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ATTENTION AND MINDFULNESS: AN INTERVIEW WITH PATTI HOLLAND

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Editorial Team – *New England Journal of Relational and Systemic Practice*

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David Haddad: Welcome Patti Holland. Thank you for agreeing to talk with me today about mindfulness. I want to begin by reading something that is currently posted on the NEAFast website, something that might set the tone for our conversation,

Patti Holland: Ok, sounds good.

David Haddad: Schools are increasingly becoming crisis centers. We have lost a million citizens to Covid and rising. Children and adolescents are suffering with two-year loss of social development and those hundreds of daily in-person micro-encounters that define who we are. Pediatric emergency rooms are filling up with suicidal teens. Families are struggling with guilt over grandparents who died alone in a hospital bed. The right to have freedom over our own bodies is under attack. The Florida Board of Health is sending threatening letters to therapists warning them not to treat families with trans kids under 18. Teachers, nurses, and doctors are either leaving their professions, or taking extended leaves of absence. For every newly licensed psychotherapist, we lose three to attrition, burnout, low wages, and vicarious trauma.

Patti Holland: I feel flattened just by listening to that.

David Haddad: Yes, I agree it is a lot to take in. So, with this statement in mind, it seems timely and appropriate that we might talk about what role mindfulness might play in how we deal with this the challenges that the behavioral health community faces. Perhaps by way of introduction, you might share something about your path to mindfulness. As I thought about this topic, I thought you were perfect. Long time meditation practitioner, teacher of meditation, and with background in public sector behavioral health

Patti Holland: Yes, happy to. So professionally, I was interested in social work and then, while I was in school, I started working at a community agency that provided housing for people with serious mental illness. I just sort of stumbled into this because one of my social work professors was married to a woman who ran an agency, and he knew I was looking for work to help pay for college. I wound up there and that experience really catalyzed my career. The experience of working in a residential program, being with people with serious conditions, working where they are living, hanging out and preparing meals and going on outings together. I had thought I wanted to pursue what I thought was traditional therapy. But through this experience, I realized I wanted to be involved with people in more pragmatic ways, and so that led to graduate study in psychiatric rehabilitation through Boston University. And then for 35 years I stayed in that field, at this intersection of community social services, working to create opportunities, and access, specifically around housing, employment and education for people living with serious mental illness. And I circled that entire field. I worked as a practitioner, and then, through a little bit of frustration, I moved up to agency administrator. I started to think about, how these programs are developed? I joined faculty at the University of medicine and dentistry at Rutgers, at the time in their department of psych rehab because no one was training staff to work with consumers in this collaborative way

David Haddad: Yes, this was the recovery model?

Patti Holland: Yes, ultimately it was, but at the time, the field was changing, and I was feeling frustrated, so I went back to an agency because I wanted to learn more, and I was also very interested in affordable housing and the lack of affordable housing and access for people that were typically disenfranchised. And it was here that I started to wonder who's making the rules and the regulations about how policy and public dollars are spent. At that time many States were starting to be sued under the Olmstead Act, for various ways of not providing services or unconstitutionally segregating people with mental illness. I was living in the State of New Jersey at the time, and NJ had been sued, and so I was recruited to come into the division of mental health there as the assistant director to help steer that state service system towards one that was more community-based recovery oriented, focusing on supportive housing and rehabilitation services, helping people achieve their life goals, not simply be defined by their illness. So that's professionally, personally, and just before college I was first introduced to meditation. I had always

considered myself a contemplative kid, but also an anxious one. So meditation was very attractive to me. I was formally introduced to meditation through the Zen tradition in Rochester NY where I was living at the time, and I found it very helpful.

David Haddad: In what way?

Patti Holland: It was miraculous to me that I could somehow have control of where I put my attention. That had never occurred to me before. I felt so pushed and pulled, and that led to a 35 year meditation practice, both studying Buddhism and Buddhist psychology, but also other traditions like Shaivism, all of these were looking at the question of what does it mean to be human, and how can we live fully as human beings, while also recognizing the innate goodness, the innate wholesomeness that lies covered up through our life experiences?

