ASSESSMENT AND ORIENTATION

Preparing participants for a Mindfulness-based course

GENERAL OVERVIEW

With all mindfulness-based courses it is important to:

- assess the suitability of the course for participants at this point in their lives
- orientate participants to what the course offers and demands and
- hear about participants' own expectations of the course

This can be done in a group session, or through individual interviews or with a mix of both. It may be possible through your registration process, to check whether would-be participants have suffered or are suffering from any physical or mental ill-health. If this is the case, we have found it is best to give these participants individual interviews.

However, if you are running mindfulness based courses for people with specific difficulties (such as a history of depression, cancer, pain, chronic fatigue etc), you may find that the process of assessment and orientation needs a longer and more individualised approach – starting at the point that the potential participant is referred or makes contact with you over the phone, and going through a process that takes them up to the very start of the course. This might also include a group process, but it is probably essential to ensure that individual meetings take place between participants and teacher.

It is important to consider the particular area of suffering that your course is targeting and who you will be working with. In this way, you can develop a formulation that clarifies your understanding of the focus of the course and the way it will impact on the particular needs and special vulnerabilities of your participant/s. The design of your orientation and assessment process will need to include all of these considerations. It is also important to look at the whole picture – assessing a participant's previous experience of meditation or yoga, current levels of support, and attitude to the course, may make more severe levels of problems more workable. All this information giving, listening and sharing will take time and it is important not to rush the process, whilst balancing this with inevitable practical constraints.

CONSIDERATIONS TO INCLUDE IN THE ORIENTATION AND ASSESSMENT PROCESS

1. Starting by offering an outline OVERVIEW to the process, explaining that any information given by the participant is treated as confidential (to be discussed in more detail in point 9)

2. 'What brings you here'? Opening an invitation to the participant/s to share some of their personal story that led them to consider taking the course - taking care to include an EXPLORATION of mental health / medical problems / disabilities, as well as any previous experience with meditation / mindful movement etc.

3. DESCRIPTION of the approach – what is mindfulness; MBCT; how mindfulness will be inviting a different relationship to experience; what the class is not – no space to reflect on the 'why' of your experience – or personal stories.

4. The importance of COMMITTING TO THE HOME PRACTICE – linking with earlier discussions about mindfulness as an approach and underlining the need to align to regular practice even if it is difficult or boring etc. Highlighting common reactions to practice – possibly including discussion around the body scan and the reactions this can engender, from i.e. falling asleep to difficulties/aversive ness around body image *(if it has emerged that the person has active mental health problems that may include body trauma issues, it may be helpful for them to have a 'trial run' using the body scan tape for themselves as part of the orientation/assessment process).*

5. The CHALLENGES of taking the course – turning towards, increased awareness, being with what is difficult, learning to be more gentle with ourselves – and balancing this with the benefit of bringing mindfulness into one's life on a longer term basis. Emphasising the importance of committing to the process in openness and curiosity, not knowing where it will lead. Raise the possibility that sometimes things can be experienced more intensely, as an effect of apparently increased awareness – and perhaps exploring the patterns that emerge when things feel difficult and how we might work with these during the course. With someone with particular vulnerabilities, you might discuss this in more detail. Either way, it is valuable to explore the support systems that they could access for support (both personal and perhaps professional – including yourself as the course leader).

6. Some participants come for a mixture of personal and professional reasons. Reflect with them on the experiential nature of the course and 'who am I coming as'. Emphasise that the focus is on the personal.

7. Reflect together on ways in which the course may work in relation to the difficulties that are being presented by the group or the individual.

8. Being in a group – how will this be? Discuss group size, expectations of participation, etc. This is also an important assessment issue and it might be important for the course leader to determine whether the participant will be comfortable in a group – and what support they might need to learn in this setting (bearing in mind that active participation in group discussion is entirely optional). Or it may be necessary to discuss with a participant their tendency to monopolise group discussion. These issues need to be sensitively handled.

