ABSTRACT: Purpose: This study explored whether the use of a mindfulness practice facilitated the development of speech-language pathology and audiology graduate students’ counseling skills and overall wellness. Additionally, the study explored whether the same curriculum could be used effectively with both speech-language pathology and audiology graduate students.

Method: Participants were 20 graduate students (11 speech-language pathology and 9 audiology) who were enrolled in a course on counseling in communication sciences and disorders. The Perceived Stress Scale (PSS; Cohen, Karmarck, & Mermelstein, 1983) and a questionnaire regarding students’ knowledge of counseling and mindfulness served as pre- and postmeasures. After the 1st class, every class began with 5 min of stretching, seated breath practice, and 2 min of reflective writing.

Results: Quantitative data were the students’ pre–post PSS scores and pre–post ratings of their counseling confidence. Qualitative data were students’ answers to open-ended questions on the questionnaire and their reflective writings. Results for both groups of students were similar: Their PSS scores decreased and their counseling confidence increased. Both groups of students placed more importance on the awareness of personal adjustment aspects of counseling versus informational aspects and demonstrated greater awareness of the importance of mindfulness for their counseling skills and overall well-being.

Conclusion: The results of this study speak to the power of a mindfulness practice for graduate students in communication sciences and disorders.

KEY WORDS: counseling, mindfulness, graduate students
assessment, and treatment of the problem” (p. 5) and is a counseling approach about which SLPs and audiologists are typically educated. Rosenberg (1997) added that informational counseling includes gathering information and solving problems related to a communication disorder.

The components of informational counseling (e.g., gathering appropriate information from clients, ensuring that clients have an adequate understanding of the causes and consequences of a disorder, providing information about available treatment options) are all critical aspects of counseling (Branham, 1999). However, English, Mendel, Rojeski, and Hornak (1999) indicated that if informational counseling is the only counseling approach used, a communication mismatch could result between the professional and client. That is, the professional’s responses might not be consistent with the intent of the client’s message; rather, the professional might be responding to the client’s “thinking mind” (English et al., 1999, p. 2) with facts about the communication disorder, whereas the client is actually talking with a “feeling mind” (English et al., 1999, p. 2) about the affective or emotional ramifications of the disorder. English et al. theorized that “this communication mismatch may be a natural consequence of graduate training, whereby student success is measured in terms of adequately explaining high-level technical information to instructors and supervisors” (p. 2).

A second approach to counseling is personal adjustment counseling. Personal adjustment counseling is a client-centered approach that helps clients “cope with attitudes, feelings and problems that are related to the communication disorder” (Rosenberg, 1997, p. 7). English et al. (1999) explained that different communication skills are needed in personal adjustment counseling than in informational counseling. These skills include “the ability to talk less, listen more, and listen actively” (p. 2) so that the professional is able to differentiate between the content and the affective components of a client’s message and respond appropriately when a client is actually asking for recognition of the emotional components of a communication disorder in addition to information about the disorder. This type of client-centered counseling has been cited as the most fitting approach to use when a professional has to communicate bad news to a client while simultaneously providing the client with hope (English, Naeve-Velguth, Rall, Uyehara-Isono, & Pittman, 2007).

Counseling and Self-Awareness and Mindfulness

Definitions of self-awareness and mindfulness. In her description of her approach to counseling, Riley (2002) stated that “the counseling process starts with the clinician. The clinician needs to be self-aware. Awareness of one’s own distractions and prejudices is essential in order to put them aside and be fully ‘present,’ emotionally and mentally, with the client” (p. 7). Kaplan and Dreyer (1974) indicated that self-awareness allows SLPs to have a deeper understanding of their own behavior, the client’s behavior, and the dynamics between the two.

Brown, Marquis, and Guiffrida (2013) cited Kabat-Zinn, who defined mindfulness as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (p. 96). Brown et al. further indicated that mindfulness is composed of two essential components: “an open attention to one’s present experience” (p. 96) and “a nonjudgemental, accepting attitude toward whatever one encounters” (p. 96). Experience includes not only what is occurring in the person’s external environment, but also to what the person is sensing internally (e.g., bodily sensations, emotions, ideas). Mindfulness is “quite literally coming to one’s senses” (Epstein, as cited by Brown et al., 2013, p. 96). Siegel (2011) agreed that mindfulness “trains the mind to become aware of awareness itself and to pay attention to one’s own intention” (p. 86) in a manner that is nonjudgmental and nonreactive. These definitions of mindfulness are consistent with Riley’s (2002) and with Kaplan and Dreyer’s (1974) discussions of self-awareness. Therefore, the terms self-awareness and mindfulness will be used interchangeably throughout the rest of this article.

Importance of mindfulness in counseling. The ability to be fully present with the client and to focus exclusively on the client is “perhaps one of the most powerful dynamics in the counseling process” (Riley, 2002, p. 10). Riley (2002) indicated that self-awareness assists the clinician in stilling the “chatter” (p. 9) of the mind, and that this mental clarity is a prerequisite to effective observation of the client. Another important function of counseling that is facilitated by the clinician’s self-awareness is active listening. Active listening requires the clinician to be alert, focused on the client, and observant of the client’s verbal and nonverbal messages. Self-awareness also allows a clinician to maintain his or her emotional stability (Flasher & Fogle, 2012) and to differentiate between the emotions felt by the clinician and those expressed by the client (Riley, 2002). That is, self-awareness assists a clinician in resonating with a client’s emotions without taking them on as the clinician’s own emotions or avoiding them because they are too painful for the clinician to acknowledge. The importance of resonance between the clinician and client was underscored by Riley when she stated that its absence “can be profoundly painful” (p. 11).
for the client and that “the power of resonance between client and clinician cannot be emphasized too much” (p. 11).

Research supports the use of mindfulness training to develop the clinical skills of positive regard of others, sensitivity, empathy, self-esteem, and emotional regulation and to reduce compassion fatigue and professional burnout (Brown et al., 2013; Kaplan & Dreyer, 1974). Additionally, mindfulness training can help a person reduce stress (Brown et al., 2013). Chronic levels of stress can have significant negative effects on people’s physical, mental, and emotional functions (McCall, 2007). High levels of stress can also adversely affect individuals’ productivity and overall attitudes (Lincoln, Adamson, & Covic, 2004; Ross, 2011). College students reported that they perceive notable levels of stress related to their status as students (Baker, 2012). Graduate students in health science programs could be at particular risk for developing chronic stress because not only do they have to perform well in their academic courses, but they also are involved with client care (Rizzolo, Zipp, Stiskal, & Simpkins, 2009). Thus, the stress-reducing aspect of mindfulness training could be an asset to graduate students as they prepare to counsel clients with communication disorders.

