MINDFULNESS & ACCEPTANCE IN SOCIAL WORK

Evidence-Based Interventions & Emerging Applications

Edited by
MATTHEW S. BOONE, LCSW

Publisher's Note

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the publisher is not engaged in rendering psychological, financial, legal, or other professional services. If expert assistance or counseling is needed, the services of a competent professional should be sought.

Chapter 5 of this volume is adapted and expanded from "Returning to Silence, Connecting to Wholeness: Contemplative Pedagogy for Critical Social Work Education," by Yuk-Lin Renita Wong, *Journal of Religion and Spirituality in Social Work*, reprinted by permission of Taylor & Francis (http://www.tandfonline.com).

INTRODUCTION

Mindfulness and Acceptance in Social Work

Matthew S. Boone, LCSW

University of Arkansas at Little Rock

The curious paradox is that when I accept
myself just as I am, then I change.

—Carl Rogers (1961, p. 17)

In a conference room in a county hospital, eight patients with chronic illnesses are lying on mats on the floor as a social worker instructs them to imagine breathing in and out of different parts of their bodies. The patients are participants in a mindfulness-based stress reduction (MBSR) program, and they have spent the last five weeks practicing this exercise, called the "body scan," as well as other breathing and yoga exercises, to help them cultivate an open, aware, and nonjudgmental relationship with their bodies. Some of them are beginning to feel a noticeable difference, if not in the level of their

daily discomfort, then in their emotional reactions to their discomfort and their willingness to engage in the activities of daily living.

In an urban community mental health center, a social worker is talking with a young man who is facing eviction. He is desperate to find anything to quell the panic and dread he feels at the thought of losing his apartment, and he is worried about relapsing into substance abuse after a year of sobriety. The social worker is helping him name and describe his feelings without trying to change them, "radically accept" his circumstances, and engage in a problem-solving conversation about finding a lawyer. This approach is very different from his usual response to a crisis. Left to his own devices, he might leave harassing messages for his landlord and return to using heroin. Fighting and fleeing are the only ways he has learned to cope. The young man is engaged in a year-long dialectical behavior therapy (DBT) program that combines individual therapy, skills-building groups, and telephone crisis coaching to teach him to navigate his erratic emotions and find alternatives to the self-defeating behaviors with which he usually responds to them.

At a rural Veterans Affairs clinic, a combat veteran who lives with daily flashbacks and a powerful sense of fear is exploring what matters most to him. Because he wants to be the best father he can be, he decides that taking his son to a baseball game will be worth the spike of anxiety he will inevitably experience when he leaves his house. His social worker, a practitioner of acceptance and commitment therapy (ACT, said as one word), reminds him of the compassionate relationship he has begun to build with his fear, noting that welcoming it, rather than gritting his teeth through it, will open up more space to be present with his son, as well as with the game.

MBSR (Kabat-Zinn, 1990), DBT (Linehan, 1993), and ACT (Hayes, Strosahl, & Wilson, 1999) are part of a wave of mindfulness- and acceptance-based interventions which have emerged in the last thirty years to address a variety of health and mental health problems. The list also includes integrative behavioral couple therapy (Jacobson & Christensen, 1998), mindfulness-based cognitive therapy (Segal, Williams, & Teasdale, 2002), mindfulness-based relapse prevention (Bowen, Chawla, & Marlatt, 2011), and others. Though many have

come from the cognitive and behavioral traditions in clinical psychology, they all mark, to varying degrees, a shift away from the familiar targets of traditional cognitive behavioral therapy, or CBT (e.g., Beck, Rush, Shaw, & Emery, 1979). Strategies for directly changing painful thoughts and feelings are de-emphasized, though not necessarily abandoned, in favor of reducing unnecessary struggle and allowing pain, whatever form it takes, to simply *be*.

The terms "mindfulness" and "acceptance" have become increasingly common in both the language of health care and the popular vernacular. Mindfulness, especially, has become something of a buzzword, with a host of books, blogs, and self-help programs promising to harness its power in the service of greater peace and contentment. It quickly brings to mind the image of a serene, young, well-dressed, and clear-skinned meditation practitioner, with eyes closed and back straight, sitting attractively on a cushion—the contemporary analogue to the blissful mountaintop guru of years past. Watered down like this, mindfulness risks becoming yet another superficial salve residing in our self-care medicine cabinets, something to be taken out when times are tough, but not something that fundamentally influences the way we live our lives.