David Haddad: So, during this period, we see mindfulness going mainstream.

Patti Holland: Yes, my contemplative practice and professional lives were fairly separate, although I was teaching meditation at the time, and working in the public sector I was just really aware of the challenges of this work. This is obviously well before the current crisis that we're experiencing with burnout, but I was really aware of how hard this work is for so many, and how alone a lot of staff are. Direct care staff in community agencies are particularly close to my heart, because I personally spent so much time in that work.

David Haddad: Can you say more about that?

Patti Holland: Direct care staff in community agencies spend a lot of time with individuals in personal settings—where someone lives, supporting them on a job or in school, meeting people where they sleep on the street. And these can be very challenging situations, and often staff do not have the support that they need to take care of themselves. So, I wanted to find a way to bring what I was experiencing and learning through my contemplative practices in my life with my professional world, and that's when I heard about John Kabat-Zinn and the program Mindfulness Based Stress Reduction at the UMass Medical School. I had moved back to Massachusetts at the time, so I went up to check out the program and I could see what a nice job MBSR did aligning these ancient contemplative practices of mindfulness in a very accessible way, within the context of contemporary and daily life. Jon Kabat-Zinn was teaching people how to turn within and become familiar, and present to their moment-to-moment experience, to also see ways that see all the ways that we might contribute to our own distress. So, this was very exciting to me, and led to me transitioning to teaching mindfulness, full-time, and particularly evidence-based programs.

David Haddad: There are so many mindfulness programs, can you say a bit more about what you teach?

Patti Holland: I teach MBSR mindfulness-based stress reduction, which is the foundation for many of the evidence based mindfulness programs and has 40 years of research into it's impact on various health conditions. I also teach the second most widely research program, Mindfulness based cognitive therapy, MBCT, specifically for individuals living with recurrent depression and anxiety. I teach these programs personally, and I also train teachers to teach them, and today I do that through Brown University Center for mindfulness and the School of Professional Studies.

David Haddad: Thanks for that Patti, I wonder if we might drill down a bit more and consider how mindfulness might be useful for an individual practitioner, or within an agency, with someone who doesn't necessarily have a meditation practice? I think more generally we are talking about the focus of attention. So much of our attention could be drawn into an attempt to manage the crisis, and there's lots of that right now. So much competing for our attention, and without some way to monitor how our attention is being used, so many of us experience burnout or something close to that. So how have you and your colleagues been thinking about this?

Patti Holland: Well, as you know, mindfulness is so popular right now. Many people consider these mindfulness-based programs with strong evidence, like MBSR, MBCT (mindfulness based cognitive therapy), as third generation behavioral approaches. Marsha Linehan created another highly effective, widely research mindfulness informed program - dialectical behavioral therapy, DBT. Acceptance and Commitment Therapy in an individual approach and also has a strong evidence base. So, there is clearly something here that can help us both personally, and professionally in our work with clients.

David Haddad: So, when you think about mindfulness, you're speaking of present moment awareness.

Patti Holland: Yes, I think that's really important because as human beings, we're constantly perceiving through our 5 senses, and the mind, and we're constantly trying to make sense of all of that. And we're biologically wired to be on the lookout for threats and we tend to have an approach or avoidance way of meeting our experiences. This is further complicated by the influences of our past conditioning and experience, our family experiences, community and cultural experiences. As you know, we bring all of our experiences to our work and the organizations we work in.

We all have habitual ways we interpret and manage stressful situations; our bodies respond automatically with the fight/flight and freeze reactions. Organizational cultural sets or deeply influences the tone and what is expected and rewarded. As clinicians, care givers and helping professionals, we want to support others, to reduce suffering and distress. We can easily put aside, or ignore our needs. When we start to get overwhelmed, we can tend to put our heads down and work on getting through the day without paying attention to how all of this has been exacerbated during the Covid crisis, particularly for healthcare workers and teachers. It can feel like there is no

time, or encouragement to pause, pay attention to what you are experiencing, to what is going on around you, with the person you are with so that you respond instead of automatically reacting from a place of stress or overwhelm. Often, there is no practice of turning inside to check out how you're doing, checking in with yourself or what is going on in mind, body and heart.