Given that mindfulness training can facilitate the development of critical counseling skills, decrease a clinician’s stress level, and increase a clinician’s resilience in the context of clinical work, it is not surprising that research in the psychological counseling literature has indicated that a client is benefited by the fact that his or her clinician has a personal mindfulness practice, even if the client does not know this to be the case (Brown et al., 2013). Ensuring that graduate students in communication sciences and disorders (CSD) are mindful could increase their counseling skills and overall sense of wellness, as well as benefit their clients both directly and indirectly.

Learning to be mindful. Brown et al. (2013) stated that mindfulness “is a model of awareness that is universally accessible in that anyone can learn it and practice it” (p. 96). One way in which mindfulness can be developed is by deliberately attending to actions that are typically done automatically (e.g., brushing teeth, turning lights on and off, snacking; Brown et al., 2013; Riley, 2002). As a clinician begins to increase his or her awareness during such automatic actions, the clinician might then become more aware of his or her emotions and what contributes to feelings such as anger, anxiety, and sadness (Riley, 2002).

Various practices that are designed to increase mindfulness are found in nearly every world culture (Siegel, 2011). One of these is yoga, which is a mind–body practice that can facilitate mindfulness through improving the practitioner’s body awareness, mental clarity, and concentration (Marquez, 2011).

Another method of mindfulness training involves the breath (Brown et al., 2013; Siegel, 2011). In this type of training, a person sits quietly and focuses on the feel of his or her breath as it enters and leaves the body. This sensation can be the anchor that allows a person to not react to or be distracted by other thoughts. It also keeps a person tied to the present moment (Brown et al., 2013). If a person finds his or her attention wandering to other thoughts, sensations, and so on, the person should not have a sense of having done the practice incorrectly. Indeed, the point of this type of breath work is to facilitate a person’s ability to notice distractions and to return attention, again and again, to the center of focus (i.e., the breath). Such a practice develops one’s ability to be aware of awareness and to strengthen attention to intention (Siegel, 2011).

Training in counseling and mindfulness practices in CSD graduate programs. Despite the importance of a client-centered, personal adjustment approach to counseling, numerous researchers have documented the fact that few CSD graduate programs offer required courses in counseling, and many students in speech-language pathology and audiology are inadequately prepared to provide this type of counseling (Atkins, 2007; English et al., 1999; Kadaravek, Laux, & Mills, 2004; Kendall, 2000; Phillips & Mendel, 2008). English et al. (2007) reported that for audiology, the change from master’s programs to 4-year audiology programs allowed more graduate programs to add required counseling courses, or at least to include counseling content into other courses. This is a positive trend. However, Atkins (2007) surveyed graduate students in speech-language pathology and audiology and reported that her respondents believed that CSD graduate programs should place more emphasis on the development of interpersonal communication and counseling skills. Similarly, Phillips and Mendel (2008) surveyed professionals who had recently graduated from accredited speech-language pathology and audiology programs and who were completing their clinical fellowship. These participants indicated that graduate programs do not provide sufficient training to their students in the area of counseling, and that they do not believe that they are adequately prepared to counsel clients when they begin work.

To determine the literature base for counseling and mindfulness practices in CSD programs, we conducted a computer search of the ASHA journals using the words “student training and mindfulness” and “student training and awareness.” We also searched
the ComDisDome database using the words “students and speech-language pathology or audiology and self-awareness,” “students and self-awareness,” “students and mindfulness,” “audiology and mindfulness,” and “speech-language pathology and mindfulness.” We searched the Cinahl database using the terms “students and mindfulness,” “students, speech-language pathology and mindfulness,” “students, audiology and mindfulness” and “self and identity.” Only one related article, Kaplan and Dreyer (1974), was found as a result of these searches. Kaplan and Dreyer compared two groups of speech-language pathology students who were enrolled in their first clinical practicum. One group participated in five group self-awareness experiences in addition to traditional clinical supervision, and the other group received only traditional clinical supervision. The results led Kaplan and Dreyer to conclude that group self-awareness experiences helped student clinicians develop critical skills such as appropriate nonverbal responses and attentive behavior. The authors also indicated that further research was needed in this area to increase the generalizability of their results. From the results of the computer searches we conducted 40 years later, it appears as though no empirical research has been published in this area since Kaplan and Dreyer’s original work.

Some of the research that has been done regarding the training of graduate students in the area of counseling has focused on audiology students only (e.g., Branham, 1999; English et al., 1999, 2007; Herzfeld, 2000). Other research in this area has focused on speech-language pathology students only (e.g., Kaderavek et al., 2004; Rosenberg, 1997). Two relatively recent studies (Atkins, 2007; Phillips & Mendel, 2008) included both speech-language pathology and audiology graduate students. Neither of the studies, however, compared the results of speech-language pathology students to those of audiology students. Although similarities exist between the disciplines in that they both require clinicians to interact with individuals who have some level of communication disorder and their families, differences also exist (e.g., amount of time spent in assessment vs. intervention). The differences between the professions could potentially require modifications of mindfulness and counseling training techniques specific to either speech-language pathology or audiology graduate students in order to provide them with the most effective educations. Conversely, the similarities between the professions could allow training programs to use the same curriculum with both groups of students. Empirical evidence supporting one or the other of these propositions could be useful to faculty who train CSD graduate students about counseling skills.

The challenge of ensuring that graduate students in speech-language pathology and audiology are adequately trained and prepared to engage in both informational and client-centered, personal adjustment counseling remains one that we in graduate training programs must continue to strive to meet. Additionally, the topic of providing CSD graduate students with mindfulness training, an activity that could increase their counseling skills as well as their overall sense of wellness, has not been explored. Finally, the question of whether the same curriculum can be used effectively and efficiently with speech-language pathology and audiology graduate students or whether modifications specific to both groups ought to be made, should be explored.