9. Explaining the stance on confidentiality encouraged within the group – including information on any invited visitors, teachers, or assistant sitting in on the course, their commitment to confidentiality, and their role. Video taking, if this is planned, and the practice of maintaining confidentiality during supervision discussions also needs to be explained and consent needs to be given. It is advisable to collect the name and address of the participant's General Practitioner and consultant or key worker (if appropriate). There then needs to be a discussion about how this information might be used – and that in the event of a teacher having a significant concern for the safety/well being of the participant, the teacher will contact the participant's General Practitioner, or other professional as appropriate. Wherever possible this would be done in collaboration with the participant.

10. Research – discuss any issues around this.

11. Exploration of "Is this the right time for you to be taking this course?" taking care to revisit the theme of commitment and timing, if it isn't already conclusive. Watch out for potentially destabilising life situations (relationship breakdown, change in medication, dip in depression, changing house or job, recent illness diagnosis, patterns of avoiding difficulties or avoiding difficult information) which may lead to strong motivation to take the course, but make the new learning and change of attitude too stressful and potentially damaging.

12. Practical arrangements – class start and finish times, dates, venue

(include the All-day in this). *(Check out special needs, mobility etc?)*

Another way we can look at assessment and orientation is through the roles we take…..

ASSESSMENT AND ORIENTATION – ROLES

- Assessor (is this the right time to take the course?) (does this participant understand enough about the process, will they be OK in a group, and cope with possible increase in intensity of emotions, negative thoughts, etc?)

- Promoter (potential outcomes) (not too much – this tends to be an overdeveloped role in mindfulness teachers!)

- Informer (venue, group size, what to expect, All Day, etc)

- Cautioner (worse before better) (can be stressful to take course)

- Connector (vital to form a connection with the participant, in order to enable a sense of trust to form and so that it will be possible support her/him to have the courage to stay with the process of the course and the home practice especially at early stages in the course)

- Orientor (emphasising the importance of practice, how will you manage to do this?)

- Support (to just do it) (not judge until the end) (ask a friend to support you to hang on in there) (therapist / counsellor)

- Special circumstances (people sitting in; video permissions; etc)

However, this list suggests that it might be you covering all this ground in one session – it is not like that. The teacher's role is to listen carefully – to inquire gently – to feel our way with people and what they want and need, balancing the process so that you cover all the essential ground and allow whatever else needs to emerge to do so.

Allow plenty of time and be prepared for it to be intense at times. Look after yourself in the process. Seeing 10 at a time will not work; take breaks between interviews.

Participant attrition, with its attendant distress and feelings of failure, can be significantly reduced by undertaking careful assessments and helping people to be well oriented to courses.

Considerations in assessing the safety & suitability of mindfulness- based courses for participants with substantial problems

This is mainly about teaching mindfulness-based programmes (MBPs) such as MBSR and MBCT to participants with substantial physical or mental health problems. It is also important to consider the suggestions below when teaching general groups of participants who are dealing with stress, etc., and when carrying out assessment of participants for any MBP.

GENERAL PUBLIC GROUPS

One consideration is whether you are teaching a general group of participants, or those with a specific diagnosis or problem (see also *Teacher's experience* below); in the latter case you need both training and a setting that will support such a group.

If the group is general (such as an evening class in a leisure centre) you may still get participants with substantial problems (see *Early trauma, past abuse, and dissociative disorders* below). This is one of the reasons we assess participants' readiness and suitability to take a course, as not everyone will benefit from a mindfulness course at any time, and for some people it may be contra-indicated.

The following is useful information to collect about would-be participants in general groups:

- History of mental illness, especially in the last few years – e.g. anxiety and depression – and any medication taken then
- Medication being taken now
- Physical disability (consider accessibility of venue)
- Recent difficult life events such as bereavement, divorce, job loss, any major change
- GP's name and contact details, or those of someone else the participant has agreed you can contact (this could be their therapist or counsellor) in case of a safety issue with the participant; you have an ethical obligation to break confidentiality if you think the participant is likely to harm themselves or others.
- Why the participant wants to take a mindfulness course at present.

