

# MINDFUL HAPPINESS

## The Basics of Teaching Mindfulness and Meditation

### Training Clients, Consumers and Professional Helpers

No matter how experienced you are as a mediator and therapist, and no matter how helpful mindfulness practices could be for your clients, it will not matter if your clients do not DO the training practices. I have noted below a few common sense advisories on how to teach mindfulness and meditation to clients and consumers of mental health services. Practice these in your sessions, and assign practice out of the session.

If your client did not do the practice assigned, make that practice part of the next session after it was assigned.

**1) When clients note that they are too busy and have no time to practice skills:**

- a. Remain very compassionate and gentle as you reduce the time commitments to even one to five minutes of practice time (to begin with). Practicing with another person may be helpful.
- b. Remind clients that they may take up even more time when they react to stressors in the "same old, same old" unhelpful ways that they have been habituated to do.
- c. Note that at the beginning of practice, time is NOT a variable. Since people will react or respond to stressors anyway, it is better to respond mindfully by practicing skills in vivo.

**2) When clients' note that they are not motivated enough to make practice a priority:**

- a. Do a cost-benefit grid from motivational interviewing or cognitive therapy. This should produce client information that reminds people of just how much they are suffering now, and what relief might be like. Reinforce gently their desire to change for the better.
- b. If a client cannot change their unhelpful habitual behaviors, and those behaviors may produce (or have produced) some strongly feared consequences, consider having the client visit the consequences using each of their senses, including their thinking. This imagery intervention is best done with eyes closed - if appropriate for your client. Do this ONLY if your client is stable enough emotionally to handle this kind of imaginary exposure.
- c. Ask a client to participate in cognitive disputation. For example, ask paradoxically why they enjoy their suffering enough NOT to practice a skill that might reduce it.

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## 3) Be very basic and highly pragmatic when introducing mindfulness and meditation to your client. Here are some suggestions.

- a. Match your basic entry level skill practice to the client's readiness for change and their clinical conditions so that they will be more interested in the outcome.
- b. Begin with basic cognitive information, then shift to practicing a few very basic breathing skills. Many such skills are noted under the breathing skills category on this site. Always ask if the client already knows that breathing re-training practices tend to make them anxious. This may imply that unresolved bodily trauma cues are activated when the client focuses attention on their breath of body or an autonomic dysfunction. Even a few seconds on diaphragmatic breathing or extending the out-breath a bit may trigger the vagal nerve and produce brief relaxation.
- c. Use pre and post Subjective Units of Discomfort Scales from 0 to 100 to see if negative symptoms are reduced via breathing techniques. If you are trying to improve joy or happiness, use *Quintiliani's Subjective Units of Pleasure Scale* from 0 to 100 to see if the client's subjective feeling of joy/inner peace increased via the breathing practice. For happiness enhancement, it is advised to add a brief happy image to the breathing training. Be sure your client has a happy image to use here. See other posts on this site dealing with happiness.

## 4) When your client talks about not wanting to be on auto-pilot in their emotional reactions:

- a. Provide basic psychoeducation about brain-body based natural reactivity in stressful situations, and how these can lead to self-medicative habits that produce only short-term relief and long-term suffering.
- b. Use a solutions-oriented intervention by asking the client to describe in detail with adjectives what it would be like to experience an emotionally-regulated response to a common, repeated stressors in their life. "What would you experience if your emotional reactivity problem disappeared?" This is a variation on the "miracle question."
- c. Do basic, quick calming activities in session so the client will experience a bit of inner peace. Plug in basic mindfulness interventions as you do this. Lengthen over time; discuss the effects.

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## 5) When your client's conditions include the body and physical and emotional pain:

- a. Do a very brief body scan (ignore pain area) to show how quick and easy it may be to become relaxed physically. Body scans work better with eyes closed, but only if appropriate clinically.
- b. If your client is over sensitized to their body, use space and time as the content of a brief meditative intervention. Focus on the space around them, the time in doing the activity, and staying in the present moment for now. If their thinking interferes with their efforts, deploy thoughts as assets by practicing NOT paying attention to them or their storylines and associations. Just let them come and go. This practice may serve a distraction purpose. Also see item 6.d below.

## 6) When your client does not believe that such skills and practices will help them:

- a. Ask them to practice informally a few minutes each day by noticing (with attention) natural things in their environment - their pet, the sun, the moon, trees, views, favorite foods, etc
- b. Remind clients to remain in a self-enforced non-evaluative stance - not to judge their practice or others.
- c. Teach your client very basic self-compassion techniques, eventually moving to loving kindness meditation.
- d. If your client suffers from physical or emotional pain (or both), ask them to practice mindful distraction by NOT paying attention to their bodily pain and NOT paying attention to their emotional pain. See if they experience any brief relief. Use a SUDs scale 0 to 100 to see if pain awareness was reduced. You would NOT do this if your client's pain perception helped them avoid serious adverse physical or emotional outcomes

I hope these suggestions help you to experience more success in introducing mindfulness and meditation practices to your client. These skill practices may well be the most important interventions you can do for them.

For more information refer to: Quintiliani, A. R. (2014). *Mindful Happiness*...Shelburne, Vt.: Red Barn Books. See also [www.mindfulhappiness.org](http://www.mindfulhappiness.org) and [www.nicabm.com](http://www.nicabm.com).

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