The purpose of this study was to explore these areas. Specifically, we asked the following research questions:

- Will a course in counseling that uses lecture, role play, and reflective journaling to train CSD graduate students in both informational and client-centered, personal adjustment counseling be effective in increasing students’ awareness of and confidence in using both elements of counseling?
- How will the addition of a mindfulness training practice at the beginning of each class session be accepted by the students?
- Will the students perceive the mindfulness training practice to be effective?
- Will the mindfulness training practice decrease the students’ perceived levels of stress?
- Is there a difference in class performance between speech-language pathology graduate students and audiology graduate students?

**METHOD**

**Participants**

The participants were graduate students who were enrolled in a 2-credit hour CSD graduate-level class that was taught in the summer session of 2013 at a midwestern university with an enrollment of approximately 20,000 students. The class met Monday through Friday from 8:00 a.m. until 9:50 a.m. for 3 consecutive weeks. All 20 of the students enrolled in the class were invited to participate, and all gave their informed consent to do so. Every student but one had completed their first year of graduate school; one speech-language pathology student was just beginning graduate coursework.

Nine of the students were audiology students, and 11 were speech-language pathology students. The
mean age of the audiology students was 24.56 (SD = 2.74); the mean age of the speech-language pathology students was 22.36 (SD = 0.92). Two of the audiology students were male; the remaining speech-language pathology and audiology students were female. Both of the males were Caucasian, 17 of the females were Caucasian, and one female was Latina. The course was required for audiology students and was an elective for speech-language pathology students. The audiology students had completed a 2-credit hour required course on psychosocial aspects of hearing disorders that concluded the week before they began the counseling course. The speech-language pathology students had not had a complementary course in their discipline.

During the first semester of graduate work, audiology students primarily observed in the university clinic. Toward the end of their first semester, they began to perform basic evaluations, largely on undergraduate students who volunteered to be tested. Speech-language pathology students were assigned clients in the university clinic during their first and second semesters of graduate work, and the number of clients they were assigned increased in their second semester. All of the students, with the exception of the one who was just beginning her graduate coursework, were assigned to work in the university clinic during the summer session.

Measures
The Perceived Stress Scale (PSS; Cohen, Karmarck, & Mermelstein, 1983) was used to measure the students’ perceived levels of stress at the beginning and end of the course. The PSS is a 10-item scale that has been shown to be a valid and reliable scale for assessing individuals’ perceived levels of stress (Cohen & Janicki-Deverts, 2012). Specifically, Cohen and Janicki-Deverts (2012) reported high values of internal reliability (i.e., .78 and .91) and indicated that higher levels on the PSS have been associated with a wide range of health consequences that are associated with chronic stress (e.g., elevated markers of biological aging, higher cortisol levels, suppressed immune functioning). A higher score is indicative of higher levels of stress. Cohen et al. (1983) stated that when using the PSS, “the best predictions occur within a one- or two-month period” (p. 393). The length of the counseling course was 3 weeks and so fell within this range of best predictive validity. Additionally, Cohen and Janicki-Deverts compared the results of data that were collected more than 20 years apart (i.e., 1983, 2006, and 2009) on large national samples and found consistency between the results; the PSS continues to be an effective measurement tool 30 years after it was first published.

Students were also asked to complete a questionnaire before and after completing the course. Items on the questionnaire were designed by the first author to elicit information from the students regarding their definition of counseling, what they believed to be the most important function of counseling, their definition of mindfulness, why mindfulness was or was not important for a clinician to develop, and, on the postmeasure, what was the most important thing they learned during the course. Students were also asked to rate their confidence in their counseling skills on a 1-to-5 scale (1 = no confidence, 3 = some confidence, and 5 = very confident) and to explain what accounted for their level of confidence.

Following the mindfulness practice described in the following paragraphs, students were asked to write for 2 min. They were given no cues other than to write whatever came into their minds during this time.

Procedure
All aspects of this study were conducted in the university classroom in which the course was scheduled to meet. The first day of class was spent collecting informed consent forms from the students and having them complete the first administration of the PSS and the prequestionnaire. Students also created self-determined identifiers (i.e., two numbers of the month born, first two letters of the city born in, first two letters of mother’s maiden name, and their favorite color) that they were to place on all of their PSSs, questionnaires, and reflective writings. This was done to protect their confidentiality and to allow them to respond honestly on all measures. The remainder of the first class period was spent in lecture and discussion that covered the definitions of counseling and different types of counseling models.

Each class period included a lecture and discussion, and most also included role play of various counseling techniques. Topics covered during the course included (a) personal skills that must be developed to counsel effectively (e.g., being present for the client, empathetic, warm, able to provide hope and optimism, and mindful while maintaining appropriate boundaries); (b) important counseling techniques (e.g., active listening, being comfortable with silence, using appropriate questions, paraphrasing, rephrasing, being aware of and using appropriate encouragers and nonverbal); (c) self-care needed to prevent professional burnout, personal strengths and values, positive psychology, and a wellness approach to counseling; and (d) specific information such as
stages of grief, working with death and dying, communicating bad news, and aspects of culture that impact counseling. (See the Appendix for the portion of the course syllabus that outlines the topics and assignments.)

Class assignments included small-group presentations on cultural aspects of counseling, two reflective papers (i.e., one as a reaction to their score on a test of optimism and the other as a reaction to their scores on a test of their strengths), and a final paper in which the students described their growth as a professional and counselor and discussed how one or more of the content areas covered in class assisted with that growth.

Every class, excluding the first class, was initiated by engaging in 5 min of easy yoga postures. The postures were designed and led by the first author (a speech-language pathology faculty member with >35 years of experience in the discipline who is also a registered yoga teacher and a yoga therapist certified through the American Viniyoga Institute with 15 years of experience teaching yoga) to prepare the students for seated breath work. The same sequence of postures was followed every day. The sequence started by asking the students to sit tall in their desks with both feet on the ground. They were then requested to synchronize their movements with their breath so that each extension was done on an inhale and each flexion on an exhale. The first postures were performed with the students seated in their desks. These postures warmed the neck, shoulders, and spine. Students then came to standing and first worked a sense of being grounded through their feet to the floor beneath them and feeling this sense of grounding extend up through their spines. Students were then led in the following standing postures: lateral bend, forward bend, extending backward with hands supporting low spine, and a final forward bend. Students then returned to a seated position at their desks and did one final forward bend. After the final posture, students were instructed to again sit up tall with both feet firmly on the ground and hands held comfortably in their laps or on their desktop.

