- 40% of change occurs for reasons outside the therapy—self-change, social support, spontaneous remission, life events, etc.
- 30% is due to the common factors
- 15% is due to client expectations
- 15% is due to therapeutic techniques

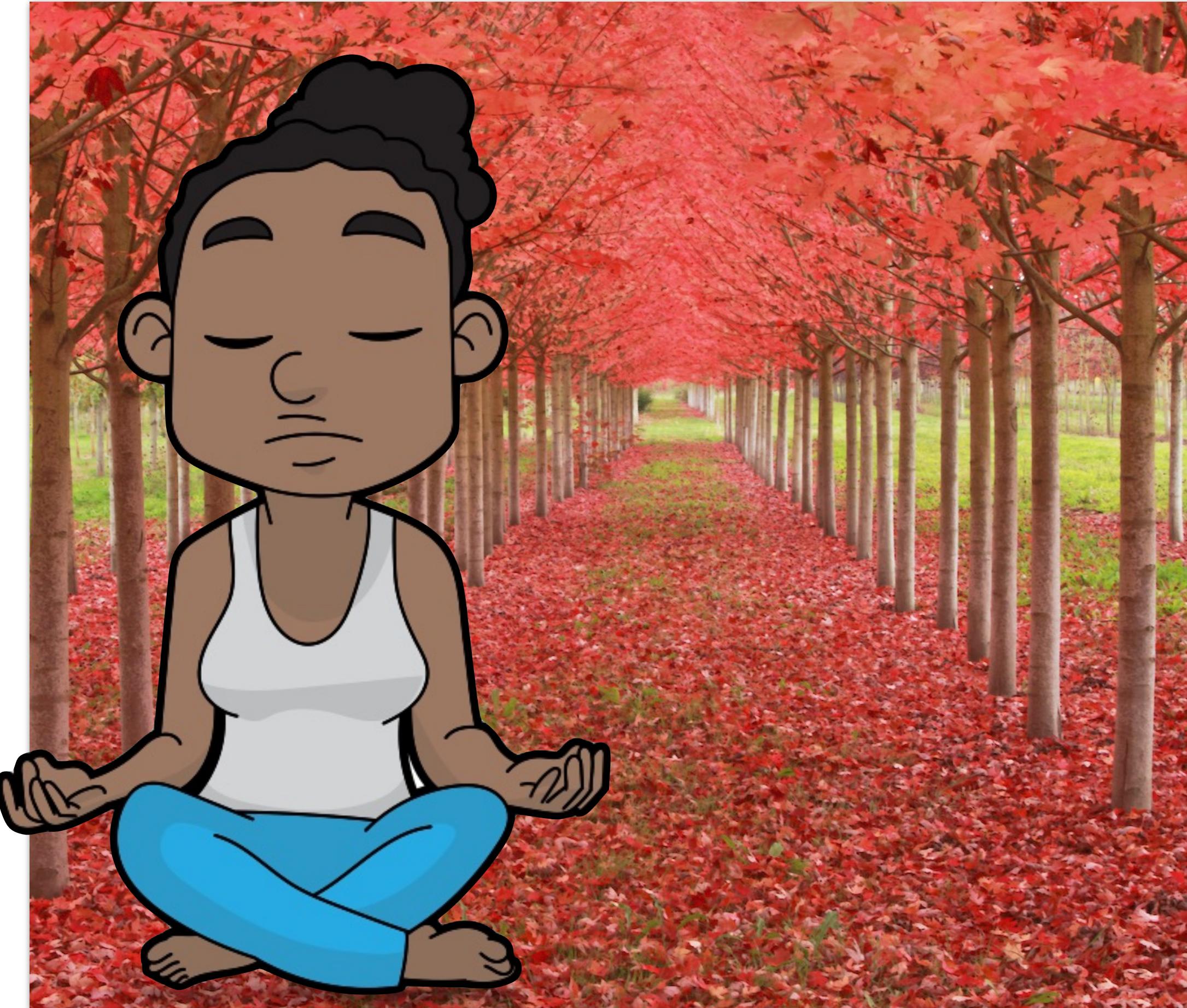
To become a better therapist

- Get good at the relationship
- Mobilize client resources
- Enhance positive client expectations
- Train in treatment methods that you and your clients enjoy & believe in
- Adapt to client characteristics and worldview
- Engage in deliberate practice (Chow et al., 2015)
- Cultivate your internal therapeutic factors

Internal Therapist Factors

- Generally, clients don't remember 'brilliant interventions' – they remember therapists being kind and compassionate.
- Empathy, genuineness, and positive regard are extremely important (Rogers, 1957), as is therapeutic presence (Geller, 2017)
- Training in empathy skills isn't that helpful – therapists learn the skills, but then don't use actually them. Therapists need to internalize empathic attitudes; clinician mindfulness may be a fruitful way to do that (Lambert & Simon, 2008).