David Haddad: When you say check in with yourself, what do you mean?

Patti Holland: I am thinking about how we can soothe and calm our nervous systems. We have to be able to see what's going on in our mind and body to give ourselves a moment to catch our breaths. Interrupt reactivity that's building if possible. Take a moment to calm and center ourselves, soothe and calm our nervous systems. Step out of the flight/flight/freeze mode. We can put our hand to our heart, check in and interrupt that cycle, interrupt that process so that we can replenish, renew, and also connect with why we're doing what we're doing.

David Haddad: Going back to what you had said earlier, when you first started out in rehab, you talked about living, cooking, and hanging out with residents, the experience of seeing them every day, quite personal. And so, it made me think about working with clients. If clinicians are not paying attention to the experience of simple being present with another human, how much is lost. So much of what we might think of as a case presentation is stripped of the personal, the feeling qualities, and speaks more objectively.

Patti Holland: Yes, mindfulness is continuing to come back to our present moment experience so we can become aware of what we are thinking, feeling and sensing in the body. We can discern if we are projecting something onto the other person, not fully listening in an open and open hearted way. We can notice if the processes of transference and countertransference are present. Do we feel centered in ourselves and in attunement with the person we're with?

So, the invitation is to just pause so we can experience the moment. We don't always know what's going on when we are activated, so when we pause, this creates space and safety for the other person we are with. By making this space, it also allows us to see that person more clearly in this moment, and perhaps for him or her to see themselves more clearly in the moment as well.

David Haddad: I recall when you came into my class and presented on mindfulness. Many in my class had never done any formal mindfulness so you invited people to just be quiet and be with each other in this space together, the present moment.

Patti Holland: Yes, we always start with the present moment. One of the neuroscientists and addiction psychiatrists that I work with, Dr. Judson Brewer works a lot with mindfulness in the arena of habit change in addiction, stressful eating and anxiety and depression, and those sorts of things. One of the things that he often says that I really like is many moments, many times. So, this can begin with simply checking in with yourself during the day, just focusing on the breath,

coming to an awareness of your feet on the ground. Whatever it is, all our senses are a doorway to the present moment. So even before you start a session, a meeting, a zoom call, take a moment, just feel your hands on the computer, and bring your attention to the present moment. There's something very palpable about the experience of presence.

David Haddad: So that is it is just taking a moment to let go of what we have been thinking, or at least to notice.

Patti Holland: Yes, sounds easy and yet it can also feel very vulnerable, because then you might also come in contact with how sad or scared or tired that you are. Right now, the research is not conclusive about length of time to practice, for example 10 minutes a day, 40-min? In the evidence programs that I teach, we provide formal training in a systematic and somewhat intense manner—40 minutes, 6 days a week. And then we work with participants to tailor these practices to what works for them in their daily lives. What practices do they resonate with?

For example, focusing on the sensations of breathing or some other anchor that feels accessible, safe and neutral. Like sound or a touchpoint such as feet on the floor. We practice body scan meditation. Mindfulness movement and open awareness where you are open and receptive to the various objects that come to attention such as thoughts, body sensations, sound, the presence of emotion, if your eyes are open to something in your visual field. These different ways of formally practicing cultivate concentration, focus, flexibility of attention, greater awareness of our bodies, a sense of wholeness. Not just living in our heads, thinking, thinking, thinking. We offer choices in how to practice. As we practice like this, we come to see our habitual ways of reacting and interpreting our experience.

I said earlier that right now, the research is not conclusive about length of practice, but it is very conclusive about regularity of practices, in terms of some of the health and wellbeing benefits we're seeing.

David Haddad: It sounds a lot like exercising, with the key being practice, and in this way, we cultivate awareness, or our capacity to pay attention. This reminds me of someone you introduced me to, the cognitive scientist Shauna Shapiro who offers a frame for how to cultivate this quality, intention, attention, and attitude.