At this time, the instructor led the students in seated breath work. They were to close their eyes or gaze softly at the floor in front of them. The breath ratio used was chosen to be a balancing, calming ratio. Students were to perform the following ratio 12 times: inhale six counts, hold the breath for two counts, exhale six counts, and hold the breath out for two counts. The students were instructed to never fight the breath and to make their count shorter or faster if the breath work was difficult for them. This ratio took approximately 2½ min to complete. After the ratio was completed, the students were asked to sit quietly and simply attend to the sensation of the breath as it entered and left the body through the nostrils. They were told that it was okay if their attention wandered, that they should just gently bring it back to the breath.

During the first week of class, the duration for which students sat was gradually increased until they were spending 5 min attending to the breath (i.e., breath ratio for approximately 2½ min and quiet sitting for approximately 2½ min). During the second week of class, the instructor faded her instruction so that the students were more independent when engaging in the breath work. Following the completion of the breath work, the students were told to take out a pad of paper that had been provided for them and to write about whatever came to mind. They were given 2 min to complete this task.

On the Friday of the second week of class after the above activity had been completed, the instructor discussed breath work and meditation with the students. Different breath ratios were discussed. For example, students were told that increasing the inhale and the hold after the inhale (making sure the exhale matched the inhale) might have a more energizing effect than the ratio they had been using, or extending the exhale might have a more relaxing effect. Different meditation techniques were also discussed. Some of these techniques included viewing thoughts as clouds and allowing them to drift softly through their minds, finding a word or phrase that resonated positively with them and mentally repeating that word or phrase, and visualizing something positive and calming. The following Monday, the students were instructed to engage in breath work that felt right to them and to use a meditative technique that best allowed them to focus inward. This instruction was given for the rest of the week, which concluded the class. When the yoga postures, breath work, and reflective writing were finished on the last day of class, the students retook the PSS, completed the postquestionnaire, and turned in their reflective writings.

Data Analysis

Because of the relatively small number of participants, we used nonparametric statistics to analyze the pre- and post-PSS scores and the pre- and post-counseling confidence ratings. Independent-samples Mann–Whitney U tests were calculated to determine if there were differences in the speech-language pathology and audiology students’ pre- and post-PSS scores. Independent-samples Mann–Whitney U tests were also calculated to determine if there were differences in the speech-language pathology and audiology
students’ pre- and postcounseling confidence ratings. In both cases, results indicated that the null hypothesis should be retained; there were no differences between the speech-language pathology and audiology students’ scores in the above comparisons. Given these results, we calculated related-samples Wilcoxon signed-ranks tests for all participants to determine if a difference existed between their pre- and post-PSS scores and if a difference existed between their pre- and postcounseling confidence ratings. The speech-language pathology and audiology students’ explanations for what accounted for their level of confidence were transcribed into a Microsoft Excel spreadsheet and coded by the first author.

Questionnaires answered by the speech-language pathology and audiology students were grouped according to major. Within each group, the students’ responses to each item on the pre- and postquestionnaires were transcribed into a Microsoft Excel spreadsheet. Each student’s pre- and postresponse to each item was paired so that differences over time could be examined. The first and second authors followed procedures to ensure intercoder agreement as outlined by Tracy (2012). That is, after the two authors each independently read all of the responses and noted key words and phrases, they met to discuss and agree on themes that arose from those key words and phrases. After determining themes, the first and second authors independently coded all of the data from the pre- and postquestionnaires. The authors then met to determine their level of agreement, to discuss each disagreement, and to reconcile any differences.

A similar procedure was used to score the speech-language pathology and audiology students’ reflective writings. Each author independently read through all of the students’ writings and noted key words, thoughts, and phrases. The authors then met to determine themes based on the data and independently reread the reflective writings and coded the key words, thoughts, and phrases into themes. The authors then met to discuss their agreements and disagreements and to reconcile their differences. After this, subthemes within the themes were determined and coded following the same procedure.

RESULTS

PSS and Level of Confidence
As stated in the Data Analysis section, results of the independent-samples Mann–Whitney U tests indicated that no differences existed between the distribution of the pre-PSS or post-PSS scores for the speech-language pathology and audiology students (p = .412 and .710, respectively). Similar results were found for the distribution of the pre- and postcounseling confidence ratings for the speech-language pathology and audiology students (p = .295 and .656, respectively).

Because no differences were found between the speech-language pathology and audiology students’ pre- and postscore distributions for either the PSS or counseling confidence ratings, the groups were combined for further analysis. The results of the related-samples Wilcoxon signed-ranks test for the pre- and post-PSS scores indicated that a significant difference existed, with p = .019. The mean PSS score at the start of the class was 15.40 (SD = 4.13) and at the end of the class was 13.20 (SD = 5.22). Similarly, results of the related-samples Wilcoxon signed-ranks test for the pre- and postcounseling confidence ratings indicated that a significant difference existed, with p = .000. The mean counseling confidence rating at the start of the class was 2.40 (SD = .88) and at the end of the class was 3.65 (SD = .67).

The speech-language pathology and audiology students’ explanations for their level of counseling confidence on the pre- and postquestionnaires were similar: Both groups of students indicated that the primary reason for their level of confidence before the class was their lack of experience (speech-language pathology n = 6, 55%; audiology n = 6, 67%). Other reasons given by both groups were that they believed they had personal qualities that would help them in counseling (speech-language pathology n = 5, 45%; audiology n = 3, 33%) and that they had some previous experience counseling either clients or friends (speech-language pathology n = 4, 36%; audiology n = 3, 33%). Both groups cited two main reasons for their level of confidence on the post-questionnaire: completing the course in counseling (speech-language pathology n = 9, 82%; audiology n = 6, 67%) and requiring more experience to feel fully confident (speech-language pathology n = 6, 55%; audiology n = 3, 33%).

