

The Competence To Apply Mindfulness-Based Therapy In Counseling Practice: A Vietnamese Case

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Abstract

Background: Mindfulness-based therapy has gained popularity as an effective approach in promoting mental health and reducing stress. However, little is known about counseling practitioners' competence in applying mindfulness-based therapy in Vietnam, an emerging nation with a growing interest in mental health services. This study aimed to assess the current status of counseling practitioners' competence in using mindfulness-based therapy in their counseling practices.

Methods: A cross-sectional study was conducted with 58 counseling practitioners from hospitals, psychological clinics, and schools in Vietnam. Participants completed a questionnaire based on Benjamin Bloom's taxonomy to assess their competence at three cognitive levels: Remember, Understand, and Apply. Descriptive statistics were used to analyze the data.

Results: The results showed that the participants had an average level of competence in applying mindfulness-based therapy. They demonstrated better understanding and application skills compared to recall ability. Older and more experienced practitioners showed higher competence levels. However, gender differences were observed in the understanding of mindfulness-based therapy.

Conclusion: This study highlights the need for improved training opportunities and supervision to enhance counseling practitioners' competence in using mindfulness-based therapy in Vietnam. The findings contribute to the development and integration of evidence-based mindfulness practices in the country's mental health services.

Keywords: Mindfulness-based therapy, Counseling practitioners, Competence, Vietnam, Mental health.

keywords: mindfulness, mindfulness-based therapy, counseling practice, Vietnamese case

In the last decade, interest in and research investigating mindfulness and mindfulness-based therapies has increased exponentially (Baer, 2003; Chiesa, 2010). The number of mindfulness publications has significantly increased since 2000, with the majority being published since 2010 (Lee et al., 2021). In addition, conducting a static co-citation analysis provides an overview of mindfulness-based therapy until the end of 2020. It uncovers the underlying intellectual structure of mindfulness, identifies influential themes, and suggests new directions for future research in this field (Bunjak et al., 2022). The term "Mindfulness-based therapy" refers to the range of programs and strategies aimed at the development of mindfulness. In further defining the term, "mindfulness" can be understood as the awareness that emerges through paying attention to purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment (Kabat-Zinn, 2003). Mindfulness-based therapy has gained popularity in the field of counseling practitioner, and many researchers have studied its benefits in reducing stress and promoting mental health in recent years (Naik et al., 2013). It was initially developed to prevent relapse in individuals with depression but has since been applied to various populations (Hofmann et al., 2010). In those with a history of depression, mindfulness-based therapy has shown promising results in reducing depressive symptoms and preventing relapse in individuals (Hofmann et al., 2010). Mindfulness-based therapy has increasingly been integrated into counseling practice across various settings. Counseling practitioner and therapists have embraced mindfulness-based therapy and its effectiveness in treating mental health conditions (Goldberg, 2022). A randomized controlled crossover trial investigated the impact of mindfulness-based therapy on counseling self-efficacy among counseling practitioner (Chan et al., 2021). Mindfulness-based therapy is particularly effective in reducing stress, anxiety, and depression among healthy people (Keng et al., 2011). Several mindfulness-based therapies are primarily designed to treat depression and anxiety and be effective (Chiesa & Serretti, 2011). Research directions in the field of Mindfulness are developing very rapidly, including the impact of mindfulness-based therapies on neurophysiology (Reive, 2019), the potential usefulness of mindfulness-based therapy for the prevention and treatment of a large number of physical and mental disorders (Chiesa, 2010; Lynch et al., 2007; Raes et al., 2009) as well as for the reduction of stress levels in healthy subjects (Chiesa & Serretti, 2009).

It is crucial to research psychologists' abilities to apply mindfulness-based therapies in counseling practice since it can assist clients in learning how to deal with and control mental health problems (Dattilio, 2015). By increasing awareness of thoughts, feelings, and bodily sensations, clients can learn to identify their options and make more skillful choices in response to difficult situations (Young et al., 2018). It is vitally necessary to have the ability to employ mindfulness treatment in counseling practice, especially in emerging nations, given the rapidly changing landscape of the mental health industry (Slade, 2010).