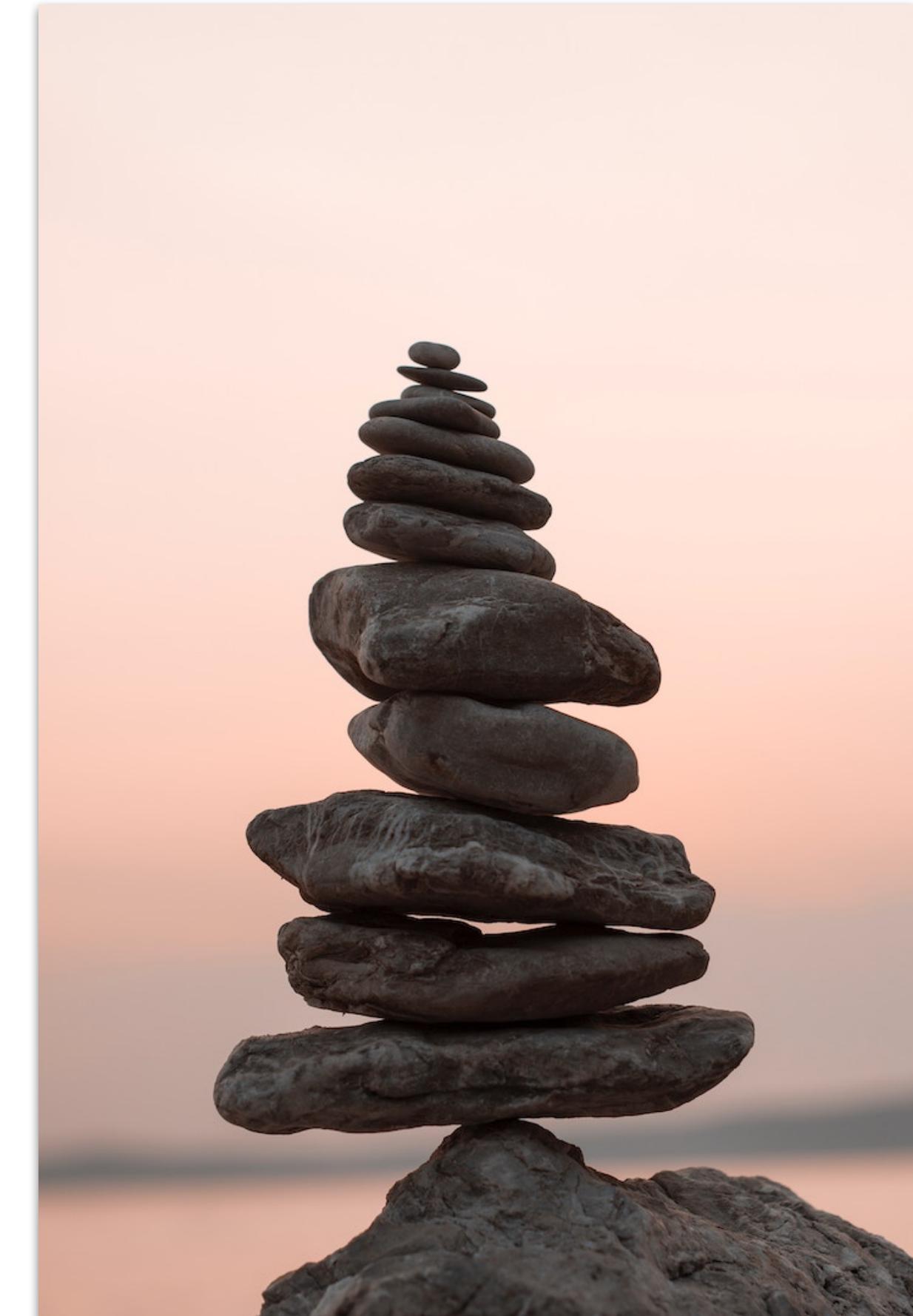
Mindfulness as Therapist Training



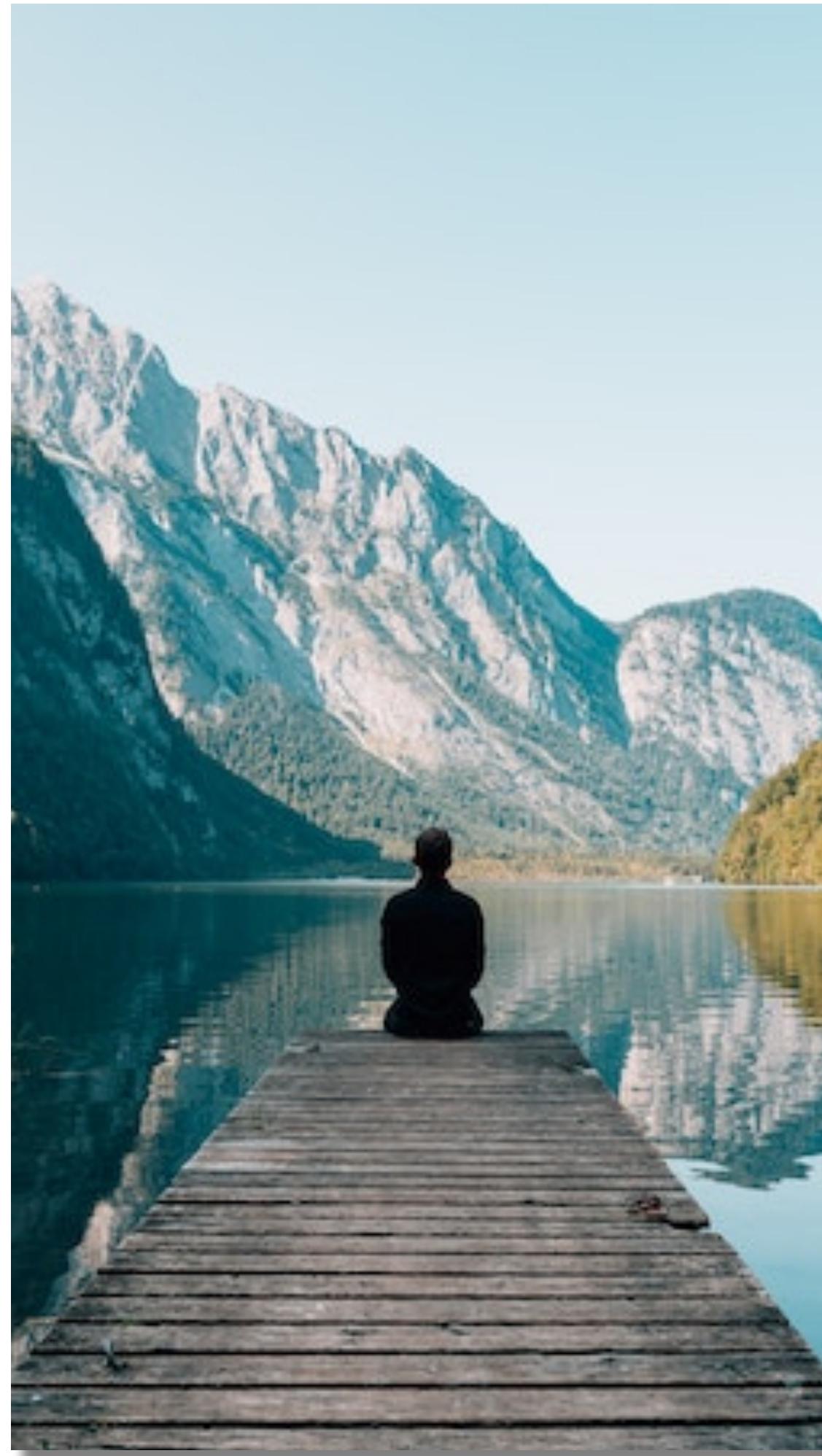
- Brilliant Sanity- confidence in the client's intrinsic wisdom and the workability of all states of mind
- Maitri- unconditional friendliness towards all emotions, thoughts, and aspects of experience
- Exchange- being willing to experience the client's state of mind in subtle empathic connection

