ANNEX 1A

Specification for Mindfulness-based Cognitive Therapy National MBCT Training (MBCT)

Summary of requirements :

Mindfulness Based Cognitive Therapy Teacher Training

To deliver the approved national curriculum for IAPT MBCT Teacher Training, including selection, teaching, supervision and assessment of competence (but not including provision of practice placements).

Supervision may be provided remotely via Skype or similar. To be delivered in 2-4 cohorts of 12-24 at accessible locations providing 12 training places to provider services in each of the following HEE LETB areas:

1. **North (Yorkshire and Humber, North East, North West) - 12 places**
2. **London and South East (London, Kent, Surrey and Sussex) – 12 places**
3. **South (South West, Thames Valley and Wessex) – 12 places**
4. **Midlands and East (East Midlands, West Midlands and East of England) – 12 places**

Partnership arrangements are encouraged between training providers to ensure accessible delivery across England, and bidders can bid for more than one lot.

Maximum price £4,000 per trainee

Improving Access to Psychological Therapies Services in England

Mindfulness-based Cognitive Therapy National MBCT Training Curriculum

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 (J.D. Teasdale, Williams, & Segal, 2014; Williams, Teasdale, Segal, & Kabat-Zinn, 2007) exist. MBCT has been recommended by NICE since 2004.

This paper sets out the outline of a national MBCT training curriculum. It was drafted by leading MBCT trainers at University and NHS centres of excellence, as well as researchers and NHS implementers in the UK, together with input from the developers of MBCT, the IAPT Education and Workforce Expert Reference Group and the IAPT Action for Choice Committee. The paper is based on current consensus best practice about how to train MBCT teachers to meet the UK MBCT Good Practice Guidelines. The proposed curriculum seeks to ensure high quality training, by drawing on best practice but recognises the pragmatic realities of resource constraints, such as funding and release of staff for additional training.

The MBCT training curriculum:

- Develops knowledge, understanding and skills in MBCT through a coherent, phased approach, from novice through to competent MBCT teacher.
- References as benchmarks the MBCT Training Pathway based on the MBCT manual (Segal et al., 2013; p. 422).
- Uses the Mindfulness-Based Interventions Teaching Assessment Criteria (MBI-TAC) (Crane et al., 2013) as a formative and summative tool to shape and establish MBCT teacher competency.
- Is offered by recognized Training organizations that have access to trainers who meet the UK Good Practice Guidelines for MBCT Trainers.
- Prepares MBCT teachers who are eligible for and would be encouraged to join the UK listing of MBCT teachers who meet the Good Practice Guidelines.
- Builds capacity so that NHS organizations can, in time, offer training and supervision [e.g. a published NHS exemplar in Sussex (Marx, Strauss, & Williamson, 2013)].

MBCT training curriculum 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. Articulate clear rationales for patient selection and undertake MBCT assessment / orientation sessions.
4. Have the requisite skills to lead mindfulness practices and support clients in learning and developing mindfulness practices.
5. Have the necessary skills to lead all aspects of the MBCT programme and support clients' learning.
6. Choose appropriate methods to evaluate MBCT's accessibility and effectiveness and interpret these evaluation data.
7. 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;
8. Reflect on the ethical framework of MBCT teaching and apply this to complex issues arising in clinical practice.
9. Sustain a regular personal mindfulness practice, reflect on its relevance to MBCT teaching and embody this learning in MBCT teaching.
10. Reflect on their learning and development, evaluate progress, engage actively with supervision and set goals for ongoing 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.

Pre-requisites

The training curriculum is for High Intensity IAPT workers trained in cognitive-behavioural therapy and who have either been practising for at least one year and/or are fully BABCP accredited CBT therapists. It therefore assumes that the trainees will have requisite competencies in CBT or other therapeutic modalities and are experienced with working with people with anxiety disorders and depression. As such, there is an expectation that core therapeutic skills (including active listening, warmth, empathy, positive regard and engagement of clients) are already established, along with a capacity to work with clients using guided discovery and adopting an open and inquisitive stance across all stages of therapy.

Additional pre-requisites are: basic knowledge of MBCT; an interest in mindfulness from a theoretical perspective; interest in developing and deepening a regular personal mindfulness practice; either participation in an 8-week teacher-led MBCT course or if that is not possible engagement in the online Mindful Mood Balance Pro on-line programme developed by Zindel Segal and Sona Dimidjian, two North American MBCT experts. (To help IAPT grow capacity Zindel Segal has kindly offered free registrations to the first 500 IAPT trainees).

It is envisaged that High Intensity IAPT staff who meet the eligibility outlined above and who are well placed to implement MBCT in their service will nominate themselves for training. Prospective trainees would meet the pre-requisites. The pre-requisite of developing a personal mindfulness practice would normally take place in personal time. Ideally Training Centres offering MBCT

training would also play a role in selecting trainees who meet the criteria and who are likely to go on to become competent MBCT teachers and in time supervisors and trainers.