Like the practice of mindfulness, the practice of social work is about something more than Band-Aids and easy solutions. Practicing social work is about helping people and communities overcome oppressive circumstances—whether internal or external—and shape their contexts to be more just and attuned to their needs. This book, *Mindfulness and Acceptance in Social Work,* offers a small but important part of the conversation about what happens when we bring together mindfulness and acceptance with the theory and practice of social work—about what happens when individuals, groups, and communities slow down, let go of judgment, and open up to experience. Woven through this text is a gentle encouragement to helping professionals, one which is grounded in social work values, to think about something bigger than the individual's relationship with him- or herself when we think about mindfulness and acceptance. Social work has always been about the ongoing interaction of individuals, groups, families, and communities with their social and physical

environments, and mindfulness and acceptance offer a flexible and compassionate context for this interaction.

Awareness, Clarity, and Acceptance

Mindfulness practice comes from Buddhist meditation traditions, but resonances of mindfulness can be found, in one form or another, in many other religious and cultural traditions (e.g., Christian contemplative practices). Mindfulness practice as a psychosocial intervention arguably first gained popularity through the work of Jon Kabat-Zinn at the Stress Reduction Clinic of the University of Massachusetts Medical Center (Kabat-Zinn, 1990). There, Kabat-Zinn and his colleagues developed MBSR to help patients with chronic health conditions. Kabat-Zinn's simple and often quoted definition provides a good introduction to mindfulness: "Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (1994, p. 4). But what follows this definition in his practical introduction to mindfulness, *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life* (1994), is equally illuminating:

> This kind of attention nurtures greater awareness, clarity, and acceptance of present-moment reality. It wakes us up to the fact that our lives unfold only in moments. If we are not fully present for many of those moments, we may not only miss what is most valuable in our lives but also fail to realize the richness and depth of our possibilities for growth and transformation. (p. 4)

Notice that this passage includes words such as "awareness," "clarity," and "acceptance," not "relaxation," "peacefulness," or "happiness." The latter experiences might show up during a mindfulness exercise, but for the purposes of MBSR and the other models of helping described in the chapters that follow, they would be pleasant by-products. Mindfulness, whether practiced formally as sitting meditation or informally as washing the dishes with intentionality, is simply

the practice of noticing, over and over again, what is going on in the continuous present. As a result, the growth and transformation Kabat-Zinn describes may hinge not on *working* to grow and transform, but rather on *slowing down* and *noticing* that nothing inside us really needs to change.

The Theory and Practice of Social Work

The practice of social work overlaps considerably with other helping professions such as psychology, nursing, and medicine. However, social work has a distinctive focus on serving the needs of people who are vulnerable, oppressed, and living in poverty. Social work values (Reamer, 2006) encourage practitioners to understand and address the contextual forces that contribute to human problems. As a result, social workers not only provide services to individuals, couples, families, and groups—"micro" and "mezzo" practice, in social work parlance—but also participate in organizational development, community organizing, large-scale advocacy, and social justice work, all of which are known as "macro" practice.

The spectrum of micro to macro practice, and the occasional distance between them, reflects the multifaceted origins of the field of social work, at least as it came to be in the United States. Social work began, in part, with two responses to poverty borrowed from Britain in the late 19th century, which eventually intersected to create the field as we know it (Farley, Smith, & Boyle, 2012; Glicken, 2011; Howe, 2009; Specht & Courtney, 1994). Charity organization societies helped charities target their resources by assessing the suitability of poor people for receiving support. A system of assessment was created—the precursor to modern social work assessment—to reduce indiscriminate giving and determine the needs of those who sought help. At around the same time, the settlement house movement, spearheaded by Jane Addams in the US, established settlements in poor neighborhoods where local people could be exposed to culture,

education, and ideas. Charity organization societies are often given credit for the origins of social casework—later called "clinical" or micro and mezzo social work—and the settlement houses are often cited as the origins of macro, or more systems level, social work, though the distinction between "clinical" and "macro" is not always as robust as the terminology suggests.