In Vietnam, counseling practice is regarded by society as an essential mental health service in education, training, and support for underprivileged and vulnerable groups such as groups of girls and women experiencing violence, and children with disabilities, especially those in challenging situations (Đat & Thur, 2017). Despite increasing attention, mental health services in Vietnam as a whole continues to rise despite increased emphasis (Vuong et al., 2011). Particularly, there are still issues with clinical research (Nguyen, 2022) because of insufficient mental health legislation (Vuong et al., 2011) and fragmented mental health care system (Nguyen et al., 2021). Doing a thorough investigation to comprehend the significance and objectives of mindfulness is crucial to advancing its growth as research and practice in Vietnam (Olivine, 2022). The present level of mindfulness-based therapy knowledge and counseling practitioners' access to and use of this therapy will be examined in this study. Its development and acceptability as a practical method of treatment can be aided by a thorough grasp of the social and cultural elements determining its effectiveness. Therefore, the aim of this study is to determine the current status of counseling practitioners' competence in applying mindfulness-based therapy in their counseling practices in Vietnam.

Literature Review

Mindfulness: Concept and Background

Mindfulness is a concept that has been studied and developed over thousands of years, with roots in various religious and secular traditions such as Hinduism, Buddhism, yoga, and non-religious meditation (Sheinman & Russo-Netzer, 2021; Trousselard et al., 2014). It involves cultivating moment-to-moment, non-judgmental awareness by paying attention in a specific way, which is being present in the present moment, non-reactively, non-judgmentally, and with an open-hearted attitude (Kabat-Zinn, 2005). Mindfulness is not something that can be directly sensed or explored as an external entity (Cherman & Azeredo, 2018; Williams & Kabat-Zinn, 2011).

Mindfulness in Psychology

Mindfulness has been a subject of extensive research in psychology, particularly focusing on two aspects: being present in the moment and being aware of one's thoughts and feelings while avoiding judgment (Cherman & Azeredo, 2018; Hölzel et al., 2011). It is considered a state rather than a characteristic, and while techniques like meditation can enhance mindfulness, they are not equivalent to it (Moore, 2020; Zhang et al., 2021).

Mindfulness-Based Therapy

Mindfulness-based therapy approaches, such as mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), have gained attention in research and practice (Sipe & Eisendrath, 2012). These therapies incorporate mindfulness practices and have been studied in various areas of physical and mental health care (Michalak et al., 2019).

Research on Mindfulness in Vietnam

Research on mindfulness in Vietnam has adopted international findings and utilized Bloom's taxonomy as an exploratory research approach to assess the understanding and practice of mindfulness in the Vietnamese context. The assessment aims to understand the level of mindfulness perception and the impact of integrative practices such as MBSR, MBCT, DBT, and ACT on individuals' awareness and understanding of mindfulness (Kraines et al., 2022).

Research Objectives

The research objectives of the qualitative research conducted in Vietnam are to assess the understanding and practice of mindfulness in the Vietnamese population using Bloom's taxonomy as an evaluation tool. The objectives are to determine the level of mindfulness perception and the impact of integrative mindfulness practices on individuals' awareness and understanding of mindfulness in Vietnam.

Method

Research Design

This study aims to explore the capacity to use mindfulness-based therapy among counseling practitioners in Vietnam. Therefore, the researcher designed a cross-sectional study with data collection conducted through a questionnaire. A new

questionnaire was developed for this study, based on Benjamin Bloom's taxonomy (adapted by Lorin Anderson), consisting of three levels: Remember, Understand, and Apply. The questionnaire content includes information about specific exercises, mindfulness techniques, and integrated mindfulness therapies (MBSR, MBCT, ACT, DBT).

At the Remember level, participants are able to: correctly identify the concept of mindfulness; select keywords commonly used to describe mindfulness techniques; identify information about the origins, history, and development of mindfulness; recognize the characteristics, mechanisms, and applications of mindfulness in counseling practice.

At the Understand level, participants demonstrate the ability to: identify and select appropriate interpretations of mindfulness practice; relate real-life manifestations to the attributes of mindfulness practice; accurately identify information about integrated mindfulness therapies (MBSR, MBCT, ACT, and DBT).

At the Apply level, participants demonstrate the ability to apply mindfulness in the process of psychological counseling in two directions: (1) integrating mindfulness exercises and techniques; (2) utilizing integrated mindfulness therapies. Additionally, participants are able to provide specific case examples of their own mindfulness practice in counseling; offer insights into the purpose of using mindfulness in counseling practice; identify the advantages and challenges of practicing mindfulness in Vietnam.

