

**Mindfulness-
based**

**Cognitive
Therapy**

Training

Mindfulness-based Cognitive Therapy

Training Pathway

Zindel Segal, Mark Williams, John Teasdale, Rebecca Crane, Sona Dimidjian, Helen Ma, Susan Woods and Willem Kuyken

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Preamble

Mindfulness-based cognitive therapy (Segal et al., 2013; MBCT) has a growing evidence-base both for its effectiveness and its cost-effectiveness (Gotink et al., 2015; Kuyken et al., 2016). MBCT is increasingly cited in treatment guidelines, there is a growing demand from people who wish to participate in MBCT programs and from 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 sets out a pathway that describes how to train MBCT teachers¹. It is based on expert opinion and consensus, as well as reference to the training that was completed by MBCT teachers in the clinical trials that inform the evidence base for MBCT. Our intention in setting out this pathway is to help potential MBCT teachers identify appropriate training and to support colleagues around the world to develop MBCT training programs.

An MBCT training pathway:

- Offers a coherent, stepped approach, describing progress from novice to advanced MBCT teacher.
- Integrates formal teaching with workshops/residential mindfulness trainings, skills training and supervision/mentoring.
- [References as benchmarks](#) the training guidelines published in the MBCT manual (Segal et al., 2013; p. 422) as well as broader guidelines for mindfulness-based interventions such as the UK Network Good Practice Guidelines (R.S. Crane, 2011).
- Uses the Mindfulness-based Interventions Teaching Assessment Criteria (MBI-TAC) (R. S. Crane et al., 2013) both to support MBCT teacher learning but also to assess competency when teachers graduate training programs, are selected to teach on clinical trials or apply to be listed on a MBCT teacher listing. To more fully capture the particularities of MBCT teacher competency, an MBCT overlay is being developed (Segal and Kuyken, in preparation).
- Expects MBCT teachers to work within the ethical codes of their professional bodies. If they do not have such a code, training and attention to codes set out by the most relevant professional body are suggested as a safeguard and to promote good practice (Baer, 2015).
- Is evidence-based relying on and generating the best available evidence to inform the training

¹ Just a note with respect to our terminology throughout this document as terms may differ depending on the country. For example, those delivering MBCT in North America are often referred to as therapists, whereas elsewhere they are called teachers/instructors. Similarly, those training others in MBCT are referred to as mentors in North America and as trainers elsewhere. To be inclusive and to minimize confusion, we use the terms ‘teacher/trainer’ in this document, with the intention of equally describing the activities of MBCT therapists/mentors and instructors.

Pre-requisites

There are a number of pre-requisites to entering the MBCT Training Pathway:

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 program as a participant. This is to understand the program experientially, including having used the core mindfulness practices that are taught in MBCT.²
3. The knowledge and key competencies to deliver a structured therapeutic approach. This would normally include a (professional) qualification(s) that enables the person to teach MBCT with the target population and in the context in which they plan to teach safely and effectively. For example, for MBCT for depression a professional degree in one of the mental health disciplines that qualifies them for clinical practice. This would include the use of structured, evidence-based therapeutic approaches to mental health (e.g., cognitive-behavioral therapy), the knowledge / skills to work with clinical populations and the knowledge/skills to identify and manage risk. Individuals with an interest in teaching MBCT to other populations and/or in non-clinical contexts could potentially 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 in 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.

An MBCT training pathway may be an integrated program 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. In the UK training is typically over 2-3 years. In North America there are fewer degree granting institutions, but centres that offer supervised training pathways also do so over a period of 1-2 years.

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. Working towards competency through supervised teaching would take place over as long a period as necessary to enable enough time for preparation, teaching, supervision and reflection. Progression from one step to the next is an opportunity to pause and consider readiness to progress; sometimes a person will be ready and other times more work may be

² Where attending an MBCT class is not possible, attending an MBSR course is the next best option. If this is not possible, the next best 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>).

needed before progressing. Training models will evolve in line with research and consensus opinion, and this pathway will need to reflect such developments in time. An overview is set out in Figure 1 below.

MBCT training curriculum

learning outcomes

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

- Understand and critique the main MBCT theoretical underpinnings and evidence base.
- Describe the MBCT curriculum and the rationale for different elements.
- Articulate clear rationales for patient selection and undertake MBCT assessment / orientation sessions.
- Have the requisite skills to lead mindfulness practices and support clients in learning and developing mindfulness practices.
- Have the necessary skills to lead all aspects of the MBCT programme and support clients' learning.
- Choose appropriate methods to evaluate MBCT's accessibility and effectiveness and interpret these evaluation data.
- 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. Be aware of safeguarding and risk issues and be competent to manage these issues in practice.
- Reflect on the ethical framework of MBCT teaching and apply this to complex issues arising in clinical practice.
- Sustain a regular personal mindfulness practice, reflect on its relevance to MBCT teaching and embody this learning in MBCT teaching.
- Reflect on their learning and development, evaluate progress, engage actively with supervision and set goals for on-going learning.