These different strands point to an ongoing tension embedded in the history of social work, a tension between addressing suffering at the individual level versus the level of community or society. This tension has inevitably shaped the theoretical and research base of social work. On one end, social work has drawn heavily from psychology, medicine, and related fields; on the other, it has drawn from sociology, anthropology, political science, and others (Howe, 2009; Sheldon & MacDonald, 2009). This helps to explain why pinning down what "social work theory" is can be a daunting task.

However, if cultivating mindfulness and acceptance is about building awareness in the service of compassionate change, then mindfulness and acceptance mesh nicely with most of the major theoretical traditions within social work. These traditions all attempt to understand the human experience in order to reduce human suffering, but do so with relatively finer- and coarser-grained perspectives on the individual within his or her context. For instance, psychodynamic approaches, which had a great influence on casework starting in the 1930s and still thrive within social work in contemporary forms (e.g., Perlman & Brandell, 2011), focus the social worker's attention on the dynamics, both conscious and outside of awareness, that influence behavior. The same could be said for the various behavioral and cognitive approaches (e.g., Thyer & Myers, 2011), though the theory, vocabulary, and interventions might look and sound quite different. Family therapy approaches (e.g., McGoldrick and Hardy, 2008)—which unravel complex interactions between family members that generate and maintain problems—seek awareness and change through interventions at the group level. Comprehensive, higher-order perspectives such as systems and ecological theories (Friedman & Allen, 2011; Payne, 2005), which attempt to provide a unified theoretical model for social work, take an even wider view, noting how

institutions, communities, and culture interact with the interpersonal and intrapsychic. Contemporary social work weaves into these perspectives many other threads, such as encouragements to mobilize the strengths of the client or client system (e.g., Saleebey, 2012), critical analyses of the influence of ideologies and institutions on social problems and social work (e.g., Allan, Briskman, & Pease, 2009), feminist perspectives on power dynamics in the therapeutic relationship (e.g., Miller & Stiver, 1997), and solution-focused (e.g., De Shazer, 1985) and social constructivist interventions for client problems (e.g., White & Epston, 1990). On the ground, this leads to a practice of social work that is pragmatic, client-focused, and social justice–oriented—a practice where mindfulness and acceptance rightly belong. (For extensive discussions of social work theories, see Payne, 2005 and Turner, 2011.)

Mindfulness and Acceptance in Contemporary Social Work

The last decade has seen an outpouring of social work scholarship on mindfulness as a treatment intervention, self-care strategy, pedagogical tool, and general framework for social work practice. Social work scholars have proposed using mindfulness to navigate powerful emotions in community work (Todd, 2009), adapting mindfulness principles into a framework for collaboration in international HIV/AIDS research and service (Abell & Rutledge, 2010), and incorporating mindfulness into social justice approaches (Hick & Furlotte, 2009). Others (e.g., Lynn, 2010) have proposed integrating mindfulness into social work education by adapting it as an "accompanying place" for the thoughts and feelings of social work students (Birnbaum, 2008) and using it to foster essential skills, increase self-care, and reduce the impact of occupational stress (Gockel, 2010). Social workers have also reviewed the use of mindfulness techniques in CBT (Koons, 2007), argued convincingly for the fit between DBT and social work (Stone, 2007), presented case studies (Beckerman & Corbett, 2010), and

reviewed the research base (Montgomery, Kim, & Franklin, 2011) of established mindfulness-based treatment models, and explored the integration of mindfulness and psychotherapy (Lord, 2010; Turner, 2009). They have also explored mindfulness and the therapeutic relationship (Hick & Bien, 2008) and noted the emergence of mindfulness as a central practice in the implementation of spiritually-oriented techniques in social work (Birnbaum & Birnbaum, 2008). Hick's *Mindfulness and Social Work* (2009a) draws this emerging scholarship into a single volume, which includes reviews of the mindfulness literature, instructions on conducting mindfulness exercises, descriptions of emerging mindfulness-based social work interventions, and discussions of the application of mindfulness to specific practice areas such as family work, work with immigrant populations, community work, and activism.