Responses to Pre- and Postquestionnaires
The degree to which the two coders agreed on how to code a response was determined for each item on the questionnaires by dividing the number of codes agreed on by the number of codes agreed on plus the number of codes for which there was disagreement and multiplying by 100. Because each student’s pre- and postresponses were paired together during analysis in order to determine changes over time, agreement indices reflect the coders’ agreement for both the pre- and postresponses for each question (i.e., separate agreement indices were not calculated for the preresponses and postresponses).
The agreement index for the item “define counseling” was 100% for both the speech-language pathology and audiology students’ responses; for “what is the most important function of counseling,” it was 100% for the audiology students’ responses and 92% for the speech-language pathology students’ responses; for “what is the most important thing you learned from this course,” it was 100% for both sets of student responses; for “define mindfulness,” it was 100% for the audiology students’ responses and 97% for the speech-language pathology students’ responses; and for “why is or isn’t mindfulness important for a clinician to develop,” it was 100% for the audiology students’ responses and 96% for the speech-language pathology students’ responses. Thus, acceptable levels of agreement were found for the coding of the responses to all pre- and postquestionnaire items.

The themes that arose from at least 25% of the pre- or postquestionnaire data from the speech-language pathology and audiology students’ responses to “define counseling” and “what is the most important function of counseling” were informational aspects of counseling (i.e., references to gathering information, ensuring clients and their families had an adequate understanding of the communication disorder, and providing information about treatment); personal adjustment counseling (i.e., references to helping clients cope with attitudes, feelings, problems associated with communication disorder; using active listening and being comfortable with silence; being able to resonate with the client and build rapport; and providing hope and optimism); and clinician attributes (references to being aware of self, being present with the client, possessing emotional and mental stability, knowing and using one’s own strengths, being empathetic, knowing and abiding by appropriate personal boundaries, showing the client unconditional positive regard and respect, maintaining a positive attitude, and recognizing the client as the expert).

As shown in Table 1, when the audiology students defined counseling, informational aspects of counseling were cited with equal frequency in their pre- and postresponses. For speech-language pathology students, however, the original frequency of informational aspects responses was less than that of the audiology students and decreased from the pre-to postquestionnaire. For both groups of students, responses that were coded as personal adjustment counseling and clinician attributes increased from the pre- to postquestionnaire.

Concerning the request to specify the most important function of counseling, informational aspects of counseling decreased for both groups of students from pre- to postquestionnaire and personal adjustment aspects of counseling increased. An opposite pattern of responses occurred for the speech-language pathology and audiology students concerning the theme of clinician attributes. For the audiology students, this theme did not rise to the 25% response level on the prequestionnaire but was listed by 56% of them on the postquestionnaire. For the speech-language pathology students, 27% of their prequestionnaire responses were coded as fitting in this theme, whereas less than 25% of their postquestionnaire responses were coded as fitting in this theme.

Concerning the request to cite the most important thing learned in class, only one theme emerged in at least 25% of the speech-language pathology and audiology students’ responses. This was the theme reflecting clinician attributes. Additionally, the theme of learning about a specific topic (i.e., learning about death and dying, stages of grief, and cultural qualities that may influence counseling) arose in 25% or greater of the speech-language pathology students’ responses.

The themes that arose from at least 25% of the pre- or postresponses for both the speech-language pathology and audiology students’ responses to define awareness were knowledge of others (i.e., being aware of and open to different perspectives; being aware of and respectful of other’s emotions, thoughts, and states of being; being empathetic; and really listening) and knowledge of self (i.e., possessing self-awareness, understanding of and reflecting on own strengths and weaknesses, and being able to control one’s own thoughts and emotions to be who one really wants to be).

Three themes emerged from at least 25% of the pre- or postresponses for both the speech-language pathology and audiology students’ responses to the item regarding why mindfulness is or is not important for a clinician to develop. These themes were being open to new ideas and perspectives, knowing what the client is feeling and thinking, and knowing self (i.e., being congruent, genuine, and aware of nonverbal signals and energy exchanges between clinician and client).

When asked to define mindfulness, the most frequently occurring theme in the prerresponses of both groups of students was knowledge of others. The frequency of this theme decreased for both groups of students in their postresponses. Conversely, the frequency of responses that were coded as knowledge of self increased from the prerresponses to the postresponses for both groups of students.

In answering the item regarding why mindfulness is or is not important for a clinician to develop, all of the students indicated that this was an important trait for a clinician to possess. Responses that were coded as being open to new ideas and perspectives decreased from pre- to postresponses for both groups;
those responses coded as knowing self increased notably across the pre- and postresponses. The only theme that showed a difference in trend between the speech-language pathology and audiology students was that of knowing what the client is feeling and thinking. The frequency of responses coded this way for audiology students increased slightly from pre- to postquestionnaire but decreased for speech-language pathology students.

**Reflective Writings**

The main themes that emerged from both the audiology and speech-language pathology students’ reflective writings were responses regarding the sessions overall, the stretches, the breath, mindfulness and focus, breath facilitators, personal use of techniques out of class, and personal health and wellness issues. The degree to which the two coders agreed on how to code responses on the reflective writings was determined by dividing the number of codes agreed on by the number of codes agreed on plus the number of codes for which there was disagreement and multiplying by 100. For the audiology students’ reflective writings, the agreement index was 95%. For the speech-language pathology students’ reflective writings, the agreement index was 99%.

Agreement indices between the two coders for the secondary themes were determined using the same process. Agreement indices for the secondary themes in overall session, stretches, breath, mindfulness and focus, and personal health and wellness for the audiology students were, respectively, 96%, 100%, 98%, 94%, and 100%. For the speech-language pathology students, agreement indices for the secondary themes in overall session, stretches, breath, mindfulness and focus, and personal health and wellness were, respectively, 100%, 97%, 99%, 100%, and 100%.