Figure 1. Overview of steps of the MBCT training pathway.

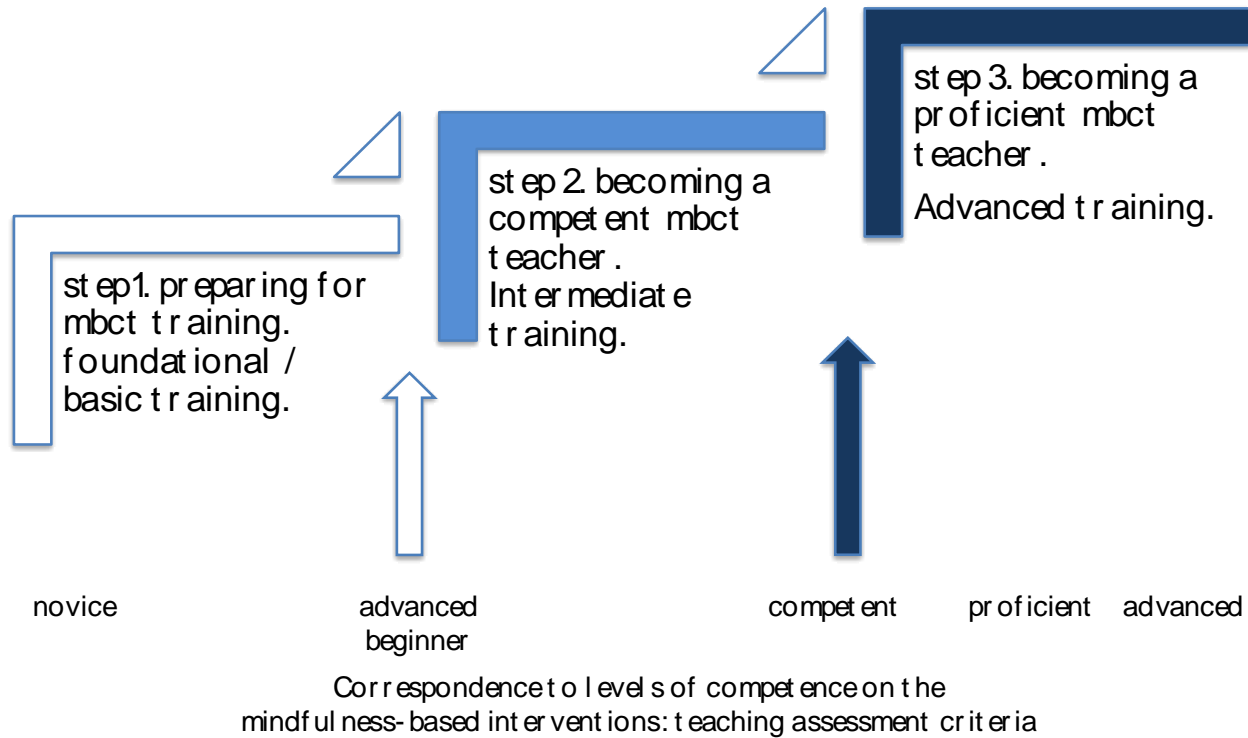


Table. Stages, rationale and component elements of MBCT training pathway.

Steps	Rationale	Component elements
<p>1. Preparing for MBCT training – Foundational / basic training</p>	<p>1. To understand the background, theory and structure of MBCT</p> <p>2. To understand the underpinning MBCT rationales/intentions, background, theory, cognitive science, evidence base, ethical framework, structure and sequence of the curriculum. Practice teaching the curriculum in controlled and supportive settings</p> <p>3. To deepen one’s personal mindfulness practice and experientially learn an embodied understanding of mindfulness and the processes of change.</p>	<p>1. Read the key MBCT texts, <i>Mindfulness-based Cognitive Therapy</i> and <i>Mindful Way Workbook</i>, as well as any manuals that may be appropriate to the particular aim, population and context for an MBCT adaptation.</p> <p>2. Attend MBCT Teacher Training which covers:</p> <ul style="list-style-type: none"> (a) Practical aspects of leading mindfulness practices, teaching the core MBCT components and delivering the MBCT curriculum as a whole. Normally, skills are practiced on peers with feedback from trainers (teach-backs) (b) MBCT theory, research, cognitive science, evidence base, ethical framework, structure and sequencing of the curriculum (c) Teaching on delivering MBCT safely and ethically, with attention to appropriate MBCT inclusion/exclusion criteria, participant assessment, screening (and appropriate referral when needed) and orientation, outcome monitoring and risk management/referral/clinician back-up. <p>These trainings are normally offered within a hybrid framework that combines elements of skills development, teaching/learning, alongside time dedicated to silent mindfulness practice / mindful activity. These trainings are, at minimum, 5 days in duration.</p> <p>3. Further development and deepening of mindfulness practice through attending an experiential mindfulness residential normally of at least 4 days with teachers who have competencies to teach residential mindfulness retreats and knowledge of MBCT training. These residential mindfulness trainings are oriented to supporting MBCT teachers’ mindfulness practice and developing experiential understanding and embodiment that supports MBCT teaching.</p>