Suggested exclusion criteria for general groups (subject to clinical judgement and experience of teacher, and support available to and motivation of participant):

- Active or recent physical addiction to alcohol or drugs
- Suicidality
- Psychosis
- Post-Traumatic Stress Disorder
- Acute depression
- Severe social anxiety which would make attending a class very stressful
- Physical illness which would prohibit attending a class

NB: these are not absolute exclusion criteria – it depends on the context for your teaching practice, the support you have around you, the professional experience you have, and the views of the participant themselves and how supported they are.

Participants who have had a recent severe loss such as bereavement or divorce are often in too raw a state of distress to find a course helpful. It can be advisable to wait till they have worked through the acute stage of the grieving process and are more settled with their loss (see also *Life crises* below).

If participants don't understand the language of instruction they will need interpretation. Those with hearing impairment may require an installed loop system if they have an appropriate hearing aid, or sign language interpretation if they can use this.

Listen carefully to your own concerns about participants with substantial difficulties, as well as assessing their motivation and understanding, and make your own judgement on whether they have enough support, and you have enough knowledge, time, and confidence to work with them.

GROUPS OF PARTICIPANTS WITH SPECIFIC DIAGNOSES

General considerations

Teacher's experience

Ensure you have training in and experience of the particular problems/illnesses that participants come with, and an understanding of how these may be affected by practising mindfulness meditation, and working in a group. If not, work alongside someone else with these areas of experience. Experts elsewhere can also be helpful, either through their written work, or through personal contact. You may also need to consider the setting where you work and how it fits your participant group.

Example 1: Only work with participants with a history of mental illness such as depression or mood disorders if you have training and experience with this client group.

Example 2: If working with people in chronic pain or with physical illness, you need to check access and available space, and have considered what kind of mindful movement would be suitable, and whether you have experience or back-up available in first aid should that be necessary.

Example 2: Only work with participants with a history of psychosis if you have full understanding of this illness, and how it may be affected by mindfulness practice. If you do, see the chapter about mindfulness training in Paul Chadwick's book 'Person-Based Cognitive Therapy for Distressing Psychosis'.

If you are trained and very used to working with a particular client group, where there is no research on mindfulness training with them, and if you have trained in teaching mindfulness and feel it could be helpful to try mindfulness with these clients, you need to:

(a) consider from your knowledge of your clients and your experience of mindfulness, the different ways that mindfulness training is likely to affect them and their illness

(b) formulate how mindfulness training could best be used with this client group, including length and kind of meditation practices; how meditation practice is likely to interact with their problems; didactic material that would enhance and support their use of mindfulness

(c) do some cautious pilot training, evaluate this carefully, and use your evaluation to improve or cease the training.

(d) choose a supervisor to work with you who is well equipped to support your process

Examples: This is being done in the UK with patients with acquired brain injury; cardiac failure; obsessive compulsive disorder, etc.

Participants' attitudes

The participant's attitude, understanding of their own process, and willingness to work with their experiences and with the teacher, are important factors in assessment of their readiness to take a mindfulness course. Participants who are open-minded about what may happen, who are willing to discuss openly with the teacher if they have problems, and who will accept support (and/or leave the course) if necessary, may be able to take a course with a higher level of problems or illness than participants without these attributes. Participants who think mindfulness will magically solve all their difficulties are much less likely to do well.

With participants who are professionals interested in using or teaching mindfulness as part of their work, it's important to point out to them beforehand that the course is not a training, and is experiential, and that it's essential they fully experience it for themselves (including doing the home practice) and be willing to let go of their professional personas while on the course. It's also helpful to discuss beforehand how professionals will introduce themselves in the group. Otherwise, the sense of 'being observed' can inhibit other participants from sharing their experiences in the group.

It is always important to encourage participants to find ways of working with the practices that are both safe and helpful for them. This makes the participant's experience central, and empowers them to make the training their own.