In recent quantitative and mixed methods research, social work scholars have conducted studies on mindfulness-based arts interventions with children and adolescents (Coholic, Lougheed, & LeBreton, 2009), mindfulness as a pedagogical strategy in social work education (Gockel, Cain, Malove, & James, 2013; Napoli & Bonifas, 2011; Wong, 2004), and mindfulness for self-care in human service workers (McGarrigle & Walsh, 2011), among others. Social workers have adapted MBSR for severely economically disadvantaged people (Hick & Furlotte, 2010), caregivers of children with chronic conditions (Minor, Carlson, Mackenzie, Zernicke, & Jones, 2006), and nursing home residents (McBee, Westreich, & Likourezos, 2004). Using qualitative methods, social workers have studied the experience of mindfulness interventions for stress management in college students (Margolin, Pierce, & Wiley, 2011), recovery in people with addictions (Garland, Schwartz, Kelly, Whitt, & Howard, 2012), and skill-building in clinical social workers (Brenner, 2009), as well as the challenges of implementing mindfulness programs in treatment agencies (Larkin, Hardiman, Weldon, & Kim, 2012). In other research, social workers have examined the relationship between mindfulness and other psychological phenomena, such as compassion satisfaction, compassion fatigue, and burnout in clinical social workers (Thomas & Otis, 2010),

and depression and anxiety in Masters level students (Ying, 2009). At the same time, some social work scholars (e.g., Gause & Coholic, 2010) have suggested that something essential may be lost when mindfulness is abstracted from its original spiritual context and have argued against allowing mindfulness to be marginalized as merely a technique within a given treatment. Others have noted the elusiveness of researching mindfulness with methods commonly used in the social sciences (e.g., Hick, 2009b).

Understanding Mindfulness and Acceptance Intellectually and Experientially

Kabat-Zinn's brief definition of mindfulness—"paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (1994, p. 4)—is not the only one. Mindfulness's varied definitions may reflect the difficulty of capturing in words an experience that lies primarily outside of thinking and meaning making. Like Kabat-Zinn's, most definitions describe a "what" and a "how" of mindfulness (e.g., Linehan, 1993). Bishop and colleagues (2004) have proposed a two-component conception of mindfulness that provides a good example. The first component is self-regulation of attention to the "changing field of thoughts, feelings, and sensations from moment to moment" (p. 232)—the "what." The second is adopting an orientation to these experiences that is curious, open, and accepting—the "how." This attention is flexible, meaning it can move lightly but intentionally from one thing to another, and not elaborative, meaning it captures what is going on in the moment without being pulled away by the thoughts one might have about the moment.

To better understand this distinction between experiencing the moment and thinking about the moment, a simple exercise is helpful. If you are willing, read the next few sentences in the block that follows slowly, pausing briefly with each ellipsis.

Bring your attention to the places where your body makes contact with the chair in which you are sitting.… Notice your legs.… Notice your back.… Notice the borders between where your body makes contact and stops making contact.… Hold that awareness for a few moments.… Now, have some thoughts about chairs.… Think about your favorite chair. What is it like?… Remember some of the worst chairs you have had the displeasure of sitting in.… What were they like?… How would you describe the chair you are sitting in right now? What do you think of it?

Notice the difference between these two ways of experiencing. The first "unfolds in moments," as Kabat-Zinn says. It is what is actually happening *right now*. The second is where we usually spend our time: in our "heads" as we think, remember, predict, compare, and evaluate.

Acceptance: Letting Go of Struggle

The word "acceptance" usually shows up in definitions of mindfulness; it can be found in the "how" of both the Kabat-Zinn and Bishop et al. definitions. Despite its greater presence in everyday speech, acceptance, like mindfulness, can be quite tricky to describe or put into practice through words. If I say that I must accept myself as I am, does this actually change me in any meaningful way? If I tell a child to accept that life is not always fair, does she suddenly let go of sadness in the face of disappointment? Maybe. Mindfulness, however, is acceptance in *practice.* Rather than simply saying, "You've got to accept," mindfulness, and the interventions described in this volume, model what acceptance looks like on the ground. Whether it is imagining holding a painful feeling delicately like a dried flower in ACT, dispassionately observing thoughts that usually lead to depressive relapse in mindfulness-based cognitive therapy, or bravely exposing oneself to shame without escaping through self-injury in DBT, clients in these treatments learn to practice acceptance rather than just talk about it.