Steps	Rationale	Component elements
<p>At the end of this stage of training MBCT teachers would be expected to be teaching at advanced beginner levels of competency, normally across all six domains of the MBI-TAC.</p>		
<p>2. Becoming a competent MBCT teacher – Intermediate training</p>	<p>1. Develop competencies to teach the MBCT course from beginner, through advanced beginner to competency</p> <p>2. Ongoing cycle of learning and feedback on MBCT teaching directly observed by a supervisor.</p>	<p>1. Teach at least two MBCT classes as a trainee / apprentice, with regular ongoing supervision from an experienced MBCT supervisor.</p> <p>2. Engagement in an ongoing supervision process with an experienced MBCT teacher(s), which should include receiving regular feedback through video recordings, and/or a supervisor sitting in on teaching sessions, and/or co-teaching followed by feedback.</p>
<p>During training, use of the MBI-TAC as a self-reflective and supervisory tool to facilitate learning.</p> <p>At the conclusion of this stage 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 and using an established assessment process and tool (MBI-TAC) that assessed MBI teaching generally and MBCT teaching specifically.³</p>		
	<p>1. Deepen their experiential understanding of mindfulness.</p>	<p>1. Ongoing mindfulness practice (this can be supported by, for example, participation in regular mindfulness practice groups that support and deepen practice, teacher-led</p>

³ 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.

Steps	Rationale	Component elements
<p>3. Becoming a proficient MBCT teacher – Advanced training</p>	<p>2. Share experiences and learn collaboratively.</p> <p>3. Develop skills and understanding in MBCT and other mindfulness-based approaches, which includes keeping up to date with the current evidence base.</p>	<p>mindfulness residential trainings, etc. An article on the role of residential mindfulness retreats in MBCT training can be found here).</p> <p>2. Ongoing (peer) supervision with MBCT and other colleagues engaged in delivery of mindfulness-based interventions and programs.</p> <p>3. Engagement in further training (for example mindfulness science/practice conferences, workshops and summer schools, journal clubs, self-study, online discussion groups).</p>

This stage of training is intended to develop MBCT teachers to **proficient and advanced** levels of competency across the six domains of the MBI-TAC. Formative assessments can be offered to support teacher development.

Assessment of competence/training evaluation

Assessment of competence takes place when trainees have taught at least two 8-week MBCT courses with supervision. Competence would normally be assessed by a recognised training centre based on review of recordings using the competence framework set out in the MBI-TAC.

Train the Trainer: Training for Those Interested in Becoming MBCT Trainers and Establishing MBCT Training Centres

To build capacity, we need to develop and resource training centres with trainers who can train MBCT teachers. Train the trainer pathways are as yet in development, but typically use a mentoring/apprenticeship approach.

Curriculum

Trainers and Training Centres offer the MBCT Training Pathway set out above. This curriculum was developed to provide a broad framework to support high quality MBCT training. However, it is reliant on the quality of the trainers and training centres.

MBCT Trainers

Those interested in becoming recognized as an MBCT trainer typically meet all the pre-requisites associated with being an MBCT teacher and then undertake additional training to become an MBCT Trainer.

Pre-requisites. Typically have undertaken an MBCT Training Pathway themselves, demonstrated their competency as MBCT teachers, have extensive experience of teaching MBCT (typically 10 or more classes over a period of three years); have engaged in regular supervision/mentoring; are up to date with current MBCT theory and evidence; have an ongoing mindfulness practice and; have the requisite personal and professional qualities (presence, excellent communication skills, advanced skills in group work; excellent organisational skills and a compassionate and strong team player).

Train the Trainer pathway. Normally for trainee trainers who meet the pre-requisites training involves a model of apprenticeship and mentoring. The apprentice trainer offers MBCT trainings with an experienced trainer who provides feedback on their training. This includes teaching and supervision/mentoring, providing feedback, evaluating trainings, ethics and assessing competency. This progresses from assisting with trainings, to co-training, to leading trainings with supervision/mentoring, to designing and leading trainings (e.g., curriculum, evaluation ...). Readiness to train is an ongoing discussion between the trainer and apprentice.

MBCT Training Centres

MBCT Training Centres provide the infrastructure and staffing to provide MBCT training, from selecting trainees, through offering the modules that comprise a coherent MBCT

Training Pathway, including facilitating access to apprenticeships, through assessing competency and facilitating access to continuing professional development. Training Centres would normally comprise a team of at least two MBCT trainers, at least one of whom is competent to training MBCT in clinical contexts. An MBCT Training Centre would normally have mechanisms to assess trainees' prior learning and competencies so that they can undertake flexible training pathways. On completion of the training they offer readiness to teach certificates that safeguard the public and MBCT teachers themselves in terms of recognised training and demonstration of competency.

While MBCT Training Centres operate in a variety of contexts, the strongest typically have links to Universities either through offering University accredited trainings or trainers who have University affiliations. This provides access both to the University's educational and research resources but also external oversight, governance and quality control.

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