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Exploring Inquiry-Based Stress Reduction (IBSR) as a Counselling Intervention

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Abstract

Utilising mindfulness-based approaches and techniques within counselling has become increasingly popular with mental health professionals. Research has shown that practicing mindfulness can have positive implications for both clients and therapists. Relatively new to the field of counselling is a meditational, mindfulness-based approach known as Inquiry-Based Stress Reduction (IBSR). This qualitative study explored therapists' experience of using IBSR both personally and in their clinical practice. Employing Interpretative Phenomenological Analysis (IPA), six participants who were mental health professionals and had attained certification in IBSR were selected for this study. Seven main themes emerged from the findings including: IBSR's influence on the therapist; self-care and burn-out; broader perspectives; IBSR's strengths and therapeutic benefits; challenges and limitations; client populations and characteristics; and the therapeutic alliance.

A range of benefits were identified as a result of utilising IBSR including the potential for immediate and life-changing effects for those experiencing IBSR, as well as supporting therapist wellbeing and protecting against burnout. Participants viewed IBSR as an effective self-care tool which promoted self-awareness, self-compassion, acceptance towards clients, greater cognitive flexibility and metacognitive awareness. The approach was also regarded as having positive implications for the therapeutic alliance. Some challenges and limitations were noted such as the short-term engagement with clients having detrimental financial impacts on therapists; and the 'turnarounds' (a way to explore different interpretations of an identified stressful belief) as a possible contraindication. Clients' openness to IBSR was viewed as a key factor to the effectiveness of the approach.

Keywords: counselling; mindfulness; The Work of Byron Katie; Inquiry-Based Stress Reduction; short-term interventions

Background

In recent years the application of mindfulness-based approaches in the areas of psychology and counselling has grown. In 2013, Brown, Marquis and Guiffrida found there were more than 1500 articles on the topic of mindfulness in the PsycINFO electronic database. In addition, a Psychotherapy Networker poll surveying 2,600 therapists found that more than 41% utilised mindfulness-based practices within their therapy (Brown et al., 2013).

Originating from a range of contemplative, philosophical, Buddhist and yogic traditions (Brown et al., 2013; Bruce, Manber, Shapiro, & Constantino, 2010; Kabat-Zinn, 2003) mindfulness can be described as "the awareness that arises from paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (Paulson, Davidson, Jha, & Kabat-Zinn, 2013, p. 91). There is a focus on observing and accepting thoughts without attempting to change them (Melbourne Academic Mindfulness Interest Group, [MAMIG], 2006). The psychological experience of mindfulness has universal applicability, that is, it can be experienced by anyone regardless of a person's culture or religion (Bruce et al., 2010; MAMIG, 2006).

Research into the use of mindfulness in counselling practice has consistently demonstrated beneficial outcomes for clients (Brown et al., 2013). Studies have shown that mindfulness improves wellbeing, increases positive emotions, engenders acceptance, patience and empathy; as well as reducing anxiety, depression, emotional reactivity and negative affect (Brown et al., 2013; Goodman & Calderon, 2012; Huston, Garland, & Farb, 2011). A notable theme in the literature is the effectiveness of mindfulness in improving mental health generally, as well as relieving symptoms associated with a range of mental health conditions such as: addiction, depression, generalised anxiety disorder, borderline personality disorder and chronic stress (Brown et al., 2013; Skovholt & Trotter-Mathison, 2011).

Within the therapeutic context, there are various mindfulness-based techniques and practices that may be employed (Chiesa & Serretti, 2009). Recognised, evidence-based approaches include Mindfulness-Based Stress Reduction (MBSR), Dialectical Behaviour Therapy (DBT) and Acceptance and Commitment Therapy (ACT) (Milton & Ma, 2011).

Inquiry-Based Stress Reduction (IBSR)

One relatively new mindfulness-based approach showing promising therapeutic outcomes is Inquiry Based Stress Reduction (IBSR) (Landau et al., 2014; Leufke, Zilcha-Mano, Feld, & Lev-ari, 2013; Lev-ari, Zilcha-Mano, Rivo, Geva, & Ron, 2013; Schnaider-Levi, Mitnik, Zafrani, Goldman, & Lev-Ari, 2017; Smernoff, Mitnik, Kolodner, & Lev-Ari, 2015). Commonly known as The Work (of Byron Katie) and often referred to as 'inquiry' (France, McDonald, Conroy, & Byrne, 2015; Katie,

2002), IBSR is an experiential, meditational, mindfulness-based practice which has also been described as possessing elements of cognitive behavioural approaches (Bunker & Skolnick, 2005; Nye, 2011).

