

Mindfulness-based Cognitive Therapy International Training

Preamble

Mindfulness-based cognitive therapy (MBCT) was developed in the 1990s as a group-based relapse prevention programme for people at risk of depressive relapse who wish to learn long-term skills for staying well. MBCT combines systematic training in mindfulness with elements of cognitive-behavioural therapy. It is taught to classes of 8-15 people over eight consecutive weeks. Session-by-session guides for MBCT teachers (Segal, Williams, & Teasdale, 2013) and patients (Teasdale, Williams, & Segal, 2014; Williams, Teasdale, Segal, & Kabat-Zinn, 2007) exist. MBCT has a growing evidence-base both for its effectiveness and its cost-effectiveness (Gotink et al., 2015; Kuyken et al., 2016). From the original manual for the prevention of recurrent depression (Segal et al., 2013), it has been extended to new populations (e.g., people with health anxiety) and contexts (e.g., schools). MBCT is increasingly cited in treatment guidelines, and there is a growing demand from people who wish to participate in MBCT courses, as well as a growing number of organizations that wish to offer MBCT. To make MBCT accessible requires training sufficient numbers of MBCT teachers. Effectiveness and sustainability will be determined by the quality of this training.

This document outlines an approach to establishing a pathway to train MBCT teachers supported by the University of Oxford Mindfulness Centre. It uses the [MBCT Training Pathway](#) (Segal et al., 2016) as a framework and the [Mindfulness-Based Interventions Teaching Assessment Criteria](#) (MBI-TAC) (Crane et al., 2013) to assess competency. It typically comprises a coherent, stepped approach as trainees progress from being novice, to beginner, to advanced beginner, to competent MBCT teachers. Transition points are an opportunity to pause and consider readiness to progress; sometimes a person will be ready to progress to the next stage of the pathway and sometimes more work will be needed before progressing. MBCT teachers need to teach from a position of embodiment and MBCT is not for everyone. If it is not a good fit, there are many other equally helpful therapeutic approaches.

An MBCT training pathway may be an integrated programme or a stepped, modular pathway over a more flexible period of time. There are different training models, developed for different settings that balance the demand for accessible teacher training with the need to ensure quality and integrity. The pathway integrates formal teaching with workshops/residential mindfulness trainings, skills training and supervision/mentoring. Regional collaboration and coordination, with support from the Oxford Mindfulness Centre, is an excellent way to provide high quality training. The best MBCT training models will evolve in line with research and consensus opinion.

Preparatory Phase

The preparatory phase involves introducing MBCT and generating interest, including among key stakeholders. An extended keynote or plenary open to people interested in mindfulness and MBCT (e.g., open evening session), and then a more targeted 1–3 day introductory workshop, can be effective. This first phase also involves identifying a group of potential MBCT teachers who can work towards the pre-requisites for MBCT training.

Pre-requisites

1. An experiential understanding of mindfulness through personal mindfulness practice. This would normally be for at least a year before entering the training pathway.
2. Participation in a structured 8-week MBCT course as a participant. This is to understand the course experientially, including regular practice of the core mindfulness practices taught in MBCT.¹
3. The knowledge and key competencies to deliver a structured therapeutic approach. This would normally include a (professional) qualification(s) that enables the people to teach MBCT safely and effectively with their own target population, and in their own planned teaching context. For example, teaching MBCT for depression would require a professional qualification in a mental health discipline that provides the knowledge and skills essential to ethical clinical practice, including: experience of using structured, evidence-based therapeutic approaches to mental health such as cognitive-behavioural therapy; experience of working with clinical populations; and the ability to identify and manage risk. People with an interest in teaching MBCT to other populations and/or in non-clinical contexts might also be suitable to participate in training. However, an evaluation of the fit of their educational and vocational background with the intended population/context would be required. This may require additional training alongside the training pathway (for example, ethics and safeguarding/risk assessment and management).
4. Knowledge and experience of the population to which MBCT will be delivered, including experience of teaching, therapeutic, or other care provision.
5. Skills to work with individuals and groups.