Mindfulness as Therapist Training

- Brilliant Sanity- getting to know one's own mind directly through meditation practice, and learning that all thoughts and emotions are workable
- Maitri- cultivating curiosity, openness, acceptance, and love (Siegel, 2010)
- Exchange- getting to know one's own emotional patterns thoroughly, and practicing openness and compassion in order to work with the exchange

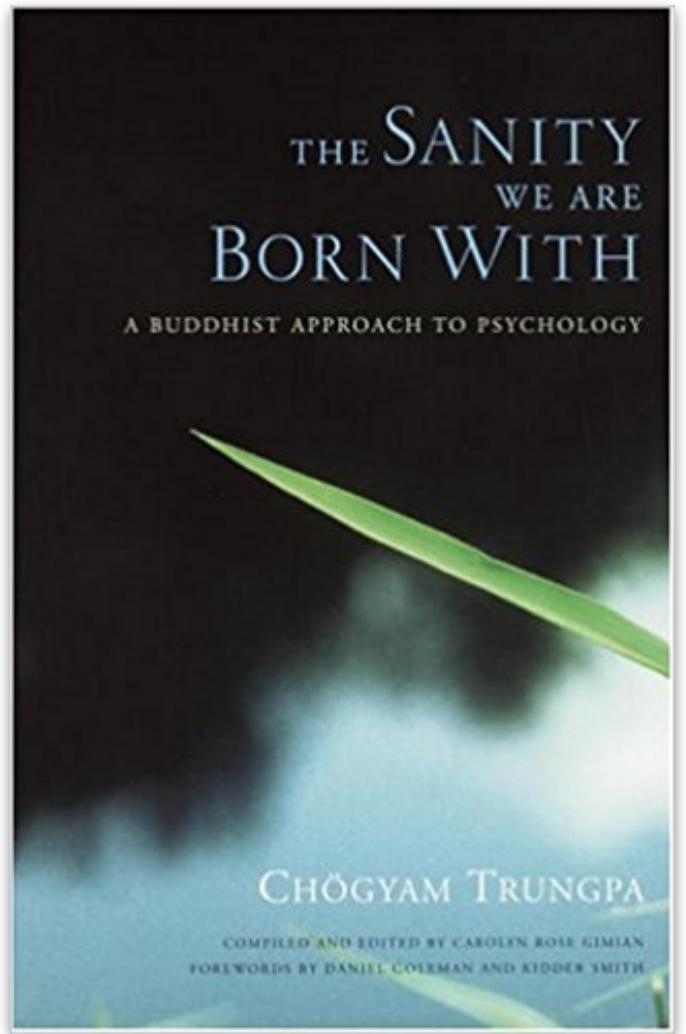


Mindfulness as Therapist Training



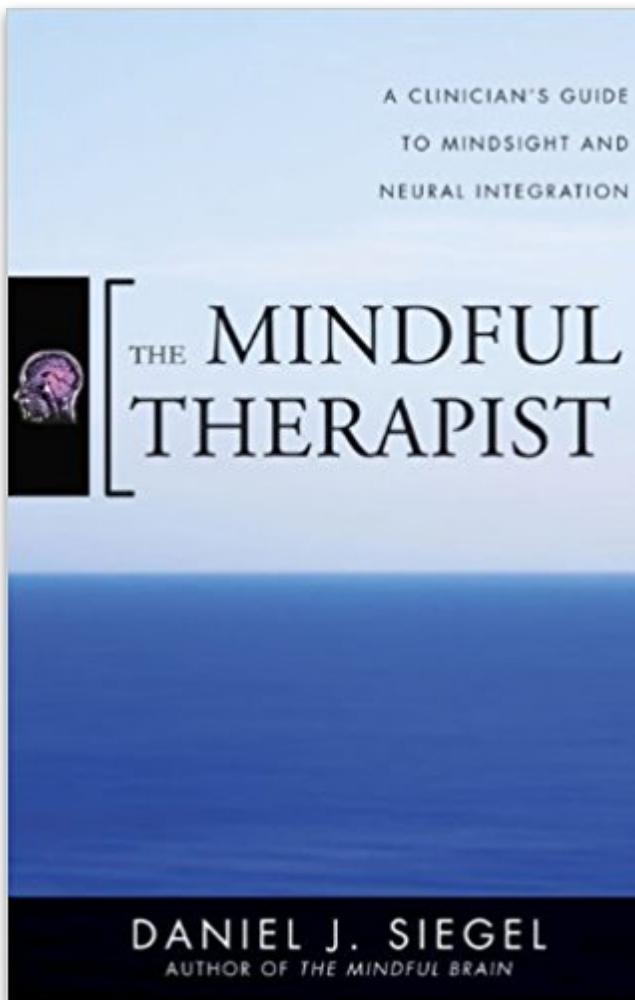
- Tracking client experience in the present moment
- Becoming more attuned, more experiential, less tied to thoughts
- Growing confidence as a human being and as a therapist
- Overcoming fear and discomfort; embracing all states of mind and emotions
- Radiating genuineness, warmth, and dignity