Participants/ Sample

A convenience sampling strategy was utilized to recruit participants from hospitals, psychological clinics, and schools. The required sample size consisted of 58 participants currently working in counseling and psychological therapy. The study did not include any individuals under the age of 18.

Instruments

The questionnaire includes the following main sections: Section 1: Personal Information, consisting of 8 demographic questions: gender, age, religion, workplace, seniority, work object, primary approach, and experience with meditation or yoga. Section 2: Comprising 13 questions to assess the level of awareness regarding mindfulness-based therapy among counseling practitioners, based on Benjamin Bloom's taxonomy of remember, understand, and apply.

The remember level of awareness is assessed through questions 2 (Assessing the Remember level of awareness by selecting the most accurate proposition to complete the concept of mindfulness-based therapy) and 3. If the participant selects the correct answer (D) for question 2, the questionnaire evaluation continues; otherwise, it is discontinued. Question 3 has three answer choices: "True", "False", and "Uncertain".

The understand level of awareness is evaluated through questions 4, 5, 6, and 7. If the participant selects the correct answer (E) for question 4, the questionnaire evaluation continues; otherwise, it is discontinued. Questions 5 and 6 focus on clarifying the essential attributes of mindfulness-based therapy, while question 7 revolves around integrated mindfulness therapies (MBSR, MBCT, ACT, DBT).

The apply level of awareness is assessed through questions 9, 10, 11, 12, and 13, which aim to elucidate the current context of applying mindfulness-based therapy. Questions 9 to 11 are constructed using a 5-point Likert scale (0 = never, 1 = rarely, 2 = occasionally, 3 = frequently, and 4 = almost always), investigating the frequency of using mindfulness exercises and techniques. Question 13 is used to explore participants' opinions regarding the main purposes for applying mindfulness-based therapy in counseling practice.

Procedure

Participant recruitment and data collection took place between July 2021 and December 2021. The survey was administered in both paper format and online. The online version was sent to participants via email along with project details. Participants were introduced to the study through an information sheet that accompanied each questionnaire. All survey respondents voluntarily read and signed a consent form, confirming their consent to participate. The information sheet provided detailed information about the research objectives, questionnaire, confidentiality measures, participant selection process, withdrawal options, and contact details of the researchers. Only fully completed surveys were included in the final analysis.

Ethical Considerations

This study was conducted with the approval and permission of the Department of Science and Technology Ethical Committee of Ho Chi Minh City University of Education, Vietnam with which the researchers are affiliated (Approval Code: B2021-SPS-07).

Data Collection

Once the questionnaires were completed, we printed them and directly sent them to the 58 participants. Research participants were informed about the purpose of the study and the principles of confidentiality upon their participation. After collecting the questionnaires, raw data were processed, and any questionnaires that did not meet the requirements were eliminated.

Data Analysis

Quantitative data were analyzed using descriptive statistics in SPSS version 26.0, including reliability analysis and T-tests (Saldana, 2021). Descriptive statistics were used to calculate the mean values, standard deviations, and percentage distributions of the study variables.

Table 1 Demographic information of the participants.

Variables		N	%
Gender	Male	20	34
	Female	38	66
Age	Under 30	31	53
	30 and upwards	27	47
Religion	Buddhism	10	17
	Christianity	8	14
	Confucianism	1	2
	None	39	67
Workplace	Psychology center	11	19
	School counseling room	24	41
	Hospital	11	19
	Free	12	21
Working years	Under 5 years	40	69
	5 years and upwards	18	31
Working object	Child	36	62
	Adult	22	38
Main approach	Distraction orientation	5	9
	Cognitive - behavior	18	31
	Family - system	9	15
	Eclectic	26	45
Doing yoga and meditation	Yes	37	64
	No	31	36

In summary, this study employs a combination of research methods. The deliberate and systematic utilization of these methods synergistically enhances the comprehensiveness of the research findings and improves the clarity of the survey results.

Results

This section presents the results of the study on the ability to use Mindfulness-based therapy at different cognitive levels, including Remember, Understanding, and Application. The results are discussed in the sequence of the research hypotheses/questions.

The competence to apply Mindfulness-based therapy at the level of Remember

At the level of remember, the survey sample was screened using questions related to the definition of mindfulness-based therapy. After screening, the sample size was reduced to 29 participants, accounting for 50% of the initial sample.