Practicing acceptance draws on counterintuitive approaches to thoughts, feelings, and circumstances that are usually deemed "bad" or unwanted. For example, DBT skills training educates clients about the function of emotions, noting how important sadness, anger, and guilt can be when they are not complicated by secondary responses (such as self-criticism) or self-defeating behaviors (such as abusing alcohol). Anger is necessary for mobilizing against a threat, and sadness marks what we care about through loss or merely the possibility of loss. ACT divides acceptance into behavioral willingness and psychological acceptance. Willingness involves voluntarily sticking with thoughts and feelings, as well as the circumstances that give rise to them, if doing so serves something meaningful. This might mean sometimes consciously moving toward thoughts, feelings, and circumstances that are painful. Psychological acceptance involves adopting a posture that is "intentionally open, receptive, flexible, and nonjudgmental" (Hayes, Strosahl, & Wilson, 2012, p. 77) to experience as it occurs from moment to moment. In conjunction with psychological acceptance, willingness is not a teeth-gritting, "no-pain, no-gain" choice, but rather something softer, more connected. Notice how these conceptions of acceptance rely heavily on metaphor (e.g., "let go of struggling," "be flexible," "stay open"). Acceptance, like mindfulness, is not a *thing*. It is fluid, active, and embodied.

Overview

Part I, "The Present Moment: Mindfulness and Acceptance in Direct Practice," features ACT, DBT, and MBSR with a focus on their relevance to the practice of clinical social work. Each chapter is written or cowritten by a social worker who has extensive experience in the model being described. Part I ends with behavioral activation (BA; Martell, Addis, and Jacobson, 2001), which may seem like an odd fit given that it has no explicit focus on acceptance or mindfulness. However, BA has much in common with these other treatments. Like ACT and DBT, it is grounded in basic behavioral principles and, like all the treatments described in part I, it is well researched. Moreover,

it can be argued that BA is implicitly accepting. BA is a treatment for depression that eschews attempts to directly change depressive thoughts and feelings in favor of encouraging the client to simply get moving. At first in small ways, then more globally, the client engages in actions that bring him or her in contact with the naturally reinforcing contingencies in the environment: relationships, meaningful work, fun—whatever is salient for the client. And without challenging cognitive distortions or unearthing depressive schemas, thoughts and feelings tend to change. Research on behavior activation conducted in the mid-90s (Jacobson et al., 1996) provided some of the strongest evidence that directly targeting thoughts and feelings was not necessarily the active ingredient in cognitive behavioral therapy (Longmore and Worrell, 2007).

Part II, "New Directions: Emerging Applications of Mindfulness and Acceptance in Social Work," provides an introduction to emerging interventions within social work and psychology that complement these treatments and offer a broader application of mindfulness and acceptance. Chapters 5 and 6 describe interventions developed by social workers. In chapter 5, Yuk-Lin Renita Wong describes using mindfulness as a pedagogical tool for facilitating students' critical reflection on issues that are central to social work, such as the social determinants of client problems, asymmetrical power relationships between practitioners and clients, and social workers' inadvertent role in reproducing oppression. In chapter 6, Diana Coholic describes the Holistic Arts-Based Group Program (HAP), a group intervention for children facing multiple challenges that attempts to both adapt mindfulness-based interventions to be more attuned to this population and reconnect the practice of mindfulness to its roots in spiritual practice. Chapters 7 and 8 move from groups and classrooms to very brief interventions, the bread and butter of the vast number of social workers who do not necessarily provide mental health treatment, such as case managers, primary care social workers, school social workers, and others. Both draw on the work of Kirk Strosahl and Patricia Robinson, who have adapted ACT as a model for brief interventions.

Part III, "The Client in Context: Addressing Broader Systems," explores the intersection of mindfulness and acceptance with the

culture at large, as well as the cultures of social work and other helping professions. In chapter 9, Michael Uebel and Clayton Shorkey argue that the practice of engaged Buddhism, which emphasizes the dynamic interdependence of all things, is a worthy framework for generalist macro social work practice. In chapter 10, Akihiko Masuda, Mary Hill, Rebecca Pasillas, and I address cultural diversity and cultural competence through the perspective of functional contextualism, a philosophy of science that is new to social work, but which provides a frame for understanding how mindfulness- and acceptance-based approaches can be adapted to suit the needs of diverse populations. And in chapter 11, Joanne Steinwachs and I make an argument for approaching the science of mindfulness, acceptance, and social work in a more comprehensive way by drawing on an emerging tradition in the behavioral sciences called contextual behavioral science (CBS). CBS encourages us to articulate our starting assumptions, connect interventions to basic principles, and bring together researchers and practitioners in the service of better helping people.