Secondary themes and the percentage of speech-language pathology and audiology student responses falling into each are shown in Table 2. Subthemes arising from statements of the speech-language pathology and audiology students regarding the session overall and mindfulness and focus were very similar. A similar percentage of speech-language pathology and audiology students’ responses referenced the fact that the yoga stretches felt good and were energizing, although only 15% or more of the audiology students wrote about the fact that they believed they were improving, and only 15% or more of the speech-language pathology students indicated that the yoga stretches had a positive, specific effect on their backs and other muscles and that they were relaxing. The largest subtheme to emerge regarding the breath was that it was relaxing, calming, centering, and grounding. This was the same for both groups of students. The subtheme that the breath made the students too sleepy only arose in more than 15% of the audiology

<table>
<thead>
<tr>
<th>Theme</th>
<th>Audiology (n = 9)</th>
<th>Speech-language pathology (n = 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>Define counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informational</td>
<td>77 (n = 7)</td>
<td>77 (n = 7)</td>
</tr>
<tr>
<td>Personal adjustment</td>
<td>44 (n = 4)</td>
<td>56 (n = 5)</td>
</tr>
<tr>
<td>Clinician attributes</td>
<td>&lt;25</td>
<td>33 (n = 3)</td>
</tr>
<tr>
<td>Most important function of counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informational</td>
<td>44 (n = 4)</td>
<td>&lt;25</td>
</tr>
<tr>
<td>Personal adjustment</td>
<td>55 (n = 5)</td>
<td>67 (n = 6)</td>
</tr>
<tr>
<td>Clinician attributes</td>
<td>&lt;25</td>
<td>56 (n = 5)</td>
</tr>
<tr>
<td>Most important thing learned in class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinician attributes</td>
<td>N/A</td>
<td>67 (n = 6)</td>
</tr>
<tr>
<td>Specific topic information</td>
<td>N/A</td>
<td>&lt;25</td>
</tr>
<tr>
<td>Define mindfulness&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of others</td>
<td>75 (n = 6)</td>
<td>56 (n = 5)</td>
</tr>
<tr>
<td>Knowledge of self</td>
<td>50 (n = 4)</td>
<td>78 (n = 5)</td>
</tr>
<tr>
<td>Why is/isn’t mindfulness important for clinician to develop&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open new ideas</td>
<td>38 (n = 3)</td>
<td>&lt;25</td>
</tr>
<tr>
<td>Know what client is feeling, thinking</td>
<td>25 (n = 2)</td>
<td>33 (n = 3)</td>
</tr>
<tr>
<td>Have to know self</td>
<td>&lt;25</td>
<td>78 (n = 7)</td>
</tr>
</tbody>
</table>

<sup>a</sup>Only eight audiology students answered this prequestion.
students’ responses, and the subtheme of improvement only arose in more than 15% of the speech-language pathology students’ responses.

Responses to the personal health and wellness issues theme differed slightly between the speech-language pathology and audiology students. Fifty-three responses fell into this theme for the speech-language pathology students; only 13 were coded this way for the audiology students. Thirty percent (15/53 responses) of the speech-language pathology students’ responses and 23% (3/13 responses) of the audiology students’ responses indicated that they were tired or not sleeping well. Fifty-four percent (7/13 responses) of the audiology students’ responses referred to physical issues such as migraines; 17% (9/53) of the speech-language pathology students were coded in this manner. Finally, 42% (22/53 responses) of the speech-language pathology students indicated that they felt stressed and had too much on their minds. This subtheme did not occur for the audiology students.

**DISCUSSION**

**Level of Counseling Confidence**

Results of the analysis of students’ pre- and postquestionnaire ratings of their level of counseling confidence indicated that the format of this course was equally effective in increasing both speech-language pathology and audiology students’ confidence levels. Furthermore, inspection of the students’ explanations for their ratings suggests that both groups of students felt less confident before the class began due to a lack of counseling experience. The mean rating on the prequestionnaire was 2.40 ($SD = .88$) on a 5-point scale, indicating that the students’ starting level of confidence was approaching some confidence. Approximately one third of the audiology students and one half of the speech-language pathology students attributed this to personal qualities they possessed that would facilitate their ability to provide counseling and to the fact that they had some experience in counseling either friends or clients. The primary reason given by both groups of students for the increase
in their confidence levels on the postquestionnaire was what they had learned and experienced during the course. Approximately one third of the audiology students and one half of the speech-language pathology students, however, indicated that they still needed more experience before they would feel fully confident.

These results are not surprising. Completing a course in any topic should result in an increase in students’ confidence regarding the course content. Additionally, all of the students were enrolled in clinic while they were taking the course and so may have had increased opportunities to practice the skills they were learning about in class; greater experience typically continues to bolster one’s confidence. Although these results may not be surprising, they do suggest that speech-language pathology and audiology students can take the same counseling course in CSD with comparable increases in confidence. Although care was taken during the course to use case studies from both speech-language pathology and audiology, student responses indicated that further supervised counseling experiences in their respective disciplines would be important in assisting them to develop full levels of confidence.

**Awareness of Informational and Personal Adjustment Counseling**

The students’ rating of their confidence in their counseling abilities was a global measure that did not differentiate between informational and personal adjustment counseling. Inspection of students’ open-ended responses to the pre- and postquestionnaires, however, provides insight into their changing valuation of these approaches to counseling. A majority of both groups of students cited informational aspects of counseling in their initial definitions, and a notable number of students in both groups also cited personal adjustment aspects of counseling in their initial definitions; a fair number of these students were aware of both aspects of counseling before taking the course in counseling.

Although there was no pre–post change in the frequency of audiology students’ definition of counseling that included references to the informational aspects of counseling, and very little change in their references to the personal adjustment aspects of counseling, there was a more notable pre–post difference in their responses to the item regarding the most important function of counseling. Responses that referenced informational aspects decreased, and those that referenced personal adjustment aspects increased slightly. As an example of this change in one audiology student, the prequestionnaire response was “giving the patient as many options as possible regarding their diagnosis,” and the postquestionnaire response was “make your patient feel comfortable and accepting of what you’re counseling them about.”

The speech-language pathology students’ definitions of counseling that contained references to aspects of informational counseling decreased by half on the postquestionnaire as compared to the prequestionnaire, and responses containing references to personal adjustment aspects of counseling increased to where all but one of the students (91%) cited aspects of this type of counseling on the postquestionnaire. As an example of this change in one speech-language pathology student, the prequestionnaire response was “helping educate and counsel your clients and their families,” and the postquestionnaire response was “listening, educating, and supporting a client.”

The speech-language pathology students’ responses to the item concerning the most important function of counseling also confirmed that they placed more value on the personal adjustment aspects of counseling after the course. This change is reflected in the following pre- and postresponses:

**Pre:** Helping our clients and their families to feel informed and as at ease as possible in terms of what they are experiencing as a result of their communication disorder.

**Post:** Listening well! So our clients feel cared for and understood.

Both the speech-language pathology and audiology students’ responses indicated that after the course, they began to view personal adjustment aspects of counseling as more important than informational aspects. This change, however, was greater for the speech-language pathology students than it was for the audiology students. In our university clinic, audiology students spend a greater amount of time conducting case histories and interpreting diagnostic results for clients and their families than do speech-language pathology students, which might account for this difference.