IBSR was discovered in 1986 by an American woman, Byron Katie. After many years of suffering from a range of issues including depression and alcoholism, Katie had a profound realisation: she was not her thoughts and; identification with stressful thoughts created suffering (Katie, 2002).

In alignment with mindfulness-based practices, IBSR does not seek to control or modify thoughts (London, 2008; Nye, 2011; Van Rhijn, Mitnik & Lev-ari, 2015). Rather, thoughts are welcomed and met with understanding. They are viewed as 'visitors' – they come and then they leave, they are not who a person is (Leufke et al., 2013). According to Katie (2002), people are not responsible for their thoughts. It is when one attaches or identifies with a stressful thought that s/he suffers.

Consisting of four questions and 'turnarounds' (i.e. a way of considering different perspectives to an identified stressful belief), IBSR is a method of identifying and questioning thoughts that provoke stress and suffering (Katie, 2002). Van Rhijn et al. (2015) describe the approach:

The basic structure of the technique is the ability to identify the thoughts that cause stress and suffering in a systematic and comprehensive way, and to meditatively "investigate" these thoughts by a series of questions and turnarounds, which enable the participant to experience a different interpretation of reality as he/she perceives it (p. 4).

IBSR has reportedly been used to address a wide range of issues including: parenting, grief and loss (Katie, 2002), stress associated with physical illness (Katie, 2002; Lev-Ari et al., 2013; UNAIDS & Stop AIDS Alliance, 2015), sexual and psychological abuse, addictions, work-related stress and social problems (Katie, 2002). In addition, it has been employed in educational (Katie, 2002; Schnaider-Levi et al., 2017) and institutional settings and in different populations including those with diagnosed mental illnesses, war veterans, prisoners and people from different cultural and religious backgrounds (Katie, 2002; Katie, 2015). People who practice IBSR report a range of benefits including a reduction in depression, stress levels and anger as well as healthier relationships, improved mental clarity and more peace in their lives (Byron Katie International [BKI] n.d.; Nye, 2011).

Although not widely known within the counselling profession, there are an increasing number of mental health professionals utilising IBSR in their practice (Bunker & Skolnick, 2005; Coumar & Hidalgo, n.d.). According to Coumar and Hidalgo (n.d.) IBSR can be utilised as the primary therapeutic intervention or it can be integrated with other counselling approaches. However, in contrast to other therapeutic methods, while therapists may facilitate IBSR with clients, IBSR can be self-facilitated and therefore does not necessitate a therapist (Katie, 2015; Nye, 2011).

The Process of IBSR

IBSR consists of two parts: firstly, stressful beliefs are identified and thereafter these beliefs are examined and questioned in a meditative way (Smernoff et al., 2015). Once a stressful belief (e.g. 'he rejected me') has been identified, the IBSR questions are then asked in relation to the belief (Katie, 2002; Van Rhijn et al., 2015).

The IBSR questions are as follows:

1. Is it true?

2. Can you absolutely know that it's true?

3. How do you react, what happens when you believe that thought?

4. Who would you be without the thought? (Katie, 2002, p. 19).

Questions 1 & 2 ask for a 'yes' or 'no' answer. If a client answers 'no' to question 1, then question 3 is asked. However, if a client answers 'yes' to question 1, then the facilitator proceeds to question 2: 'can you absolutely know that's true?' (Katie, 2002). The client is invited to meditate on their answers to the above questions and go beyond cognitions, allowing answers to emerge from an 'inner-knowing - wise mind' (Van Rhijn et al., 2015, p. 6).

After answering the IBSR questions, the original thought (e.g. 'he rejected me') is then turned around as follows:

To the self: I rejected myself

To the other: I rejected him

To the opposite: He didn't reject me (Katie, 2002).