Table 2 demonstrates that considering each indicator, participants achieved an average level of understanding in terms of the name and characteristics of mindfulness-based therapy, while their understanding was relatively poorer regarding the historical development of mindfulness-based therapy. Overall, the entire sample exhibited an average level of Memory, with a mean score of 15.7 out of 36.

Participants tended to remember information that was useful for practical application rather than historical aspects of the therapy. When comparing the perception results among participant groups based on personal and professional characteristics, statistically significant differences were observed in age, years of experience, and workplace factors.

Specifically, the group of older participants with longer professional experience and self-employment showed better Memory perception regarding mindfulness-based therapy.

Table 2. *Overall evaluation findings for indications at the cognitive level Remember*

Evaluation content	Mean	SD	Level
Term in Vietnam	5.24	2.58	Average
Origin and development	3.83	3.48	Not good
Characteristics, mechanisms of action	6.62	2.93	Average
Overall level of awareness at the Remembering level	15.70	7.17	Average

Participants tend to remember information that is useful for practical application rather than the historical aspects of mindfulness-based therapy. When comparing the perception results among participant groups based on personal and professional characteristics, statistically significant differences were found in age and years of experience (Table 3). Specifically, the group of older participants with longer professional experience exhibited a better-Remembering perception regarding mindfulness-based therapy (Table 3).

Table 3 *A comparison of cognitive level Remember according to age and degree of experience*

Characteristics		Mean	SD	Classify	p
Age	Under 30	11.82	6.46	Below average	0.02
	30 and upwards	18.06	6.66	Average	
Working years	Under 5 years	12.47	6.03	Average	0.00
	5 years and upwards	20.25	6.25		

The competence to apply Mindfulness-based therapy at the level of Understanding

At the level of Understanding, the survey sample was further screened using questions related to mindfulness expressions. After the screening process, the survey sample consisted of 21 participants, equivalent to 36% of the initial sample. When comparing the perception results among participant groups based on personal and professional characteristics, only gender showed a significant difference. Specifically, the male participant group exhibited a better Understanding perception with less variation compared to the female group (Table 4).

Table 4 *A comparison of cognitive level Understanding according to gender*

Characteristics		Mean	SD	Classify	p
Gender	Male	20.00	2.83	Good	0.01
	Female	14.67	5.20	Average	

The competence to apply Mindfulness-based therapy at the level of Application

During the application process, both groups prioritized the frequent use of techniques and exercises related to emotions, thoughts, and bodily sensations. However, the group of participants using integrated mindfulness-based therapy regularly employed breath-focused techniques more than the other group. Overall, most participants favored simple and easily implementable exercises to enhance their present-moment experiential awareness (Table 5, Table 6).

Table 5 *Frequency of using exercises and techniques of mindfulness-integrated therapies*

Exercises and techniques	Mean	Level
Naming and assessing the intensity of emotions	5	Frequently
Verbalizing or recording current emotions and thoughts	5	
Bringing awareness to the breath	4.5	
Observing the stream of thoughts	4.5	
Body Scan	4	Regularly
Bringing awareness to daily activities (eating, exercising, personal hygiene, etc.)	4	
Bringing awareness to bodily sensations	4	
Shifting focus to another object when in an agitated state	3.5	
3 Minute Breathing Space	2.5	Rarely
Mindfulness Stretching	2.5	

Table 6 *Frequency of using mindfulness exercises and techniques of mindfulness therapies*

Exercises and techniques	Mean	Level
Encourage the individual to express or write down their current feelings and thoughts	4.50	Frequently
Support the individual in recognizing their emotions	4.33	
Encourage the individual to describe bodily sensations.	4.00	Regularly
Encourage the individual to acknowledge their own emotions.	3.92	
Assist the individual in distinguishing between the present moment and past experiences.	3.83	
Guide the individual to observe the stream of thoughts with a non-judgmental and non-evaluative attitude.	3.25	Occasionally
Assist the individual in directing their focus to the task at hand.	3.17	
Support the individual in bringing awareness to what they are hearing, smelling, touching, and seeing in each moment.	2.75	
Guide the individual in bringing awareness to the breath.	2.50	Rarely
Provide coloring materials for the individual to color a Mandala drawing	2.00	

