

# **Mindfulness within Educational Psychology Practice: possibilities and constraints**

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## **Background**

Mindfulness is based on concepts within Buddhist meditation. There has been growing interest in the approach in the West in recent decades, following the publication of an increasing number of studies that have demonstrated its beneficial effects (e.g., Kabat-Zinn, 1990; Grossman et al., 2004; Hofmann et al., 2010; Teasdale et al., 2000). Mindfulness programs aim to alter the relationship between the client and their problem, a characteristic feature of 'third wave' cognitive behavioural therapies (Herbert & Forman, 2011). In the main, such approaches have been predominantly taken forward in work with adults and it is only recently that such approaches have been applied in work with children and young people.

Jon Kabat-Zinn defined mindfulness as *"paying attention in a particular way; on purpose, in the present moment, and non-judgmentally"* (Kabat-Zinn, 1994, p. 4). It has been suggested that mindfulness has two core components: present moment awareness and a non-judgemental stance towards experience (Thompson & Gauntlett-Gilbert, 2008). For much of the time, people may not be fully aware of present moment events and responses may become automatised. Mindfulness aims to combat this, by encouraging individuals to be more aware of moment to moment experience. Some techniques for enhancing mindfulness include consciously paying attention to breathing, deliberately noticing (and not excluding) all bodily sensations and walking in a mindful manner (through holding the physical sensation of walking

in mind). Mindfulness-based interventions with adults usually encourage participants to practise mindfulness techniques each day. The impact and purpose of such practice is to increase awareness of thoughts as thoughts, reduce the degree of identification of self with the contents of consciousness and reduce levels of affect in response to the contents of consciousness. The overall stance is one of acceptance rather than changing content or patterns of thinking. In mindfulness terms, the intention is to notice but not engage with particular thoughts, through raising awareness that these are only objects of mind. This overlaps with other acceptance approaches and techniques of relaxation.

### **Evidence-base for Mindfulness with Children and Young People**

The evidence for the effectiveness of mindfulness approaches with children is in its early stages, but a small number of studies have reported positive results (e.g. Bogels et al 2008, Iyadurai 2013). Most of these studies have looked at targeted populations (e.g., Biegel et al., 2009), examined the acceptability of such interventions with children (e.g., Semple, Reid and Miller, 2005) and involved work with small groups of children (e.g., Flook et al., 2010). These studies have established that in general children find the interventions acceptable and interesting, and that some encouraging improvements are seen across a range of measures. A recent review of 14 studies (Meiklejohn, et al., 2012) concluded that the participating children showed:

*“...improvements in working memory, attention, academic skills, social skills, emotional regulation, and self-esteem, as well as self-reported improvements in mood and decreases in anxiety, stress, and fatigue” (p. 292).*

Whilst such interventions show promise and may be valued by families and teachers, the time required to deliver these to targeted groups of children may act as barriers to uptake by educational psychologists (EPs) and schools. However this year, two important larger scale randomised controlled trials (RCTs) were published based on universal programmes taught to whole classes of children. Raes et al. (2013) undertook a mindfulness based intervention with 13-20 year old students across five schools (N=408) in Holland. They showed both a reduction in depressive symptoms in those children who were already depressed, and a preventative effect (i.e., reduced numbers of children becoming depressed later). Similarly in the UK, Kuyken et al. (2013) showed reduced depression and stress, and increased well-being in a group of 522 children aged 12-16 undertaking the .b (stop, breathe, be) programme from the Mindfulness in Schools Project (MiSP). Both studies show excellent promise for the delivery of universal mindfulness interventions in schools. The main limitation of both studies being the possibly unrepresentative samples (the MiSP study used a large number of students attending independent schools).

### **Training in delivering mindfulness interventions in schools**

EPs who are interested in delivering Mindfulness-Based Interventions in schools must have regard to the professional standards set out in the British Psychological Society's Code of Ethics and Conduct (2009) and the Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (2012). Training and supervision are essential in order to practice within the boundaries of competence. At present mindfulness teachers are not regulated, and there are no governing or regulatory bodies. However, the UK Network for Mindfulness-Based Teacher

Trainers (<http://mindfulnessteachersuk.org.uk/>) have developed Good Practice Guidance on standards for those delivering Mindfulness-based Stress Reduction (MBSR) and Mindfulness-based Cognitive Therapy (MBCT) programmes. These include:

- Familiarity with course curriculum
- In depth personal experience of core practices
- Completion of rigorous in-depth mindfulness based teacher training or supervision over 12 month period
- Relevant professional qualification and adherence to appropriate ethical framework
- Knowledge and experience of population that course will be delivered to
- Commitment to personal mindfulness practice
- Ongoing contacts with other mindfulness practitioners and teachers
- Regular supervision with an experienced mindfulness based teacher
- A commitment to ongoing development

Three of the university based training courses (Bangor, Oxford and Exeter) have also developed a 'Mindfulness-Based Interventions: Teaching Assessment Criteria' scale. There are however tensions in the use of such scales arising from the basis of mindfulness as a "way of being" rather than "a set of skills" and also from the essential core component of mindfulness as having a non-judgmental attitude.

Crane et al. (2012) refer to generic aspects of competence arising from the mindfulness teacher's professional background such as group teaching skills, interpersonal skills and training relevant to the context within which they intend to teach, all of which are shared by applied psychologists. They also refer to "embodiment of the qualities of mindfulness" as an essential component along with other specialist aspects of competence. This "embodiment" would appear to derive from the individual's own practice of meditation. Such embodiment might be difficult to quantify. Length of experience of meditation may be more important than formal training. However, there are important differences between engaging in personal practice of mindfulness and having the competence to teach it.