Ideally trainees' pre-requisites would be in place before entering the training pathway and foundational training would take place over at least a year to enable knowledge, skills and mindfulness practice to develop alongside one another in preparation for teaching MBCT.

Learning Outcomes

On successful completion of the training, trainees should be able to:

1. Understand and critique the main MBCT theoretical underpinnings and evidence base.
2. Describe the MBCT curriculum and the rationale for different elements.
3. Understand the structure of the course, the rationale for the order of events and how the course supports people in building foundational understanding and skills before progressing to apply these more specifically to their presenting issues (e.g., depression, health anxiety).
4. Articulate clear rationales for patient selection and undertake MBCT assessment/orientation sessions.

¹ Where attending an MBCT class is not possible, attending an MBSR course is the next best option. If this is not possible, a further option is an online programme that can provide this foundational training along with access to weekly inquiry with a teacher (such as the Mindful Mood Balance Pro web-based training at <http://www.mindfulnoggin.com/mindful-mood-balance>). Finally, the Mindful Way Workbook (Teasdale et al., 2014) provides a way to work through the programme independently and has been translated into several languages. Whatever the experience, module 1 provides a way to support people in their experiential understanding, giving thought to the areas that have not been covered, e.g. the cognitive understanding and exercises that are part of MBCT but not MBSR.

5. Have the necessary skills to lead mindfulness practices and support clients in learning and developing mindfulness practices.
6. Have the necessary skills to lead all aspects of the MBCT course and support clients' learning.
7. Choose appropriate methods to evaluate MBCT's accessibility and effectiveness and interpret these evaluation data.
8. Judge when MBCT is appropriate for a particular population and context and maximise MBCT's accessibility to people from diverse cultures and with different values;
9. Reflect on the ethical framework of MBCT teaching and apply this to complex issues arising in clinical practice.
10. Sustain a regular personal mindfulness practice, reflect on its relevance to MBCT teaching and embody this learning in MBCT teaching.
11. Reflect on their learning and development, evaluate progress, engage actively with supervision and set goals for on-going learning.

The MBCT teaching skills and competencies outlined in the Learning Outcomes (LO) 2, 4, 5, 9 above are operationalized in the [MBI-TAC](#). In particular LO2 is covered in MBI-TAC domain 1, LO4 is covered in MBI-TAC domain 4, LO5 is covered in all MBI-TAC domains and LO9 is covered in MBI-TAC domain 3.

Foundational Training

To prepare trainees to become apprentice MBCT teachers, a set of 4 modules support trainee teachers to move towards the relevant learning outcomes (Table 1). The modules are normally offered sequentially, and often modules 1 and 2 are taught together in one intensive residential training over 5 days. Sometimes a day of silent practice between module 1 and 2 begins to introduce the opportunity for more sustained practice to begin to develop embodiment. Module 4 is a chance for trainee teachers to teach MBCT to larger groups of peers, with the learning from modules 1-3 underpinning their teaching.

Table 1. Foundational training modules.

<p>Module 1. MBCT experiential. Trainees are led through the MBCT course so trainees can learn MBCT from the 'inside out.' This can be through a weekly 8-week MBCT course or in an intensive 2-5 day format (for those who have already participated in an 8-week MBCT course).</p>	<p>Module 2. Intensive Foundational Training 1. Beginning to teach MBCT. The module involves: teaching on theory underpinning MBCT (including cognitive science formulation), research, evidence base, ethical framework and the MBCT curriculum; learning to lead the main mindfulness practices and support clients in learning and developing mindfulness practices in pairs; learning to lead the main aspects of the MBCT course and support clients' learning. Much of this module works with dyads taking turns as trainee teacher and learner, as trainees learn to teach the main MBCT practices and curriculum elements ('teach-backs'). This is normally in at least a 3-day format, but more time enables greater depth of teaching and learning. Trainee teachers should prepare by carefully</p>
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	reading the MBCT Teacher Manual ('Green Book') and the Mindful Way Workbook.
<p>Module 3. Mindfulness experiential residential ('retreats'). Trainees have an extended period of mindfulness practice with an experienced mindfulness teacher, in a residential setting to deepen their experiential understanding of mindfulness and develop embodiment. The intention is to provide an opportunity for a depth of experiential understanding of mindfulness that supports the embodied teaching of MBCT (Peacock et al., 2016).</p>	<p>Module 4. Intensive Foundational Training 2. Teaching MBCT in groups. This involves: further teaching on the theory underpinning MBCT, and its adaptations and; learning to teach all the MBCT course elements to small groups with more advanced teach-backs and; beginning to understand the structure and developmental progression of MBCT over 8 weeks and beyond. The learning is now informed by greater embodiment developed in module 3. This is normally in a 5-6 day format.</p>