Training curriculum

The curriculum comprises 2 stages and 4 units as set out below and in Table 1. Trainees would pass through both stages to progress to competency as an MBCT teacher.

Stage 1. Foundational / basic training

Unit 1. Theory underpinning MBCT (including cognitive science formulation), research, evidence base and ethical framework.
Unit 2. The MBCT curriculum.
Unit 3. Assessment and outcome monitoring in MBCT.

Stage 2. Intermediate training/becoming a competent MBCT teacher

Unit 4. Supervised MBCT practice.

The curriculum concludes with a formal assessment of teaching competency.

Units 1-3 are delivered by Training Centres that offers MBCT training, ideally spread across a number of months (normally 3-6 months) to facilitate integration of learning between teaching sessions through reading and practice. Unit 4 is delivered as a supervised placement normally in the trainees' usual place of work. A recognised Training Centre that offers assessment of MBCT competency conducts the assessment of competency.

Stage 1 Foundational/basic training

Unit 1. Theory underpinning MBCT (including cognitive science formulation), research, evidence base and ethical framework.

Aims and competencies within this unit

This unit provides the theoretical background and science underpinning MBCT. This would include the rationale for and cognitive science formulation for MBCT (J. D. Teasdale, 1999; J. D. Teasdale, Segal, & Williams, 1995; J. D. Teasdale, Segal, & Williams, 2003); the evidence base both for effectiveness (e.g., Kuyken et al., 2016) and mechanisms of action (e.g., van der Velden et al., 2015) as well as research on how to teach MBCT safely and effectively (e.g., Baer & Kuyken, 2016).

At the end of the unit trainees will:

Understand and apply a cognitive science formulation of the vulnerabilities involved in depressive relapse.

Understand and critique the evidence base that relates to MBCT's mechanisms and effectiveness

Teaching and learning methods within this unit

(i) Self-directed study, to include general and specific preparatory reading, plus reference to web-based resources.

(ii) Lecture / workshop teaching.

Time commitment

One day; 6 hours of face-to-face teaching; preparatory reading up to one day.

Unit 2. The MBCT curriculum

Aims and competencies covered within this unit

The unit provides trainees the opportunity to learn to teach MBCT through a variety of teaching/learning methods: pre-reading, video / role-play illustration and, crucially, through teaching the curriculum to peers with live *in situ* guidance from trainers. The MBCT manual (Segal et al., 2013) outlines each of the sessions in detail, with a chapter covering each session. Training centres would organise the curriculum for this unit around the chapters of the MBCT manual, providing teaching about the rationale for each session and its place in the curriculum alongside opportunities for role-play practice with guidance and feedback from MBCT trainers. In this way trainees have an opportunity to learn about and practice each MBCT session in turn, receiving formative feedback on their teaching. Students become familiar with the MBCT curriculum and develop their skills in teaching it.

At the end of the unit trainees will:

Be able to describe the MBCT curriculum and the rationale for different elements;

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 during and beyond the programme.

Demonstrate competencies on the MBI-TAC competency assessment tool at advanced beginner level or above, normally across all six domains of competency.

Teaching and learning methods in this unit

This module comprises eight teaching days, with one day dedicated to each of the 8 sessions of the MBCT curriculum in turn (Note: each session has a dedicated chapter in the MBCT manual)

Session	Topic
Session 1	Awareness and automatic pilot
Session 2	Living in our heads
Session 3	Gathering the scattered mind
Session 4	Recognizing aversion
Session 5	Allowing/letting be

Session 6	Thoughts are not facts
Session 7	"How can I best take care of myself?"
Session 8	Maintaining and extending new learning

Each teaching day covers one session of the MBCT course, including teaching about the intentions for the session, observing the whole session taught live (either on video or peer teaching), opportunities for trainees to practise teaching particular aspects of the session to their peers with feedback from trainers. The days include:

(i) Preparatory reading for each teaching day from the relevant chapter of the MBCT manual (Segal et al, 2013) and from *The Mindful Way Workbook (Teasdale et al, 2014).*

(ii) Didactic teaching and illustration through video, case material and/or trainers demonstrating through role play.

(iii) The majority of this unit comprises learning skills-based competencies through small group teaching of the MBCT curriculum. Skills are practised on peers with feedback from trainers (sometimes called 'teach-backs').

Time commitment

Eight days; each day 6 hours of teaching; preparatory reading up to one day.

Unit 3. MBCT assessment and outcome monitoring

Aims and competencies covered in this unit

This unit covers assessment and inclusion criteria for MBCT courses (including motivation, readiness, safety / risk as well as appropriate management of these issues), the purpose and delivery of the orientation session and outcome monitoring. It provides the information and training that trainees need to be able to assess and prepare people for MBCT classes, to evaluate classes and to work with IAPT services to inform and interpret outcome monitoring with regard to MBCT outcomes.