For each of the above turnarounds, the client is invited to find three genuine examples of how the turnarounds could be true (Katie, 2002; Lev-ari et al., 2013). After exploring the effects of holding the particular belief in the first four questions, the turnarounds offer an opportunity to experience perspectives that may not have previously been considered (Nye, 2011; Van Rhijn et al., 2015). For example, the turnaround 'I rejected him' allows the client to find evidence of times when s/he rejected him – either in her mind or in reality. She may find that she had rejected him on several occasions, even if only in a subtle manner. The turnaround 'he didn't reject me' opens up the possibility of noticing the ways and the moments in which he didn't reject her, having possible positive implications for the client. In this way, the turnarounds are said to promote 'non-dual awareness' that is, by exploring other perspectives a person may discover that the very thing that s/he disliked of another person is also true of him/herself (Bunker & Skolnick, 2005; Nye, 2011).

Example of the IBSR process Table 1

Stressful belief: He rejected me
Situation: I ask him if he would like to go out and he says he is not free (he has not

been 'free' to go out for the last few weeks) I feel rejected.
Q1: Is it true (that he rejected me)? Yes
Q2: Can you absolutely know that it's true (that he rejected me)? No
Q3: How do you react, what happens when you believe this thought 'he rejected me'? I feel terrible, sad, alone, ashamed, hurt and embarrassed. I feel unworthy, not good enough.
Q4: Who would you be without that thought 'he rejected you?' Without the thought, I see him as telling me that he isn't free to catch up. He is being clear with me. I feel a lot more peaceful and freer without the thought.
Turn around the original statement: 'he rejected me' Turnaround to the opposite: he didn't reject me   - He said that he wasn't free – that doesn't mean rejection. It could be true. - He spoke to me, he responded to my question – he didn't ignore me. - He was actually quite nice towards me – he smiled and said goodbye afterwards. Turnaround to the other: I rejected him   - I have imagined the satisfaction of rejecting him many times in my mind – playing out scenarios of him asking me out and me telling him I am unavailable. - I was cold to him after he said that he wasn't free – I disengaged from the conversation almost immediately. - After he said he wasn't free, in my mind I started trying to find faults with him and criticize him. Turnaround to the self: I rejected me   - As soon as I believed that he rejected me, I noticed I felt unworthy and not good enough. - When I believed that he rejected me I lost my sense of presence and connection with myself. - He was actually quite nice to me, it was me who decided that he rejected me and in doing so, experienced rejection towards myself.

Aims of the study

Although there is a limited, but growing body of research examining the psychotherapeutic effects of IBSR, there has been little exploration of how the approach is used within the counselling context. Furthermore, although there are therapists utilising IBSR in their counselling practice, anecdotally IBSR appears to be relatively unknown.

While research has focussed on the effects of IBSR on individuals, to date there has been no published research examining the influence of IBSR on the practitioners themselves. As mindfulness-based practices have been identified as a way to reduce burnout and improve therapist self-care (Christopher & Maris, 2010), IBSR may represent an additional self-care strategy for therapists as well as delivering beneficial outcomes for clients.

Given the existing gaps in the literature, application of IBSR within the counselling environment and the influence of IBSR upon therapists may lead to a better understanding of IBSR's value as a therapeutic intervention. Therefore, the current qualitative study explored therapists' experience of using IBSR both personally and in their clinical practice.

The aims of this study were to:

- explore practitioners own experience with IBSR and how it shapes their work with clients;
- explore IBSR practitioners' experience of using IBSR with clients;
- identify the challenges, limitations and strengths of utilising IBSR within a psychotherapeutic/ counselling context;
- identify how IBSR therapists experience self-care and burnout prevention; and
- consider IBSR's role as a counselling intervention.

Method

Employing the research method Interpretative Phenomenological Analysis (IPA), six mental health professionals who had attained certification in IBSR were selected for this study. Accordingly each participant was interviewed, utilising a semi-structured interview format.

An interpretative phenomenological approach (IPA) was particularly suited to the research questions and aims of this study as the researchers were seeking in-depth, rich accounts from IBSR practitioners to better understand how they experience the phenomenon, both personally and professionally. IPA represents a qualitative research strategy which privileges the lived experience of individuals (Pringle, Hendry, & McLafferty, 2011), recognising that people are the experts of their own lives (Reid, Flowers, & Larkin, 2005). The objective of IPA is to undertake an in-depth exploration of how a person makes sense of their world. It is inductive and does not try to confirm or reject hypotheses which are based on the extant literature (Smith, 2004). Instead, themes emerge from the data which may inform future quantitative research directions by providing possible hypotheses and building blocks to expand the field of vision with respect to IBSR.