Discussion and Conclusion

Discussion of Main Results

In the context of Vietnam, our study examined the competence to apply mindfulness-based therapy in their counseling practices. In this study, none of the participants had accurate knowledge of using mindfulness-based therapy in counseling practice. The participants tended to remember useful information for better application rather than the historical aspects of the therapy. However, the widespread use of the concept of “mindfulness” indicated that counselors were not influenced by scientific ideas about the effectiveness and benefits of its use (Seema & Säre, 2019)

The current study demonstrated that counselors' understanding of mindfulness-based therapy in counseling practice was generally good, with few instances of superficial understanding. The participants had a relatively clear understanding of mindfulness therapy in general, but they encountered barriers in applying mindfulness-based therapy, primarily due to a lack of understanding. Scientific studies conducted globally have shown that mindfulness affects cognitive functioning (Lomas et al., 2017)

Our study proved that only a small proportion of counseling and psychotherapy professionals were able to apply mindfulness-based therapy, mainly by self-applying exercises and techniques in their work. This was a surprising finding as it significantly differed from the expected frequency of experiencing mindfulness throughout the practice of mindfulness-based therapy, which can be achieved through the use of mindfulness by psychologists (Brown & Ryan, 2003)

Comparisons of awareness results among participant groups based on personal characteristics and professional experience indicated statistically significant differences in age, years of experience, and workplace. Specifically, older participants, those with longer professional experience, and those working in private practice demonstrated better recall of mindfulness therapy. A comparison of awareness results between participant groups based on personal characteristics and professional experience revealed a significant difference in gender. Specifically, male participants had better understanding awareness, with less variation compared to female participants, although this finding has low reliability.

Overall, the participants agreed that mindfulness therapy should be used to help clients improve emotional management and pain tolerance. They acknowledged that mindfulness could help clients reduce stress and limit the influence of automatic thinking. In applying mindfulness therapy, counseling and therapy professionals faced challenges such as limited training opportunities, lack of professional supervision, and the need for self-study and personal experience before using it. However, they also recognized the advantages, such as practicality, familiarity, and ease of implementing techniques and exercises related to mindfulness therapy. They had access to abundant resources for self-study and a wealth of evidence from studies and personal experiences regarding its effectiveness.

However, it would be worthwhile to test hidden variable analyses at the individual level using established studies in the context of interventions and mindfulness training, where questionnaires can support counselors and clients in reflecting on mindfulness (McCown et al., 2010). Sometimes, building top-down and using theoretical frameworks are necessary to avoid drifting away from direct experiences to reflect upon and understand everything (Siegel, 2016)

Limitations

The study has several limitations that should be considered. First, the sample size may not be representative of all counseling professionals in Vietnam, and the findings may not generalize to the entire population. Second, the measurement tool based on Benjamin Bloom's cognitive taxonomy used to assess the participants' competence in mindfulness-based therapy may have limitations in capturing the full range of their knowledge and skills. Third, the study relied on self-report measures, which may be subject to biases and inaccuracies. Finally, the study did not investigate the specific training programs or resources available to the participants, which could have influenced their competence in mindfulness-based therapy.

Implications for Behavioral Science

The research findings contribute to bridging the gap between mindfulness research in Vietnam and the rest of the world. They provide mental health practitioners with a better understanding of the nature, characteristics, applications, and effectiveness of mindfulness-based therapy from a scientific perspective. The study highlights the challenges faced by counseling professionals in practicing mindfulness-based therapy and the need for increased training opportunities and professional supervision. The findings also suggest the importance of integrating mindfulness training into the education and professional development of mental health professionals.

Furthermore, the study provides prospects for future research to strive for consensus and generalization in the definition and theoretical foundation of mindfulness. This can help avoid fragmentation of perspectives and promote a more unified understanding of mindfulness in the context of Vietnam. Future researchers can use these findings as a basis for conducting experimental interventions to enhance awareness and competence in mindfulness-based therapy among mental health professionals, particularly counseling and therapy practitioners. This can contribute to the further development and impact of mindfulness in Vietnam's mental health field.

Conclusion

In conclusion, the study revealed the difficulties faced by counseling professionals in practicing mindfulness-based therapy in Vietnam. The participants had limited knowledge and understanding of mindfulness-based therapy, and only a small proportion were able to effectively apply it in their work. The study emphasizes the need for increased training opportunities, professional supervision, and integration of mindfulness training into mental health education. The research findings contribute to bridging the gap between mindfulness research in Vietnam and the global scientific community and provide prospects for future research and development in the field of mindfulness in Vietnam.

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