Another interesting result of both the speech-language pathology and audiology students’ responses is the increased importance they placed on clinician attributes from pre- to postquestionnaire. The increase in definitions that included this area was similar for the speech-language pathology and audiology students, and both groups of students indicated that knowledge of clinician attributes was the most important thing they learned from the course. Examples of what students cited as the most important thing they learned are:

Be real and understand who you are as a person and what your strengths are. We will never be able to connect with patients if we are unsure of who we are or decide to fake it. They can always tell.
Empty myself of my own values and biases so I can fully be present to the client and be their rock and resource for best successful outcome.

I really benefited from learning about how to be in the moment (e.g., returning to your breath).

**Questionnaire Responses to Items Concerning Mindfulness**

Both the speech-language pathology and audiology students’ responses to the items asking them to define mindfulness and to state why it is or is not important for a clinician to develop indicate that their perceptions of mindfulness shifted from an externally based concept of awareness to an awareness of self. This shift is evident in the following two examples of students’ pre–postresponses:

**Example one:**

**Pre:** Mindfulness is important for clinicians because in order to provide proper counseling and recommendations for patient’s we need to be knowledgeable and helpful about their diagnosis.

**Post:** It is important for clinicians so we can know who we are as a person and then help others.

**Example two:**

**Pre:** I feel that it is important because we need to know what the patient is feeling in order to take the most beneficial approach to counseling them.

**Post:** It is important in order to have a congruence with self to come off as a genuine and caring person.

The responses to the questionnaire items regarding mindfulness are consistent with those to the item regarding what was the most important thing learned. The speech-language pathology and audiology students in this counseling class learned the importance of developing mindfulness in order to better serve the clients and client families with whom they interacted in the clinic. Several course lectures covered the topic of mindfulness and why it is important for a clinician to develop. The possibility exists that it was simply course lectures that were responsible for the changes in students’ perceptions of mindfulness and the importance they placed on developing it. Consideration of trends in the reflective writings, discussed in the following paragraphs, suggests that the mindfulness practice in which the students engaged at the beginning of every class period had a significant impact on their understanding and experience of being mindful.

**Perceived Stress Levels**

The mean PSS score for all of the students at the start of the course was significantly higher than the mean PSS score at the end of the course; there was no difference in mean PSS scores due to major. One explanation for this is that the mindfulness experience facilitated the speech-language pathology and audiology students’ ability to control their stress. Another possibility is that the students’ stress levels naturally decreased as the summer semester progressed and the students became more familiar with their clinical loads and the demands of their courses. Beck and Verticchio (2014), however, found that the perceived stress levels of students who participated in general stress management techniques (e.g., lectures on stress management, one class period of practicing various stress management techniques, 1 month of assignments to do at home) did not decrease across the course of a full fall semester, whereas the perceived stress levels of students who participated in weekly yoga classes in the beginning half of the semester did decrease. These findings, and student comments in their reflective writings in the current study, suggest that the mindfulness practice did play some role in facilitating a decrease in the students’ perceived levels of stress.

**Acceptance and Effects of Mindfulness Training Practice as Documented in Students’ Reflective Writings**

Including a mindfulness training practice at the beginning of every class is, to the authors’ knowledge, something that has never been done before in the CSD department at our institution. We were not sure how it would be accepted by the students or if it would have any notable effect on them. The initial fact that all students in the class agreed to participate in this study suggests that the students were open to trying a mindfulness training practice, and the fact that a majority of the students indicated that they wanted to continue the mindfulness training after the end of the class highlights their positive response to it. As one student wrote:

> I feel these exercises are a much healthier way to start a class rather than jump into lecture. It gives your mind and body a chance to wake up and be prepared for the material. It relieves the stress associated with entering the classroom and changes the environment.

Students’ reflective writings implied that the overall effect of the practice and of the breath work was a sense of being relaxed, calm, centered, and grounded. Examples of writings on the last day of class that reveal these effects are:

As I look back to how awkward everyone was at first compared to the fluid calm movements & steady breaths I see now I can tell that these exercises have made a difference. Personally I am more relaxed & ready to take on the day. Thank you!
Again the quietness was peaceful. I was thinking throughout the breathing exercises, but it was nice to “hear” myself think. I’ve definitely come to appreciate quietness through these exercises.

The themes in the students’ reflective writings indicating an increased sense of calm and relaxation and a reduced sense of stress are consistent with the statistically significant reduction in the students’ mean PSS scores. Regardless of major, the perceived stress levels of the students in this class as measured by the PSS were significantly less at the end of 3 weeks than they were at the beginning of the class. This is true even though the speech-language pathology students cited feelings of stress and overactive minds in their reflective writings, whereas the audiology students did not. Some of the speech-language pathology students’ written comments indicate that the mindfulness practice done in class helped them to deal with their ongoing feelings of stress. Several examples reflecting this are:

I have started to notice that this routine is becoming a need for me. I woke up stressed and thought about how I’ll feel better after the yoga and breathing exercises. I was right, I feel much better and ready to take on the day.

I feel relaxed and ready to start the day. I’m still overwhelmed when I wake up so this helps me keep my stress level down. I try to think of peaceful things while I’m breathing and remind myself to take one thing at a time.

Students’ reflective writings also indicated that many of the students enjoyed doing the simple physical stretches based on yoga postures and found them to be energizing. A representative student comment was: “The yoga stretches felt great today. I should be stretching like this every morning to get my body ready for the day. Today it was energizing.” Additionally, several speech-language pathology students reported that they had bad backs and that the yoga helped relieve the soreness and stiffness in their backs. Some of the speech-language pathology students also indicated that the stretches themselves were relaxing and centering.

Wolever et al. (2012) stated that random controlled trials showed yoga to be effective in reducing stress and in improving overall energy levels, sense of well-being, and physical measures such as back pain. Kraftsow (1999) emphasized efficiency in a yoga practice. He advised that setting an intention for a practice and then limiting the number of postures to only those that are directly focused on the intention can result in a practice that is more powerful and useful than one that is longer and less focused. The student comments in the current study indicate that for many of them, this short and focused physical practice was indeed effective in improving their energy levels and sense of physical comfort.