To facilitate the emergence of rich, in depth and relevant data, purposive sampling was carried out (DiCicco‑Bloom & Crabtree, 2006), selecting interviewees with expertise relevant to the research questions (Palinkas et al., 2015). As such, all participants were mental health professionals (i.e. psychologists, counsellors and

psychiatrists) who had attained certification in IBSR and were using the approach in their counselling practice with clients. In order to obtain certification in IBSR, students must undertake an intensive program which can take several years to complete and involves fulfilling a range of requirements including extensive practical experience (Institute for the Work [ITW], 2016).

Sample sizes of between three to six participants have been recommended to keep data collection manageable for small studies such as this (Smith, 2008), whilst also aiming for data saturation whereby no more major themes emerge from the data (Guest, Bunce, & Johnson, 2006). The interview schedule comprised of open-ended questions that were developed to explore the study's research questions. The open-ended, exploratory approach ensured that relevant topics were covered as well as allowing sufficient flexibility to explore any interesting and relevant insights that may arise through the interview (Smith, 2008; Smith, Larkin & Flowers, 2009).

Informed consent was obtained from participants prior to the interviews. This included providing information regarding the data collection process, probable outcomes of data analysis and an outline of areas to be discussed (Smith et al., 2009). Quotes from transcripts were checked to ensure anonymity, and data was de-identified. As such, each participant was assigned a one of the following pseudonyms: Paula, Jean, Tim, Margaret, Carol and Jill. While all participants were fluent in English, for two participants it was their second language.

An extensive analysis of the data from each of the six interviews was undertaken. Each interview was analysed separately as per IPA's idiographic focus. Identified themes were extracted and then sorted into clusters to identify emergent secondary themes. As themes were clustered, they were checked against the original transcripts to ensure that they reflected what was actually said by the participants. Data was recorded in a table in a way that facilitated analysis and tracking throughout the process (Smith et al., 2009). Thereafter, an analysis was conducted across the interviews, identifying areas of convergence and divergence amongst the participants. The data was then organised into main themes and sub-themes, according to the research questions of the current study (Smith, 2008).

Findings and Discussion

The main themes which emerged from the data were as follows: Influence on the therapist; Self-care and burnout; Broader perspectives; Strengths and therapeutic benefits; Challenges and limitations; Client populations and characteristics; and the Therapeutic alliance. From these themes, the most significant findings have been outlined below:

Life-changing, short-term intervention & a life-long practice

All participants experienced immediate and life-changing shifts after engaging with the process of IBSR. Participants also said that they had observed similar

experiences in their clients. Participants Paula and Tim describe their first session with an IBSR facilitator:

I had a really big stress with my boyfriend, it was the ex-boyfriend in this time. And he left me with eh… 40,000 Euro… um… debts… money. And I was without my job, no, I had a job but I didn't like it and I had no friends. I was new in this country… and um… I was really, very um… sad and lonely and anxious and then a friend of mine sent me the link from a video from Byron Katie and it fascinated me and I wanted to know this method and I called a certified facilitator, did The Work with him and after three hours, I… quit my job… and um… um, eh…. And eh… trusted the universe that it will bring me through [laughing]. (Paula)

… so I went and had a session with him and it was… I could feel this… kind of like a somatic shift after the session. And I thought 'wow, this is really powerful'. (Tim)

The findings in this study suggest that IBSR has the potential to effect profound life-changing shifts not only with IBSR practitioners but also with their clients – this may occur within a single session. As such IBSR may represent a single session and/or short-term therapeutic intervention. According to Bloom (2001) there is "consistent evidence that planned short-term psychotherapies, often as short as a single interview, generally appear to be as effective as time-unlimited psychotherapies" (p. 76), with short-term therapies also representing cost savings for funding agencies and insurance companies (Gingerich & Eisengart, 2000). Furthermore, with many mental health resources unable to cope with client numbers, single-session and short-term therapies can also reduce client waiting lists and thereby improve mental health service accessibility (Young, Weir & Rycroft, 2012). Although IBSR appears to have the potential to bring change with rapidity, as with other mindfulness approaches, IBSR was regarded as a life-long practice.