Finally, for those interested in further exploring mindfulness and integrating it in their work with clients, I have prepared mindfulness exercises that provide an introduction to the practice. You can download MP3s of these exercises, along with a brief guide for their use, from the publisher's website for this book: http://www.newharbinger .com/28906. (See the back of the book for more information.)

Final Thoughts: Why Mindfulness and Acceptance?

People practicing mindfulness for the first time will often complain that it does not "work" for them because they cannot maintain their focus. They notice that trying to corral their concentration is a bit like trying to get a group of cats to pose for a picture: their minds will just as likely end up chasing an imagined mouse or taking a nap as sitting still. When they are supposed to be observing their breath or something else, they find that they are instead making grocery lists,

rehashing old arguments with significant others, or worrying about what their bosses think of them. They believe this is evidence that they are doing it wrong. But this is exactly what mindfulness practice is like. It is certainly not a constant stream of serenity. Even for experienced meditators, the mind stays anchored for only a few moments before it starts congratulating itself for being in the present—which is precisely the moment it is no longer *in* the present. At times, mindfulness practice can even be painful: though peace and calm can be found in the present moment, so can anxiety and sadness. The "automatic pilot" we undermine with mindfulness often masks the pain we are avoiding. Furthermore, when the mind *does* focus, it does not always rest in pleasant places, and many a person practicing mindfulness has stumbled into a thicket of self-criticism and worry. As a speaker at a conference on meditation and psychotherapy I once attended observed, mindfulness practice can be like being "trapped in a phone booth with a madman."

So why practice mindfulness and acceptance, and, more importantly for this volume, why incorporate them into the practice of social work? Each of the following chapters answers this question in its own way. But one answer could be that by slowing down and simply noticing, if only for a moment, we begin to experience the world, both inside and outside of us, in a more viable way. Troublesome thoughts become just thoughts. Physical discomfort becomes just discomfort. Painful emotions still sting but come and go without overwhelming us. And from this place, new possibilities can emerge. Maybe we pause for a moment before saying the first thing that comes to our minds. Maybe we finally acknowledge the pain we run away from by working all the time. Maybe we begin to notice what actually matters to us rather than what we have been taught to care about. And especially for those who seek the help of social workers, maybe the depression, marital conflict, poverty, cancer, or drinking (or whatever else) begins to look like something we can move *toward*—not necessarily in order to overpower or combat it, but to embrace it in a way that diffuses its power over our lives. This is where the "possibilities for growth and transformation" that Kabat-Zinn describes lie: right here, right now, in the present.

References

Abell, N., & Rutledge, S. E. (2010). Awareness, acceptance, and action: Developing mindful collaborations in international HIV/AIDS research and service. *British Journal of Social Work, 40,* 656-675.

Allan, J., Briskman, L., & Pease, B. (2009). *Critical social work: An introduction to theories and practices* (2nd ed.). Crows Nest, NSW, Australia: Allen & Unwin.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression.* New York: Guilford Press.

Beckerman, N. L., & Corbett, L. (2010). Mindfulness and cognitive therapy in depression relapse prevention: A case study. *Clinical Social Work Journal, 38,* 217-225.

Birnbaum, L. (2008). The use of mindfulness training to create an 'accompanying place' for social work students. *Social Work Education, 27,* 837-852.

Birnbaum, L., & Birnbaum, A. (2008). Mindful social work: From theory to practice. *Journal of Religion & Spirituality in Social Work: Social Thought, 27,* 87-104.

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., et al. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11,* 230–241.

Bowen, S., Chawla, N., & Marlatt, G. A. (2011). *Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide.* New York: Guilford Press.

Brenner, M. J. (2009). Zen practice: A training method to enhance the skills of clinical social workers. *Social Work in Health Care 48,* 462-470.