Whilst there is a clear need to have regard to competence guidance, there are differences between delivering mindfulness interventions such as MBCT to groups of highly vulnerable individuals referred for mental health problems, and delivering a universal preventative intervention to groups of apparently healthy schoolchildren in order to promote wellbeing. In addition to the less vulnerable population, the mindfulness practices used with children are much briefer and less intensive than those in the MBSR and MBCT programmes, thus far less likely to cause harm. Thus whilst training and an established personal practice are still essential, training required may not need to be as lengthy as for MBCT delivery. Indeed there may be similarities with existing personal, social, health and economic (PSHE) education programmes delivered in schools and school-based cognitive behavioural therapy (CBT) interventions (e.g., Cool Connections; Seiler, 2008).

In order to work with targeted groups (e.g. children with anxiety disorders), more extensive training will be required. It is important for individual EPs to be able to

recognise training and supervision needs and the limits of competence in this regard. Whilst there is little documented evidence of harm resulting from mindfulness interventions (Dobkin et al., 2012), there is a need for high levels of expertise and experienced supervision when working with young people with acute depression, suicidality, post-traumatic stress disorder, history of early trauma/abuse and psychosis (MBCT Implementation Resources, 2012). It is also important to know how and when to refer on when more intensive, specialist intervention is required (Frederickson et al., 2009).

As an example of training to deliver mindfulness interventions with children, the Mindfulness in Schools Project offer a four day course to teach their programme (.b), which requires teachers to have done at least the equivalent of an 8-week training course in mindfulness such as MBSR or MBCT and have an established mindfulness practice themselves.

A further issue raised in Crane et al. (2012) is fidelity or adherence to the treatment programme. MBSR and MBCT are recognised programmes supported by substantial research evidence. By contrast, there are a wide variety of mindfulness programmes in use with children, none of which as yet has a strong evidence base. It is therefore important that whatever intervention is used, some core principles of mindfulness are followed, for example:

- Attention to the present moment
- Non judgmental acceptance
- Compassion for self and others

- Teaching of everyday mindfulness practices (e.g. mindful walking, mindful eating, three minute breathing space)
- Teaching of mindfulness meditation (e.g. breath meditation, mindful stretches, body scan)
- Personal embodiment of the qualities of mindfulness

It is also necessary to ensure a high quality of delivery and sufficient exposure to the intervention in terms of length and number of sessions.

Professional supervision is also essential. This may be generic, specialist or a mixture of both (Division of Educational and Child Psychology, 2010). In the context of mindfulness, there is a need for specialist supervision by an experienced practitioner in addition to generic casework supervision. There are currently only small numbers of psychologists using mindfulness with children which presents difficulties in accessing appropriate supervision. There may also be a role for supplementation with peer supervision. The need to maintain and deepen one's own practice could be met through attendance at a mindfulness meditation group (which are numerous through the UK) and going on retreat.

As with other interventions, it is important to evaluate the effectiveness of mindfulness interventions in schools, in order both to inform practice, and contribute to the evidence base. It is an important element of the EP's role to act as an intermediary between research and educational professionals. Evaluation should include pre- and post-intervention measures and longer term follow up. Measures could include ratings of wellbeing and psychological symptoms as well as participant feedback.

Pre-intervention measures of psychological symptoms e.g. anxiety and depression are also important ways of identifying children in order to make judgements about possible onward referral.

### **Development of a Continuing Professional Development course for psychologists working with children**

To address the growing demand, a course for EPs and other practitioner psychologists interested in developing “Mindfulness–Based Approaches for Working with Children and Young People” has been running at University College London since September 2013. It consists of eight weekly half-day sessions, and is similar in length and content to the MBSR and MBCT programmes. In addition to the experiential aspects, the course aims to include theoretical background and research evidence, how to adapt and apply mindfulness with children, and an extended “mindful movement” component.

The course includes:

- In-depth experience of a range of guided mindfulness practices, including a body scan, mindfulness of breath, sounds and thoughts and mindful movement
- Support for participants to develop and maintain their own mindfulness practice
- Presentations on mindfulness theory and mechanisms, and evidence from recent research into its uses and effectiveness

- Ways of adapting mindfulness interventions for children with a focus on improving wellbeing, and the practicalities and pitfalls of developing programmes in schools
- A review of a range of programmes currently available for children

By the end of the course, participants can expect to be competent in delivering a basic mindfulness intervention to children and young people aimed at improving wellbeing. This will consist of core mindfulness practices detailed above, with presentation adapted according to age group and developmental stage of the children. In order to maintain and further develop their competence, participants will need to continue with their own mindfulness practice and arrange appropriate supervision and attendance at mindfulness groups and/or retreats.

### **Future developments**

Currently, there is a growing evidence-base supporting mindfulness as a potentially effective intervention that can be delivered in schools to both targeted and universal groups. However, there are currently few well developed programmes available in the UK. If part of the basic role of the EP is to translate new and promising research into applications to support children, families and schools, then the time would seem right for EPs to take up this work. The skill sets required to deliver such interventions need to be clearly articulated and agreed. These would include many generic EP skills, experience and understanding of mindfulness, and relevant knowledge and expertise with mental health when working with targeted groups. Embedding such work in the life of a school will provide an additional set of

challenges quite different to those required when providing for adults in clinic settings. Enabling access to this intervention for many schools whilst at the same time ensuring fidelity to the programmes and high quality delivery should be a central aim for EPs hoping to provide this kind of intervention in schools. Relevant training and supervision are of central importance in building professional capacity in providing psychological services that are relevant, evidence-based and responsive to demand.

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