Patti Holland: Yes, Dr. Shapiro talks about 3 axioms in mindfulness. There's intention, a purposefulness to it, An intention to become aware of our present moment experience. Stepping out of automatic pilot and coming into the present. Once we have an intention, we then aim our attention in a particular direction. What is it we're paying attention to? What is it we're attending to whether it's internal or external. Training our attention in the present moment. And the third is attitude. How are we paying attention? Can we be with our experience in a kind, non-judgmental way.

And then as important as those axioms are, we add a relational piece. So not only are we noticing what we attend to, but we are also how we are experiencing what we are relating to which speaks to the attitude we want to bring to this experience. So, for example, how is my mind relating to my body; I know that when my body feels tense, my mind starts to wonder what's going on when my mind starts wondering about things and starts racing, then my body gets tense. How am I in relationship to others, to my community, humanity. When we wake up and are present, we can realize how interconnected we are with others and the environment, our world. We become aware of our reactions and when present we are able to see what is going on between people. So, in this way, mindfulness see more clearly what our present moment experience is and also how we're relating to it, how we are interpreting what we are perceiving.

We can discern at that moment, is this helpful? Is this beneficial? Without an attitude of curiosity, or compassion, we could easily fall into the trap of feeling badly about ourselves for not doing a better job. Mindfulness provides a window for us to see what's happening more clearly, without judgement.

David Haddad: There is so much in what you just shared. Earlier you gave an example of being in a zoom meeting, which is so timely, as so much behavioral health is happening online. While introduced during the pandemic, there is every reason to believe that this might continue. This can be so challenging. I hear from students, and clinicians that they often feel overwhelmed at their inability to adequately respond to their client's needs. So, when you invite us to consider a moment of mindfulness just before a zoom meeting with a client, can be so generous and healing. You're inviting us to simply ask the question, what is the goal here? What is my intention? You know you talked about being in a Zoom meeting. As you know, so much therapy is now being conducted online, and I expect that will continue. But when we're working with the most challenging clients, something I often hear from students, and clinicians is they sometimes feel overwhelmed by their inability to respond to their client's needs, to offer something helpful.

Patti Holland: Yes, and I think one of the kindest things, and most healing things we can offer another person is our full openhearted attention. I can remember when I was working in the community, doing home visits, and sometimes wondering is this safe? Am I safe? Are they safe? Will they be ok with all the possible challenges we encounter just in life? But ultimately, until I can recognize that I'm really scared, I may not know what to do. You know we'll be scrambling trying to figure out what to do for the other and as a result, we'll miss what's happening. Mindfulness invites us to just settle in for a moment, and just take a moment and acknowledge to ourselves that I'm not quite sure what to do, and in doing so, open up to perhaps a more creative way of responding that's not fear based. The pause can also reconnect us with innate trust and our skill, and training.

David Haddad: This makes me think about a doctoral study that I was involved in where the student was studying intellectual humility. In her research study she found that health professions

are lower in intellectual humility than some of the other professions she studied. I initially thought that would be higher, but one of her conclusions was that clinical training does not necessarily train us in humility, and the combination of high and demanding caseloads magnifies a need to know what to do.

Patti Holland: Yes, I think it's innate in being human that we want to control, predict, know, do and fix. Recognize problems and fix them. So not knowing just feels weak and unskilled, and unsafe, and yet sitting with someone, and just acknowledging that you're not quite sure what to do, but staying in relation to them, staying connected to them and open to them, we can open to the potential to decide together what the next steps are. Ultimately, I think we under appreciate the power of just simply attending to another person. Attending without having to fix them. If we're attending in a way that only notices the problem that needs to be fixed, or something that needs to be acted on, or we're so aware of all the other patients or all the other people that we need to meet that day, we may be left feeling like we are rushing through the experience. Then I think we missed the present moment. Ron Epstein, who's a physician at the University of Rochester, wrote a book titled *Attending*. In this book he talked about a study on Physician burnout that has really stayed with me. It was a small study, less than 700 physicians. One of the ways that he was interpreting the study is that if physicians could connect with something that they found personally meaningful in their work, just 20% of the time that can have a mitigating effect on the harmful effects of stress. But the caveat is that you must be present for that. I think the experience of physicians in this study is quite similar to behavioral health clinicians who are struggling with the bureaucracy and administrative burdens in their practice. So, while they're meeting with the patients, the provider is also thinking of many administrative demands on their attention and may not be present to their own moment to moment experience, ultimately limiting the resources they bring to the task.