Coholic, D., Lougheed, S., & LeBreton, J. (2009). The helpfulness of holistic arts-based group work with children living in foster care. *Social Work with Groups, 32,* 29-46.

De Shazer, S. (1985). *Keys to solution in brief therapy.* New York: W.W. Norton.

Farley, O. W., Smith, L. L., & Boyle, S. W. (2012). *Introduction to social work* (12th ed.). Boston: Pearson.

Friedman, B. D., & Allen, K. N. (2011). Systems theory. In J. R. Brandell (Ed.), *Theory & practice in clinical social work* (pp. 3-20). Thousand Oaks, CA: Sage Publications.

Garland, E. L., Schwarz, N. M., Kelly, A., Whitt, A., & Howard, M. O. (2012). Mindfulness-oriented recovery enhancement for alcohol dependence: Therapeutic mechanisms and intervention acceptability. *Journal of Social Work Practice in the Addictions, 12,* 242-263.

Gause, R., & Coholic, D. (2010). Mindfulness-based practices as a holistic philosophy and method. *Currents: New Scholarship in the Human Services, 9.*

Glicken, M. D. (2011). *Social work in the 21st century: An introduction to social welfare, social issues, and the profession.* Thousand Oaks, CA: Sage Publications.

Gockel, A. (2010). The promise of mindfulness for clinical practice education. *Smith College Studies in Social Work, 80,* 248-268.

Gockel, A., Cain, T., Malove, S., & James, S. (2013). Mindfulness as clinical training: Student perspectives on the utility of mindfulness training in fostering clinical intervention skills. *Journal of Religion & Spirituality in Social Work: Social Thought, 32*, 36-59.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change.* New York: Guilford Press.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York: Guilford Press.

Hick, S. F. (2009a). *Mindfulness and social work*. Chicago: Lyceum Books.

Hick, S. F. (2009b). Mindfulness and social work: Paying attention to ourselves, our clients, and society. In S. F. Hick (Ed.), *Mindfulness and social work* (pp. 1-30). Chicago: Lyceum Books.

Hick, S. F., & Bien, T. (2008). *Mindfulness and the therapeutic relationship.* New York: Guilford Press.

Hick, S. F., & Furlotte, C. (2009). Mindfulness and social justice approaches: Bridging the mind and society in social work practice. *Canadian Social Work Review, 26*, 5-24.

Hick, S. F., & Furlotte, C. (2010). An exploratory study of radical mindfulness training with severely economically disadvantaged people: Findings of a Canadian study. *Australian Social Work, 63*, 281-298.

Howe, D. (2009). *A brief introduction to social work theory.* Basingstoke, UK: Palgrave Macmillan.

Jacobson, N. S., & Christensen, A. (1998). *Acceptance and change in couple therapy: A therapist's guide to transforming relationships.* New York: Norton.

Jacobson, N. S., Dobson, K. S., Truax, P. A., Addis M. E., Koerner, K., Gollan, J. K., et al. (1996). A component analysis of cognitive behavioral treatment for depression. *Journal of Consulting and Clinical Psychology*, 64, 295-304.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness.* New York: Delacorte.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life.* New York: Hyperion.

Koons, C. R. (2007). The use of mindfulness interventions in cognitive behavior therapies. In T. Ronen & A. Freeman (Eds.), *Cognitive behavior therapy in clinical social work practice* (pp. 167-186). New York: Springer.

Larkin, H., Hardiman, E., Weldon, T., & Kim, H. (2012). Program characteristics as factors influencing the implementation of mindfulness meditation in substance abuse treatment agencies. *Journal of Religion & Spirituality in Social Work: Social Thought, 31*, 311-327.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder.* New York: Guilford Press.

Longmore, R., & Worrell, M. (2007). Do we need to challenge thoughts in cognitive behavior therapy? *Clinical Psychology Review, 27*, 173–187.

Lord, S. A. (2010). Meditative dialogue: Cultivating sacred space in psychotherapy—an intersubjective fourth? *Smith College Studies in Social Work, 80,* 269-285.

Lynn, R. (2010). Mindfulness in social work education. *Social Work Education, 29,* 289-304.