Example: If a participant suffers from panic or severe anxiety, they may find it very difficult to tolerate lying or sitting still, especially at the beginning of the course. In this case it may be helpful to have them start with a simple walking meditation, keeping their attention as much as possible in sensations in their body. For participants who find the bodyscan frightening, it can help to keep the eyes open, sit up, or mindfully shift positions, until exposure to the practice makes it more comfortable.

Research

It's a part of a teacher's ethical responsibility to be aware of research into mindfulness-based interventions (MBIs) and the useful information this provides.

E*xample 1: Two research studies of MBCT for the prevention of depressive relapse have shown that participants with only 2 previous episodes of major depression (who had their first episode when adult and following a specific life event, and had normal childhoods) were less likely to benefit from MBCT, whereas participants with 3 or more previous episodes (who had started being depressed when younger, and had a history of childhood difficulties) were more likely to benefit from MBCT. (Ma & Teasdale, 2004; Teasdale, 2006). There are clinical implications of these results – e.g. 1. people who are experiencing their first or second depression at a young age and who have had difficult childhood experiences may benefit from MBCT straight away rather than waiting until they have had a number of episodes;*

e.g. 2. people whose depression is largely triggered by their own ways of processing experience are more likely to benefit than those whose depression is linked to a recent life event.

Example 2: One research study of MBSR for patients with different levels of current depression and anxiety found that patients with all levels of anxiety (from mild to severe) could tolerate and benefit from MBSR; however, while patients with mild to moderate levels of depression could learn to meditate and benefit from it, those with severe levels of depression were unable to do so (see Giommi in ed. Kwee, 2006).

Participants with severe problems or vulnerabilities

Participants with more severe problems, e.g. treatment-resistant depression (see Kenny & Williams, 2007) and some cases of PTSD, may be able to take a mindfulness course. It's essential that they understand what it entails, and are given (and give themselves) full permission to drop out of the course if they find it unhelpful (though be aware that this may reinforce negative self-image). It is most important that they are fully supported, either by the teacher, or by their own therapist; the former needs to understand the nature of their difficulties, and the latter needs to understand the experiential, intense and potentially stressful or painful nature of learning awareness and acceptance in a MBI.

If therapists, etc. are referring clients to you for mindfulness training, give them at least a taster so they know something about it – if possible, get them to do some training themselves – many therapists (and their own clients) will gain considerable benefit from this.

Clients with problems that are too severe for them to learn mindfulness themselves can be greatly helped by their carers (professional or family) being given mindfulness training (see Singh et al., 2004). This can also greatly benefit the carers.

Specific considerations

Chronic v. acute illnesses

MBSR and MBCT are generally used with participants with chronic problems or illnesses, either physical or mental, who are therefore used to dealing with them (though they can learn better ways to do this). Periods of acute illness (or sometimes an acute attack of an existing illness) where patients are dealing with high levels of stress, and can be getting used to dealing with a new and different way of being, are generally not good times to learn mindfulness practice

Life crises

Similar to acute illnesses above, when participants have had a recent bereavement, divorce, cancer diagnosis, etc., is usually not a good time to take a mindfulness course. Pre-existing mindfulness practice is very helpful in dealing with strong, raw feelings such as grief, shock and anger, but these are usually too overwhelming for participants to learn how to meditate while dealing with them.

Suicidal tendencies

This is a dangerous vulnerability for new meditators, so people who are feeling suicidal should be asked to wait and take a course when things are better for them, and then be carefully monitored in case of reoccurrence. See the results of the trial on MBCT for people with suicidal depression (Williams et al., 2013) and the final chapter in the book MBCT for people at risk of suicide which outlines the clinical implications of the research (Williams, Fennell et al., 2015).

Substance misuse

If participants are currently physically dependent on drugs or alcohol, they are very unlikely to be able to undertake a normal mindfulness course, as their awareness and ability to stay in the present are negatively affected because they would either be under the influence of a substance (which precludes meditative awareness) or in a process of withdrawal; their lives may also be too chaotic to make a regular commitment. Participants who are psychologically but not physically dependent on substances, and who meet other criteria for taking a course (e.g. well motivated to change, some insight) may be able to engage with mindfulness training, and to work with their reactive use of substances, as would participants dealing with ruminative thinking, anxiety or stress.