David Haddad: I am glad you mentioned Ron Epstein's book. One of the things I most appreciated about his book is his inviting the reader to think about what a more mindfulness-based health system would look like. Although he was speaking of a medical system, it was easy for me to translate that to a behavioral health system and many of the issues seem quite similar. In his book he talks about how systems think together, he calls this collective mind. So, do you have any thoughts about how mindfulness, or thinking together in this way could impact policy? How do these qualities help us to think together?

Patti Holland: Yeah, it's a good question that I'm giving a lot of thought to, and I don't know as I have a clear answer. There are complex, intersecting systems and structures – individuals, families, communities who need or want services that are relevant to their daily lives, effective and they participate in designing these. There are individual clinicians, healthcare practitioners, staff. Organizations. Service Systems. Regulatory and reimbursement structures. All of these need to be represented and engaged in service design, delivery and evaluation.

I think there's people that have given way more thought to this to me, but one thing I do feel sure about is that it starts at the individual level, so moving from the individual to the larger system. Consider actions like starting a meeting with a moment of mindfulness, or to just come to the breath. You know it doesn't need to be any kind of tradition or religious base, but simply first connect with ourselves and connect with our shared intentions and aspirations. Ultimately it is helpful to stop and reflect on why we are working in a helping or healing profession. Then the questions could be how we move forward and build in moments where we allow for respectful dialogue and disagreement. We can build these practices into meetings, building it into policies, I think building on what's been built in the community. In the days of building recovery-oriented service systems, for example, there was a partnership with the individuals receiving services right and really building on those relationships, working collaboratively with the consumers.

David Haddad: Yes, in family systems there is a model based on collaboration, working in partnership with clients, with the understanding that they are the experts in their personal experience. Our clients can tell us if something is beneficial, we have to make space for their voices to be heard.

Patti Holland: Yes, and that requires a certain kind of deep listening, the kind of presence where we're seeing our clients as partners or leaders with wisdom and experience about what is helpful and not helpful. Earlier you were talking about intellectual humility, and I think that is so important. It is the recognition that I bring from my training, my experience, and my background. All of us have blind spots, which means we miss a lot of what might be helpful for people living in different types of communities and cultures and backgrounds that I come from. We need to allow ourselves to be vulnerable. To acknowledge when we don't know. To be open to learning from others. So, we need to hear from people about what their experience is, and we need to be open to listening to that, which is why I think it always starts with the individual because if we're not able to tap into just acknowledging where we feel unsure and uncertain, we are disconnected from our own experience, and the present moment.

David Haddad: In reading Ronald Epstein's book I recall the study that you were talking about earlier where, if I remember correctly, his study had physicians just meet and talk about their experiences with their clients. Not about their medical problems, but about their experience of connecting with this other human being. It's not about supervision, it's about just tuning into the experience of this human encounter. This seems to be cultivating the capacity for presence.

Patti Holland: I think his study speaks to how tribal we tend to be. Physicians talk to physicians, nurses to nurses, social workers to other social workers. There is that shared experience and community. And, much of our training, whether implicitly or explicitly encourages us to compartmentalize, to not acknowledge that we are unsure, and from there, it doesn't always feel safe to admit mistakes. There is little space for this. Epstein's study tells us there needs to be space for acknowledging I'm doing the best that I can in the moment, and a recognition that on some

level it may not be good enough. That I need help. That I can be competent and still need help. These are not mutually exclusive.