At the end of the unit trainees will:

Be able to articulate clear rationales for patient selection, drawing on the evidence base for the effectiveness of MBCT, and undertake MBCT assessment and lead orientation sessions;

Be able to draw on and apply knowledge of how to teach MBCT safely and effectively, including demonstrating an understanding of when MBCT might not be suitable and of how to respond if a participant becomes overly distressed in or between sessions.

Choose appropriate methods to evaluate MBCT's accessibility and effectiveness and interpret these evaluation data. This should include an awareness of the primary outcome for MBCT in IAPT (continued remission 12 months after the group ends [PHQ-9 score<10]), the rationale for this outcome in relation to the evidence base (e.g. Kuyken et al., 2016) and an understanding of how their service will obtain the 12 month post-MBCT data.

Teaching and learning methods in this unit

(i) Self-directed study to include general and specific preparatory reading plus reference to web-based resources.

(ii) Lecture / workshop teaching

Time commitment

One day; 6 hours of teaching; preparatory reading half a day.

Note: trainees would normally be able to begin co-teaching or teaching MBCT courses, with supervision, having completed the basic /foundational training (units 1 to 3). However, they would not begin teaching independently as MBCT teachers until they had taught at least two courses and have been assessed as competent MBCT teachers.

Stage 2. Intermediate training / Becoming a competent MBCT teacher

Stage 2 involves supervised clinical practice through a placement-based unit with an MBCT supervisor.

Unit 4. Supervised MBCT practice

Aims and competencies covered in this unit

This unit provides trainees with the opportunity to learn to teach MBCT through supervised practice in their NHS workplace setting. This would involve delivery of the MBCT programme, 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.

Supervision

Supervision for trainees may need to be undertaken by the training organisations until local expertise has developed. The latest IAPT workforce census identified at least 180 existing MBCT teachers suggesting there is capacity, at least at the national level. Trainees 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. If services have MBCT supervisors with appropriate training then supervision could be provided in-house. The UK Good Practice Guidelines outline who is eligible to supervise, and includes having

taught at least nine MBCT classes, to be a proficient MBCT teacher, to themselves receive mindfulness supervision, and to have completed supervisor training.

Training organisations can look to providing MBCT supervisor training to help build the capacity for in-house supervision as experienced MBCT teachers develop. A model of supervision training would include the basic IAPT supervision training (2-3 days) with an additional 2/3 days for MBCT specific modality supervision training. Those who have already completed IAPT supervision would only need to complete the MBCT modality training.

At the end of the unit trainees will:

Have the requisite skills to lead mindfulness practices and support clients in their learning of 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 methods;

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;

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 personal mindfulness practice and supervision, and set goals for ongoing learning and;

Demonstrate competencies on the MBI-TAC competency assessment tool at competent level across all six domains of competency.

Teaching/learning methods in this unit

(i) Preparatory reading of the MBCT manual (Segal et al, 2013).

(ii) Supervised clinical practice. Supervisors should be listed MBCT teachers or trainers and ideally have an NHS IAPT background. If they do not, they will need to attend an IAPT supervision training course.

(iii) Regular personal mindfulness practice

Time commitment

At least 4 hours of supervision per course (total of 8 hours supervision for the 2 courses).

Five-day mindfulness practice residential (in own time).

It is intended that trainees would be able to teach independently after teaching (preferably co-delivered) two supervised courses (circa six months). However if co-teaching with another trainee this may take longer.

Assessment of competence/training evaluation

Assessment of competence takes place when trainees have taught at least two 8-week MBCT courses with supervision. Trainees 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. Competence would be assessed by a recognised training centre based on a random selection from the 8-week course of at least two MBCT sessions using the competence framework set out in the Mindfulness-based Interventions: Teaching Assessment Criteria (MBI-TAC).

One rater reviews the recording and drafts a summative assessment. A second rater moderates to ensure consistency across raters. If the person achieves competency in all six domains they will be issued with a certificate of competency, which is a key criterion for eligibility to be listed on the UK listing of MBCT teachers. If s/he does not, formative feedback will enable further learning and opportunity for a reassessment at a later date. After more than one failure to demonstrate competency, formative feedback should also indicate the likelihood of further learning and experience leading to someone become a competent teacher so that s/he can judge whether to continue on the training pathway.

Details of formative and summative assessments of other aspects of learning in units 1-3 will be determined by the individual training programmes and will, in part, reflect whether and how credits for the programme are assigned.

Beyond the MBCT training curriculum

Following completion of the training pathway, the UK good practice guidelines suggest that MBCT therapists should continue to develop their practice through "regular supervision … and a commitment to on-going development." As services develop capacity ongoing supervision could be provided in-house (using the Good Practice Guidelines as a guide for frequency). Practitioners could seek and fund additional external mindfulness-based supervision as required.

Supervision of supervision (referred to as 'supravision' in the Good Practice Guidelines) is likely to need to be provided by more experienced MBCT supervisors until local services have capacity. This could be through training organisations or independent organisations.

Modalities such as group and peer supervision may be options to explore in terms of local delivery of supervision.

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