Strengths & benefits of IBSR

Participants identified a range of strengths and benefits associated with the practice of IBSR, viewing IBSR as a transformative tool which encourages growth, self-realisation and self-empowerment. Notably all participants spoke of a reduction in depression related symptoms and the rapidity of the method in bringing peace and relieving stress.

IBSR was regarded as having positive effects on relationships, creating more space for connection and understanding to occur. According to the participants, these changes could be observed through improved relationships, both for themselves personally and in their clients' relationships.

In alignment with research conducted by Felton, Coates and Christopher (2015) and Shapiro, Brown and Biegel (2007), participants in this study reported a range of benefits such as increased self-compassion, self-awareness, self-acceptance and acceptance towards clients as a result of using IBSR with clients and on themselves.

Participants described a depth to the practice which comes from beyond the mind. Carol refers IBSR's potential to bring a person into a space of non-dual awareness, stating that she does not know of any other practice that facilitates this:

It is a tool embedded within… the therapy process that moves people from the lower stages of development to the highest potentially in terms of non-dual awareness and… or, you know, these sort of philosophical stages, you know the mind is transcending itself. I don't know of any other therapy that does that. Existential therapy helps people, you know deal with the existential stressors of life [pause]. So I like it for that. But in a way it transcends all these disciplines.

IBSR was viewed as a tool which supported therapist wellbeing and was sufficiently flexible and versatile that it could be integrated with other psychotherapeutic approaches.

Challenges and limitations

Participants outlined a number of challenges and limitations to using IBSR, the most commonly occurring themes being: the short-term engagement with clients having detrimental financial implications for therapists; difficulties in working with clients who want to remain identified with their stories; and the challenges of working with clients who are seeking therapist validation, which is not the role of an IBSR facilitator. Some participants cautioned against using IBSR with clients who are not 'open' to it:

I've had success in doing The Work with [pause] with everybody really. I mean potentially, it's just whether their minds are open. Yeah, that's, that is the ultimate, determining… if they're open to the questions. (Carol)

I think a person's readiness or openness is key. If they're really attached to their story, or attached to… their anger or blame mode, they're not too available to it. (Margaret)

Participants also suggested to proceed with care when working with those who have experienced trauma. While participants said that IBSR works with trauma, it appears that some preparatory work may be needed before this can occur.

Although participants acknowledged that turnarounds can broaden perspectives, participants also explained that turnarounds can be used to engage in self-blame. Some participants described how people may misunderstand IBSR and that this can also present as a challenge.

Cognitive flexibility & metacognitive awareness

A common theme across all six interviews was how IBSR assists people to expand their understanding and develop new perspectives. Participants appeared to view the mind and identification with thoughts as the cause of suffering, with the

turnarounds representing a powerful way of experiencing different perspectives to a stressful belief. Hence, much like Garland, Gaylord and Park's (2009) conceptualisation of meta-cognitive awareness as a mechanism to increasing one's cognitive flexibility, the findings from the current study appear to offer support for this process. This understanding is reflected in how the participants talk about IBSR and how it appears to offer each person a sense of trust, understanding and acceptance in how they experience the world.

Participants distinguished between believing one's thoughts and Byron Katie's concept of 'reality': Katie (2002) describes reality as the truth, it is 'what is', that is, whatever is really happening or has happened. Identifying with thoughts that do not concur with reality create discord and stress.

Margaret describes how people look for evidence to support beliefs and stories to the exclusion of other evidence and then shares how IBSR can broaden a person's perspective:

... so in an interaction we think we see a slight and it's not even there [...] when we have a story it filters our world and our experience and of course then we act in accord with that story […] The Work offers a way to investigate our projections onto reality and… become open to what's actually there, rather than our story of what's there.

All participants spoke of the turnarounds as a powerful and significant component of the IBSR process, regarding the turnarounds as an opportunity to experience a different perspective from what they had originally been thinking and believing.

Therapeutic alliance

Overall participants indicated that IBSR supports the therapeutic alliance through engendering empathy and connection with clients. In contrast to conventional therapies, IBSR was described as supporting a more egalitarian therapist/client relationship. Jean talks about experiencing 'oneness' with her clients:

... sometimes there's a real sense of lack of separation. It's like The Work is being done by both of us at the same time [….] it's much more of, um, a level relationship in a sense, rather than the top down therapist knowing what's best for the client. So it's a real meeting.