Further Reading



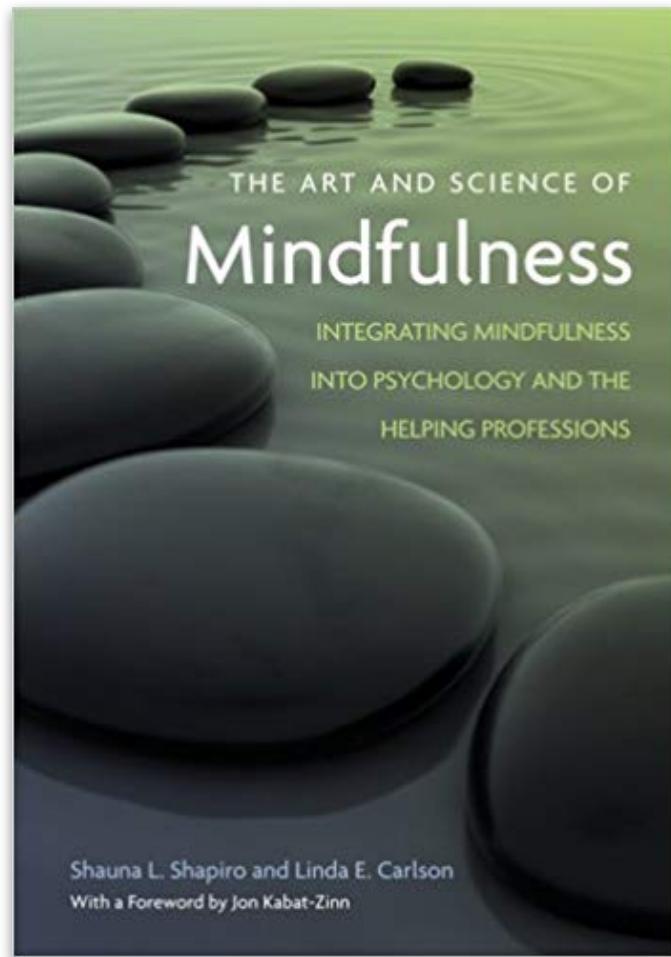
The Sanity We Are Born With:
A Buddhist Approach to Psychology

(Trungpa, 2005)