In addition, a series of master-classes/workshops develop knowledge and understanding of topics central to teaching MBCT: The 'C' in MBCT; Inquiry; Groups; Mindful movement; Buddhist psychology; Research/evaluation and; Ethics. These provide key additional teaching and can be accessed at different points in the pathway, but normally after Module 1. We are exploring bespoke ways to offer this in international contexts.

It is expected that normally, module 1 and 2 together would take trainees to beginner level and module 3 and 4 would take trainees to advanced beginner level, and prepare people to teach with supervision. However, sometimes trainee teachers with greater prior experience (for example, certified MBSR teachers or experienced CBT therapists) may be ready to teach sooner and sometimes trainee teachers will need more preparation to be ready to teach (for example, someone who has limited CBT, mindfulness and/or group teaching skills).

Beginning to Teach MBCT: Apprenticeship with supervision.

The trainee develops competency as an MBCT teacher through (co-) teaching MBCT classes (minimum of 2), with supervision. This would involve delivery of the MBCT course, preferably as an apprentice alongside an experienced MBCT teacher, or otherwise independently but with close supervision from an experienced MBCT supervisor (Evans et al., 2015). In some cases two trainees might co-teach with joint supervision.

Trainees normally require a total of 8 hours individual supervision over the duration of running two MBCT courses (4 hours per course). This could be accessed remotely by use of phone, Skype or similar Internet-based options. Ideally supervision includes either direct observation of teaching or video recordings of teaching. There is guidance for MBCT supervision [here](#).

The Mindfulness Based Interventions-Teacher Assessment Criteria (MBI-TAC) can be used as a tool for self-reflection, self-supervision and learning. Trainees can explore how their teaching reflects the skills and qualities reflected in the MBI-TAC as a whole from time to time as well as on particular domains. It is best to use the scale in relation to recordings of classes, rather than using recollection of how it went – this will give you a more accurate picture. Ideally, supervision includes using the MBI-TAC as a framework for teaching/learning. In the absence of a supervisor this could be someone at a similar stage of development, for example a buddy who was also part of the foundational training. Trainees can also use their recordings, watching them back, observing, reflecting, revising, improving and trying again, all with qualities of mindfulness, interest, kindness, patience and equanimity.

Competency assessment

The apprenticeship is intended to support trainees to move towards competency. Assessment of competence takes place when trainees feel ready and have taught at least two 8-week MBCT courses with supervision. Trainees would either be assessed teaching 'live' or would record themselves teaching the 8 week MBCT course in its entirety, taking care to ensure their teaching is in video and audio shot and appropriate client and service consents are secured. MBCT teachers would be expected to be teaching at competent levels across all six domains of the MBI-TAC. This is based on a summative assessment of competency, based on direct observation of teaching live or video-recorded, using an established assessment process and tool (MBI-TAC).² [The Oxford Mindfulness Centre sets out the MBCT Training Pathway and offers Assessment of MBCT Teacher Competence.](#)

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² Moving towards competency in all six domains of the MBI-TAC will depend on many factors (e.g., pre-requisites, the quality of the foundational training). It may take more than teaching two MBCT groups under supervision to teach at competent level across all six domains.