David Haddad: In the history of family therapy Gregory Bateson is often referred to as the father of family therapy as he introduced systems thinking. He, like Epstein, talked about mind as a social phenomenon that we create together, as opposed to mind as being inside the individual. Mindfulness seems similar in that it is a reminder that we are all connected, all part of the same system, and mindfulness is a way of remembering that I'm creating this web of knowledge, together with people and as you have been saying, it begins with the individual.

Patti Holland: Yes, so getting back to public policy, what I was working in state government, and then as a consultant, I worked for several years at this intersection of community services, and particularly affordable housing at the local, state and national level. What I found was that the systems that were most supportive and had the best policy and funding sources were those that involved individual consumers.

These were clinicians and policy makers who were able to acknowledge a personal experience for connection with mental illness. So, a policy maker or an administrator was able to say, I understand this firsthand. From this perspective, there is no longer a sense of separation, and otherness is dissolved, and there is a coming together, and a reminder that we are all part of the same system and interconnected.

David Haddad: So, what I hear you saying is, whether it's at the level of policy, individuals' team, or staff meetings, we're looking to foster our connection, first with ourselves and then with others. We do this by making space, reconnecting with ourselves.

Patti Holland: Yeah, and I think mindfulness practice supports us to recognizing that my experiences of being human are no different than any other human. Jon Kabat-Zinn the founder of MBSR used to say there's more right as long as you're breathing. There's more right with you than there is wrong with you no matter what's wrong with you, and we are more connected than we know.

David Haddad: Such a compelling thought. I guess my takeaway from our conversation today is that mindfulness can be a dedicated practice that people can have, and, as we're talking about it here, we can think of mindfulness as an attitude, guided by one's intention to be more present. In this way, mindfulness can be about making space in our day to check in with ourselves. what happening here?

Patti Holland: Yes, mindfulness is ultimately a way of living our life. Of present moment wakefulness, heartfulness. There are skills that we can cultivate through practice that can help us answer the question, how do I want to be in my life?

David Haddad: Earlier in our conversation you spoke about the neuroscientist Judd Brewer, who described mindfulness, or cultivating the skill of mindfulness as many moments, many times. Such a useful way of thinking about mindfulness as a practice, like working out or any other skill.

Patti Holland: Yes, in one of my classes someone shared that each morning was the same as he prepared to take his daughter to school on his way to work. He was also feeling bad about not being able to spend more time with the daughter. He would put the car seat in the car, and it was this fight, because she's 4 and struggling trying to get out of the seat, and he's trying to get her in the car. And so, it starts. Every morning as he was going out, it would start the same way, feel stressed, so then he started practicing mindfulness. So, one morning, he started as usual, he was feeling stressed, anticipating the same struggle to get his daughter in the car. She is struggling, he is getting agitated, and he is starting to feel guilty. He then shared that the sun was just coming up, and he noticed these little snowflakes frozen on the top of his car, and at that moment, he noticed that his mood shifted. This caught him off guard and he thought, how cool is that. And then he had the awareness that he did not have to have this daily struggle, he could take some time each morning to come to the present moment. He recognized that this was a skill he could cultivate.

David Haddad: That is a great story, a reminder, as you have been saying that it starts with the individual. Even in organizations that don't actively support mindfulness, or organizations that are stressful, employees can use mindfulness to stay tuned into their own state, which ultimately supports their ability to make informed and discriminating choices. Patti, I see from our time that we are close to the end of the time we allotted for this conversation. I wonder if there's any final thoughts you would like to add, something we may have overlooked that you would like to speak. What final thoughts would you like to leave us with?

Patti Holland: I guess in closing I would like to invite people to experiment for themselves, to explore how mindfulness could be useful for them. It might already be commitments that they have in organizations that they belong to, and to groups that they belong to, but bringing more intentionality into practices that support them to acknowledge and be with what their actual experiences, so that they can you know what's important for them. When we tap into taking care of ourselves, we naturally touch our deep desire to care for our community. So, the invitation is to give it a try, build mindfulness into their day where they can. Just give it a try and see what you can discover.

David Haddad: Thank you Patti for sharing your time and thinking today. Very engaging

Patti Holland: This has been wonderful. Thank you, David.