Not all of the students’ reactions to this mindfulness practice, especially the breathing portion, were positive. As shown in Table 2, some audiology students reported that the breath work made them too sleepy. For example, one student wrote:

I wish we would do the breathing exercises first, though, and then the yoga. The yoga gives me energy and wakes my body up and the breathing puts me to sleep. I’d rather feel more awake and energized when starting class.

Some students also acknowledged that learning to control their breath was difficult. For example, one wrote: “Wow, breathing exercises can be difficult. Trying to control my breath was like trying to tie up a bull at a rodeo. It took my full concentration just to inhale and exhale on time and correctly.”

Such reactions are not unexpected. As most people who begin a mindfulness practice realize, initially it is not easy to master. Brown et al. (2013) explained that this is because “intentionally working with awareness in this way is in direct conflict with habitual modes of human functioning and with many cultural norms” (p. 98).

Brown et al. (2013) stated that to be successful in practicing mindfulness and integrating it into routine daily activities, a person should commit to a formal mindfulness practice for at least 5 to 10 min each day. Homework journals or daily worksheets can also be helpful in developing a regular practice. The effectiveness of the current daily mindfulness practice that included stretches, breath work, and reflective writing is further documented by the fact that student responses regarding the difficulty of the practice and how sleepy it made them were more frequent at the beginning of the course than they were in the last week of the course. The following examples of student writings in the last week of class illustrate this:

I’m amazed at how much progress I’ve made with the breath work. Today I focused on the breath moving down my spine on inhale and back up my spine on exhale. It was really a good feeling. I felt that my mind and body were one.

Yoga has become more enjoyable over the past couple weeks. It’s kind of nice to take a few minutes for yourself and embrace the quietness – the being one with yourself. I think as time goes on, it’s getting easier to calm my mind.

Many of the speech-language pathology and audiology students also indicated that it was difficult for them to stay focused and that their mind tended to wander or drift during the practice. This also is not
an unusual occurrence during a mindfulness practice and, as Siegel (2011) suggested, does not mean that the practice was done incorrectly; this type of mindfulness practice is designed to allow a person to be aware of distractions and to be able to return the attention to the center of focus. The students in the current study appeared to become better able to focus their attention as the course progressed. Comments regarding the inability to maintain focus decreased across the 3 weeks, and comments like the following increased:

The breath work was the most natural I’ve felt so far. My mind did not wander from calm thoughts.

Today I felt like I was more able to concentrate on the breath again. I really enjoy after we do the actual breath work just sitting in silence and focusing on my breathing. It really gives me a sense of calm.

Furthermore, in the last week of the course, the first author instructed the students to feel free to experiment with the breath ratio and to use other mindfulness techniques such as visualization of peaceful scenes or silent repetition of a word that resonated positively with them. Four (44%) of the audiology students and nine (82%) of the speech-language pathology students gave evidence in their reflective writings that they had begun to use additional techniques or to modify the techniques that had been used previously in class. In so doing, these students began to take ownership of the practice and to make it more effective for them. As one student wrote: “Being able to do my own breath today was really great, it was so freeing to do very comfortable, relaxed breathing. I really enjoyed today.”

Limitations and Future Research

One limitation of the current study is that there was no control group. Although the credibility of the results was established by triangulating data from the PSS, pre- and postquestionnaires, and reflective writings, it would be interesting to repeat the mindfulness training with a group of students who receive class content only, a group who receives class and mindfulness training, and a group who receives mindfulness training only. Furthermore, the sample size in the current study was small, and this research should be replicated with a larger sample size.

Additionally, there was no measure of social validity. A future study should determine if supervisors and clients notice a difference in student clinicians after they engage in mindfulness practice. Also of interest would be information about whether students continue the practice and, if they do, what effects they notice from it.

Conclusion

There were more similarities than differences in the responses of the speech-language pathology and audiology students to the current mindfulness practice, suggesting that separate courses in counseling are not necessary for speech-language pathology and audiology. Indeed, the students remarked on several occasions that they enjoyed working together; in our department, this class is one of the few chances for them to do so.

The study results also indicate that a mindfulness practice can result in a decrease in students’ perceived levels of stress and an increase in their sense of well-being. Most of the students indicated that they wanted to continue at least some aspect of the mindfulness practice, and many noted the progress that they had made. In the words of one student, “When we first started these exercises, it was very difficult for me. I am proud of the progress I have made. I think it has overall improved my wellness.” Students also finished this class with increased confidence in their counseling skills and a greater awareness of personal adjustment counseling and of the importance of clinician attributes in counseling. They developed definitions of mindfulness that emphasized the importance of self-awareness and indicated that it was important for a clinician to be mindful in order to ensure the best interactions possible with clients.

The results of this study speak to the power of a mindfulness practice for both audiology and speech-language pathology graduate students. William James (as cited by Siegel, 2011, p. 88) stated that “the faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will” and “an education which should improve this faculty would be the education par excellence.” The intent of the counseling class described in this article was to provide our students with just such an education. Clinicians’ development of a mindful state of being can not only benefit the clients they counsel, it can also serve as the base of their own wellness for the rest of their lives.

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Beck & Verticchio: Counseling and Mindfulness in CSD 147
APPENDIX. PORTION OF COURSE SYLLABUS OUTLINING TOPICS AND ASSIGNMENTS

Day 1 – Definition counseling theories
   **Assignment:** Take optimism test on the Authentic Happiness website (www.authentichappiness.sas.upenn.edu/Default.aspx) and write a 1–2 page reflective paper. What did you learn? Were you surprised by your results?

Day 2 – Cognitive approaches, discuss optimism results
Day 3 – Personal skills to develop; mindsight
Day 4 – Personal skills to develop; listening. Technical skills
Day 5 – Holland’s five themes; Crisis Model, models of grief
Day 6 – Models of grief. Communicating bad news
Day 7 – Working with clients who are dying
   **Assignment:** Take the Values in Action survey on the Authentic Happiness website
   • Turn in printout of top five values.
   • Write a reflective paper about how you believe these do or do not reflect your strengths.

Day 8 – Burnout, discuss Values in Action
Day 9 – Happiness hypothesis
Day 10 – Positive psychology
   **Assignment:** Complete family reflection exercise
Day 11 – Working with specific populations and families
Day 12 – Culture presentations
Day 13 – Defense mechanisms
Days 14 and 15 – Microskills