One participant offered a divergent view suggesting that IBSR may adversely affect the alliance, particularly if introduced too early in therapy.

Burnout & Self-care

All participants communicated that practicing IBSR was a means of preventing burnout and promoting self-care. While IBSR was described in terms of a self-care tool that participants could access at their discretion, facilitating clients in IBSR also appeared to promote therapist wellbeing.

… you know The Work really does prevent burn out (Carol)

When I was very much in The Work then I feel better and when I don't do The Work so much, like these days I don't feel so good, I know that I have to do The Work on my own now several times then I would feel better again, I know that. It's like a medicine. (Paula)

I think The Work is better than other therapies, it doesn't matter what other therapy. I think The Work contributes to less burnout. (Jill)

I suppose what stands out for me about The Work is that I've got a self-care tool in place that I can use [...] I don't wait for the supervision at the end of the month or until things get so bad to look at them. I know when something's stressful. And if I was just doing other modalities, I don't know that I'd have that tool, or I wouldn't have that tool and I'd be looking for other tools. (Jean)

In contrast to other approaches, all participants said they do not get tired from facilitating IBSR with clients and several explained that they felt energised from using IBSR. Trusting that clients have their own inner wisdom and not seeking to rescue clients appeared to be liberating factors for participants and represent aspects of the associated IBSR teachings. Furthermore, participants noted that when they practice IBSR on a regular basis, they feel markedly better.

Application of IBSR

According to the participants in this study, IBSR can be used with a diverse range of people. No known cultural barriers were identified. In terms of presenting conditions, all participants stated that they had used IBSR to treat depression and anxiety. Other presenting conditions mentioned by participants included: Post-Traumatic Stress Disorder (PTSD), severe developmental trauma, sexual abuse, physical abuse, bipolar disorder, suicidal ideation, grief and loss, relationship issues, insecurity, addiction, transitions, adjustment disorders, personality disorder, paranoid schizophrenia, Asperger's, physical illness, business and work issues. Nevertheless, participants viewed clients' openness to the approach, rather than the presenting condition as the key factor in determining IBSR's effectiveness.

Conclusion

The findings from this study suggest a range of benefits as a result of practicing IBSR. According to the participants in this study, IBSR represents an approach which can be integrated into counselling practice, either in complement to

other psychotherapeutic approaches or as a stand-alone intervention. While most participants regarded IBSR as having positive implications for the therapeutic alliance, all agreed that IBSR has the potential to effect beneficial change with rapidity. In this respect IBSR may represent a potential single session and/or short-term counselling intervention. An additional significant finding which emerged from this study was that IBSR was viewed as a means of preventing burnout and promoting therapist self-care.

The findings also appear to support the limited research examining the effects of mindfulness on therapists. This suggests that IBSR may facilitate healing in the therapist when working with clients, as well as healing when therapists apply IBSR as a personal practice. It may be surmised that as IBSR is a meditational practice: when therapists are facilitating clients in IBSR, they, like their clients, are experiencing many of the benefits associated with mindfulness.

Certain challenges and limitations associated with IBSR were also noted. For example, the 'turnarounds' were highlighted as a possible contraindication as they may be misinterpreted and used for self-blame. In addition, for those clients who are not emotionally ready to engage in IBSR or are seeking therapist validation, the approach may not be suitable.

This study was the first to explore IBSR within the counselling context, hence further qualitative research into this area could assist in supporting therapists to better understand the approach. Furthermore, given the high rates of burnout and emotional fatigue within the area of mental health, additional research examining IBSR as a possible protective factor to burnout could greatly assist the therapeutic community. Taking account of the findings in this study, other areas that future research could explore include the application of IBSR in the context of trauma and the implications of IBSR as a self-care tool for both therapists and their clients.

References

Bloom, B. L. (2001). Focused single-session psychotherapy: A review of the clinical and research literature. *Brief Treatment and Crisis Intervention, 1*(1), 75-86. doi:10.1093/brief-treatment/1.1.75

Brown, A. P., Marquis, A., & Guiffrida, D. A. (2013). Mindfulness-based interventions in counseling. *Journal of Counseling and Development, 91*(1), 96. doi:10.1002/j.1556-6676.2013.00077.x

Bruce, N. G., Manber, R., Shapiro, S. L., & Constantino, M. J. (2010). Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy: Theory, Research, Practice, Training, 47*(1), 83.