Margolin, I., Pierce, J., & Wiley, A. (2011). Wellness through a creative lens: Meditation and visualization. *Journal of Religion & Spirituality in Social Work: Social Thought, 30,* 234-252.

Martell, C. R., Addis, M. E., & Jacobson, N. S. (2001). *Depression in context: Strategies for guided action.* New York: Norton.

McBee, L., Westreich, L., & Likourezos, A. (2004). A psychoeducational relaxation group for pain and stress management in the nursing home. *Journal of Social Work in Long-Term Care, 3,* 15-28.

McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. *Journal of Religion & Spirituality in Social Work: Social Thought, 30,* 212-233.

McGoldrick, M., & Hardy, K. V. (2008). *Re-visioning family therapy: Race, culture, and gender in clinical practice.* New York: Guilford Press.

Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and in life.* Boston: Beacon Press.

Minor, H. G., Carlson, L. E., Mackenzie, M. J., Zernicke, K., & Jones, L. (2006). Evaluation of a Mindfulness-Based Stress Reduction (MBSR) program for caregivers of children with chronic conditions. *Social Work in Health Care, 43,* 91–109.

Montgomery, K. L., Kim, J. S., & Franklin, C. (2011). Acceptance and commitment therapy for psychological and physiological illnesses: A systematic review for social workers. *Health & Social Work, 36,* 169-181.

Napoli, M., & Bonifas, R. (2011). From theory toward empathic self-care: Creating a mindful classroom for social work students. *Social Work Education 30,* 635-649.

Payne, M. (2005). *Modern social work theory* (3rd ed.). Chicago: Lyceum.

Perlman, F. T., & Brandell, J. R. (2011). Psychoanalytic theory. In J. R. Brandell (Ed.), *Theory & practice in clinical social work* (pp. 41-80). Thousand Oaks, CA: SAGE.

Reamer, F. G. (2006). *Social work values and ethics* (3rd ed.). New York: Columbia University Press.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy.* New York: Houghton Mifflin.

Saleebey, D. (2012). *The strengths perspective in social work practice* (6th ed.). Boston: Pearson.

Segal, Z. V., Williams, J. M.G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression.* New York: Guilford Press.

Sheldon, B., & Macdonald, G. M. (2009). *A textbook of social work.* New York: Routledge.

Specht, H., & Courtney, M. E. (1994). *Unfaithful angels: How social work has abandoned its mission*. New York: Free Press.

Stone, S. D. (2007). Using dialectical behavior therapy in clinical practice: Client empowerment, social work values. In T. Ronen & A. Freeman (Eds.). *Cognitive behavior therapy in clinical social work practice* (pp. 147-165). New York: Springer.

Thomas, J. T., & Otis, M. D. (2010). Intrapsychic correlates of professional quality of life: Mindfulness, empathy, and emotional separation. *Journal of the Society for Social Work and Research, 1,* 83-98.

Thyer, B. A., & Myers, L. L. (2011). Behavioral and cognitive theories. In J. R. Brandell (Ed.), *Theory & practice in clinical social work* (pp. 21-40). Thousand Oaks, CA: SAGE.

Todd, S. (2009). Mobilizing communities for social change: Integrating mindfulness and passionate politics. In S. F. Hick (Ed.), *Mindfulness and social work* (pp. 171-185). Chicago: Lyceum Books.

Turner, F. J. (Ed.) (2011). *Social work treatment: interlocking theoretical approaches* (5th ed.). New York: Oxford University Press. [Kindle for PC edition]. Retrieved from Amazon.com.

Turner, K. (2009). Mindfulness: The present moment in clinical social work. *Clinical Social Work Journal, 37,* 95-103.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

Wong, Y. R. (2004). Knowing through discomfort: A mindfulness-based critical social work pedagogy. *Critical Social Work, 5.* Retrieved from http://www1.uwindsor.ca/criticalsocialwork/knowing-through-discomfort-a-mindfulness-based-critical-social-work-pedagogy

Ying, Y. (2009). Religiosity, spirituality, mindfulness, and mental health in social work students. *Critical Social Work 10*(1). Retrieved from http://www1.uwindsor.ca/criticalsocialwork/religiosity-spirituality-mindfulness-and-mental-health-in-social-work-students