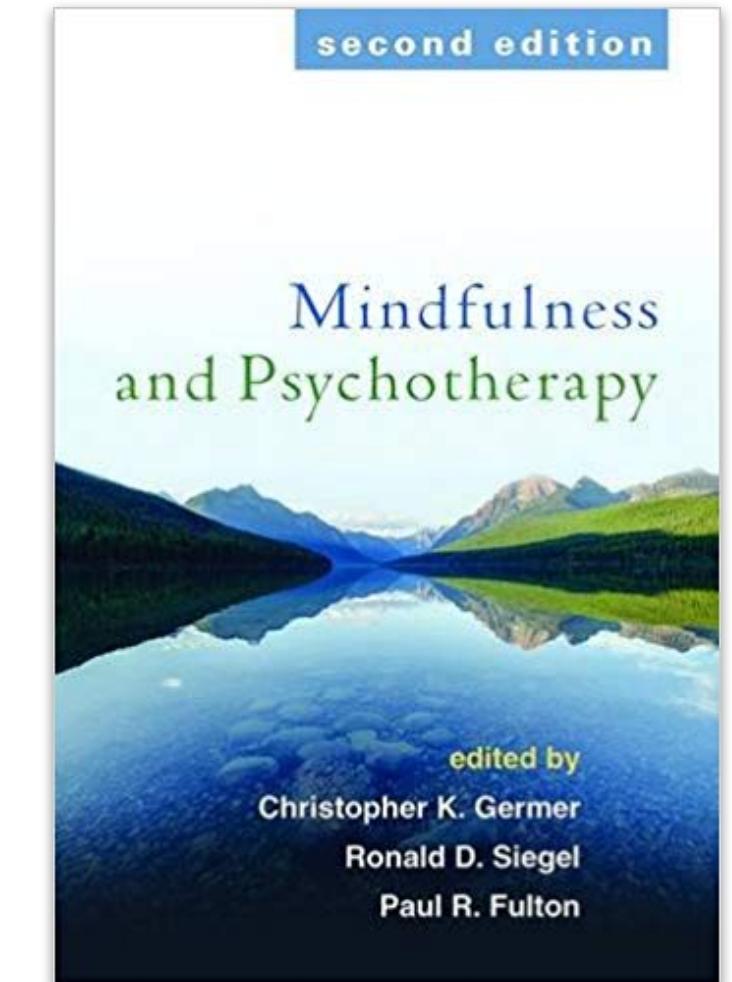
The Mindful Therapist: A Clinician's Guide
to Mindsight and Neural Integration

(Siegel, 2010)



The Art and Science of Mindfulness:
Integrating Mindfulness into Psychology
and the Helping Professions

(Shapiro & Carlson, 2017)



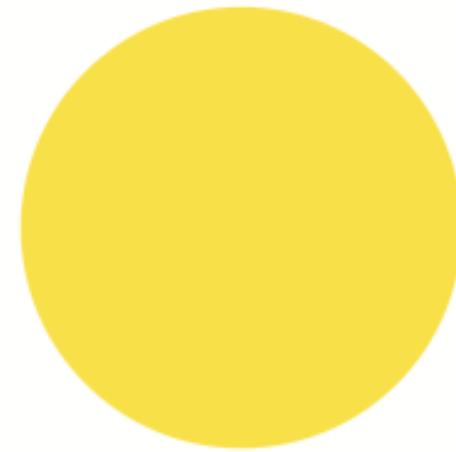
Mindfulness and Psychotherapy

(Germer, Siegel, & Fulton, 2013)

References

- Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy*. (pp. 23–55). Washington, DC: American Psychological Association.
- Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy*, 52(3), 337-345. <https://doi.org/10.1037/pst0000015>
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore, MD: Hopkins University Press. (Original work published 1961)
- Geller, S. M. (2017). A practical guide to cultivating therapeutic presence. <https://doi.org/10.1037/0000025-000>
- Germer, C. K. (2013). Mindfulness: What is it? What does it matter? In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy* (2nd ed., pp. 3-35). New York, NY: Guilford Press. (Original work published 2005)
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.). (2013). *Mindfulness and psychotherapy* (2nd ed.). New York, NY: Guilford Press.
- Lambert, M. J., & Simon, W. (2008). The therapeutic relationship: Central and essential in psychotherapy outcome. In S. F. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship* (pp. 19-33). New York, NY: Guilford Press.
- Norcross, J. C., & Lambert, M. J. (2011). Evidence-based therapy relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed, pp. 3-21). New York, NY: Oxford University Press.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103. <https://doi.org/10.1037/h0045357>
- Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6(3), 412-415. <https://doi.org/10.1111/j.1939-0025.1936.tb05248.x>
- Shapiro, S. L., & Carlson, L. E. (2017). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions* (2nd ed.). Washington, DC: American Psychological Association.
- Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York, NY: W. W. Norton.
- Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32, 752-760. <https://doi.org/10.1037/0003-066x.32.9.752>
- Trungpa, C. (2005). *The sanity we are born with: A Buddhist approach to psychology*. Boston, MA: Shambhala.
- Wegela, K. K. (2014). *Contemplative psychotherapy essentials: Enriching your practice with Buddhist psychology*. New York, NY: W. W. Norton.
- Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist*, 62(8), 857-873. <https://doi.org/10.1037/0003-066X.62.8.857>
- Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., & Ahn, H. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes." *Psychological Bulletin*, 122(3), 203-215. <https://doi.org/10.1037/0033-2909.122.3.203>

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