Bunker, J., & Skolnick, C. (2005). *The Work of Byron Katie and Cognitive Behavioral Therapy: A brief comparison*. Retrieved from http://www.rightbrainpsychiatry.com

Byron Katie International (n.d.). Do the Work. Retrieved from http://thework.com/en/do-work

Chiesa, A., & Serretti, A. (2009). Mindfulness-Based Stress Reduction for stress management in healthy people: A review and meta-analysis. *The Journal of Alternative and Complementary Medicine, 15*(5), 593-600. doi:10.1089/acm.2008.0495

Christopher, J. C., & Maris, J., A. . (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research, 10*(2), 12.

Coumar, A., & Hidalgo, R. (n.d.). *"The Work" of Byron Katie: A new psychotherapy?*. Retrieved from http://www.padoin.com/thework/anil.pdf.

DiCicco‑Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*(4), 314-321. doi:10.1111/j.1365-2929.2006.02418.x

Felton, T. M., Coates, L., & Christopher, J. C. (2015). Impact of mindfulness training on counseling students' perceptions of stress. *Mindfulness, 6*(2), 159-169.

France, N. F., McDonald, S., Conroy, R. R., & Byrne, E. (2015). "An unspoken world of unspoken things": a study identifying and exploring core beliefs underlying self-stigma among people living with HIV and AIDS in Ireland. *Swiss Medical Weekly, 145*, w14113.

Garland, E., Gaylord, S., & Park, J. (2009). The Role of Mindfulness in Positive Reappraisal. Explore: *The Journal of Science and Healing*, 5(1), 37-44. doi:10.1016/j.explore.2008.10.001

Gingerich, W. J., & Eisengart, S. (2000). Solution-Focused Brief Therapy: A Review of the Outcome Research. *Family Process, 39*(4), 477-498. doi:10.1111/j.1545-5300.2000.39408.x

Goodman, R., & Calderon, A. (2012). The Use of Mindfulness in Trauma Counseling. *Journal of Mental Health Counseling, 34*(3), 254-268. doi:10.17744/mehc.34.3.93002 0422n168322

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data Saturation and variability. *Field Methods, 18*(1), 59-82. doi:10.1177/1525822X05279903

Huston, D. C., Garland, E. L., & Farb, N. A. S. (2011). Mechanisms of mindfulness in communication training. *Journal of Applied Communication Research, 39*(4), 406. doi:10.1080/00909882.2011.608696

Institute for the Work (2016). *Certification coursework*. Retrieved from http://www.in stitureforthework.com/itw/content/course-work

Kabat‑Zinn, J. (2003). Mindfulness‑based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144-156. doi:10.1093/clipsy .bpg016

Katie, B. (2002). *Loving what is*. New York: Three Rivers Press.

Katie, B. (2015). *The Work of Byron Katie: An Introduction.* Retrieved from http://thework.com/sites/thework/downloads/little_book/English_LB.pdf

Landau, C., Lev-Ari, S., Cohen-Mansfield, J., Tillinger, E., Geva, R., Tarrasch, R., Mitnik, I., Friedman, E. (2014). Randomized controlled trial of Inquiry-Based Stress Reduction (IBSR) technique for BRCA1/2 mutation carriers. *Psycho-oncology*, *24*(6), 726-731.

Leufke, R., Zilcha-Mano, S., Feld, A., & Lev-ari, S. (2013). Effects of "The Work" meditation on psychopathologic symptoms: A pilot study. *Alternative & complementary therapies, 19*(3), 147-152. doi:10.1089/act.2013.19303

Lev-Ari, S., Zilcha-Mano, S., Rivo, L., Geva, R., & Ron, I. (2013). A prospective pilot clinical trial of "The work" meditation technique for survivors of breast cancer. *European Journal of Integrative Medicine, 5*(6), 487-494.