Mindfulness-based Relapse Prevention (MBRP) has been developed specifically for people who are working with their own tendencies to misuse substances. In a generic group, when assessing someone where there are concerns about their level of substance use, it would be helpful to have supervision from someone experienced in using mindfulness within the substance misuse field. If the participant is suitable to take an 8-week course, their addiction can be worked with in the same way as any other difficulty. CMRP is now offering trainings in MBRP – check our website.

Psychosis, schizophrenia, etc.,

Participants who are currently psychotic, or out of contact with what is normally considered reality, are unlikely to be helped by mindfulness meditation, and may be harmed. There is a small amount of evidence that meditation has triggered psychotic episodes in some individuals, and although this may not be true of mindfulness meditation, with its emphasis on grounding in physical sensations and other bodily senses, it would make sense to aim for safety here. See also *Teacher's experience* and *Participants with severe problems or vulnerabilities* above.

Early trauma, past abuse, and dissociative disorders

These are all indications to move into mindfulness training with great care, in-depth understanding of the issues involved, and willingness to support and go at the client's own pace. See the results of the trial mentioned above (Williams et al., 2013) which does give a strong indication that MBCT adapted for people with heightened vulnerability does support people who have experienced early childhood trauma to stay well in the longer term.

If a participant reports 'leaving the body' when meditating, although this can be a spiritual experience, it can indicate that there are embodied memories that are too dangerous or painful to face, and the participant is maintaining an important defence strategy by dissociating. If you are working with such a participant, go very cautiously indeed, encourage them to come back into their bodies by opening their eyes and focussing on what they can see (perhaps describing it to themselves or you), shifting position, or getting up and moving about, having a drink of water, etc.

Recognise that many people have suffered from trauma, so there's quite likely to be one or more in any group, and some may work positively with this using mindfulness, with or without the teacher's knowledge of their past. Participants may be understandably reluctant to talk about difficulties such as flashbacks when meditating, so it's important they feel they can talk to the mindfulness teacher outside the class, and/or their therapist, about such experiences. This is one reason why it is essential to give participants the option of sitting instead of lying down for the bodyscan, and to move positions if they need to.

CMRP offers a masterclass on trauma informed ways of working in the context of MBPs. You can also look up recent work on mindfulness and trauma (e.g. see Follette reference below).

Learning disabilities, and severe multiple disabilities

There has been little use of mindfulness training reported with participants who suffer from learning disabilities, apart from some initial work by Singh (see his 2003 case study on using a simple practice of bringing attention to the soles of the feet for a man with learning disabilities who suffered from outbreaks of anger). Practices would need to be simplified and carefully tailored.

Singh has also researched mindfulness training for carers of men with severe and multiple disabilities, and found that this significantly increased their level of happiness (see Singh et al. 2004).

Asthma and other breathing problems

Participants with breathing problems may not feel safe using their breath as an 'anchor' into the present moment. They can be guided individually to find another part of their body that represents a 'safe place' for them to place their attention – (sometimes taking attention lower down in the body such as the buttocks on the seat or feet on the floor can reduce fear and increase calmness). With one or more such participants in a group, it is helpful to remember to include this in general instructions, e.g. 'return to the breath or to the connection of your body with what is supporting it'.

Difficulties being in a group

This could be a difficulty for the participant (e.g. social anxiety) that would make working in a group too stressful or even impossible (in which case consider 1-to-1 mindfulness training). If you feel the participant would be disruptive in a group situation, seriously consider excluding them for the sake of the rest of the group.

Acknowledgements to the Center For Mindfulness for use of a version of their 'Screening Criteria for Exclusion from the Stress Reduction Program'.

References

This is not in any way a complete reference section, but these may be useful for gaining more information about the particular populations of MBP participants they cover.

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