London, D. (2008). *A comparison of cognitive therapy and Inquiry-Based Stress Reduction*. Retrieved from http://www.rightbrainpsychiatry.com

Melbourne Academic Mindfulness Interest Group. (2006). Mindfulness-based psychotherapies: A review of conceptual foundations, empirical evidence and practical considerations. *Australian and New Zealand Journal of Psychiatry, 40*(4), 285-294. doi:10.1080/j.1440-1614.2006.01794.x

Milton, I., & Ma, H. (2011). Mindful paths to wellbeing and happiness: Five programs compared. *Psychotherapy in Australia, 17*(2), 64-69.

Nye, F. (2011). *The Work of Byron Katie: The Effect of Applying Principles of Inquiry on the Reduction of Perceived Stress.* (PhD), Institute of Transpersonal Psychology. Retrieved from http://gradworks.umi.com/34/74/3474459.html

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 533-544. doi:10.1007/s10488-013-0528-y

Paulson, S., Davidson, R., Jha, A., & Kabat‑Zinn, J. (2013). Becoming conscious: the science of mindfulness. *Annals of the New York Academy of Sciences, 1303*(1), 87-104. doi:10.1111/nyas.12203

Pringle, J., Hendry, C., & McLafferty, E. (2011). Phenomenological approaches: challenges and choices. *Nurse researcher, 18*(2), 7.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *Psychologist, 18*(1), 20-23.

Schnaider‑Levi, L., Mitnik, I., Zafrani, K., Goldman, Z., & Lev‑Ari, S. (2017). Inquiry‑Based Stress Reduction Meditation Technique for Teacher Burnout: A Qualitative Study. *Mind, Brain, and Education, 11*(2), 75-84.

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of Mindfulness-Based Stress Reduction on the mental Health of therapists in training. *Training and Education in Professional Psychology, 1*(2), 105-115. doi:10.1037/1931-3918.1.2.105

Skovholt, T. M., & Trotter-Mathison, M. (2011). *The resilient practitioner: burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals* (2nd ed.). New York: Routledge.

Smernoff, E., Mitnik, I., Kolodner, K., & Lev-Ari, S. (2015). The effects of "The Work" meditation (Byron Katie) on psychological symptoms and quality of life--a pilot clinical study. *Explore, 11*(1), 24-31. doi:10.1016/j.explore.2014.10.003

Smith, J. A. (2004). Reflecting on the development of Interpretative Phenomenological aAnalysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*(1), 39. doi:10.1191/1478088704qp004oa

Smith, J. A. (2008). Qualitive psychology: A practical guide to research methods.

Smith, J. A., Larkin, M. H., & Flowers, P. (2009). *Interpretative Phenomenological Analysis: theory, method and research*. London; Los Angeles: SAGE.

UNAIDS, & Stop AIDS Alliance. (2015). *"We are the change": dealing with self-stigma among men and women living with HIV through Inquiry-based stress reduction—the Work of Byron Katie*. Geneva and Hove. Retrieved from unaids.org

Van Rhijn, M., Mitnik, I., & Lev-ari, S. (2015). Inquiry-Based Stress Reduction: Another approach for questioning stressful thoughts and improving psychological well-being. *Medical Research Archives, 2*(1), 16.

Young, J., Weir, S., & Rycroft, P. (2012). Implementing single session therapy. *Australian and New Zealand Journal of Family Therapy, The, 33*(1), 84-97. doi:10.1017/aft.2012.8

The Use of Computer Based Method to Support Dietary Intervention among Children

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Abstract

This paper presents the findings from a dietary intervention designed specifically to change in dietary knowledge, attitude, intention and unhealthy diet of school children. A total of 201 (treatment group N= 106, control N= 95) children, aged 10 participated in this study. Participants in both the treatment and the control group completed a baseline questionnaire (pre-test) related to dietary knowledge, attitude, intention and unhealthy food intake, and were re-administered (post-test) after three months to assess the change. Respondents in the treatment group received intervention combining the use of computer based method with traditional method (PowerPoint presentation, classroom discussion, hands on group activities techniques) for three consecutive weeks. The score between pre-test and post-test measures showed no significant changes of dietary knowledge and intention in both treatment and control groups. Nonetheless, at post-test, treatment group reported significantly higher intention to avoid unhealthy food and higher negative attitude towards unhealthy food than the control group. Treatment group reported significant decrease in fast food, soda drink, junk food and sweet food. Findings of this study suggest that computer based intervention will therefore may complement other intervention methods, and have the potential to help practitioners tailoring an effective intervention to address dietary problem among children.

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