



Course Handbook

Mindfulness-based Cognitive Therapy (MBCT)

Teacher Training Pathway

A Supportive Training Route with

Integrity at its Heart

This training pathway has been developed in line with the MBCT Training Pathway (OMC) and the Mindfulness-based Cognitive Therapy National MBCT Training Curriculum (IAPT) (2016)

MBCT was originally 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 and patients exist (Segal, Williams, & Teasdale, 2013; J.D. Teasdale, Williams, & Segal, 2014; Williams, Teasdale, Segal, & Kabat-Zinn, 2007). MBCT has been recommended by NICE since 2004.

The evidence-base for MBCT is expanding at a rapid rate and research suggests it's a helpful approach across a wide range of contexts (e.g. organisations including businesses and schools), and can be helpful across a broad range of physical and psychological problems. It has also been found to be beneficial in helping the wider population in better managing stress and in helping people develop their resilience and well-being.

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About your trainers

Lisa Graham is an accredited cognitive behaviour therapist with the British Association of Behavioural and Cognitive Psychotherapies (BABCP) (awarded in 2005). She is also accredited as a supervisor with the BABCP (awarded in 2011). Lisa originally trained in Mindfulness-based Stress Reduction with Jon Kabat-Zinn and Saki Santorelli when they came to Bangor University in 2001 to offer a 7-day Teacher Training in MBSR. She worked in the NHS under the mentorship and supervision of Dr Alistair Smith (Clinical Psychologist). For their initial Mindfulness-based Cognitive Therapy courses (2001 – 2003) Alistair received mindfulness-based supervision from John Teasdale, one of the originators of the MBCT approach. Their early work resulted in the publication of an article applying MBCT to older adults with relapsing depression. Lisa also completed qualitative analysis of one group of participants for her CBT Masters dissertation (2002-2003).

In 2007 with the support of managers and colleagues, Mindfulness-based Cognitive Therapy courses were established in the NHS in East Lancashire, receiving referrals from primary and secondary care NHS mental health services.

In the same year Dr Alistair Smith established an MBCT Teacher Training course and Lisa joined him as a co-facilitator on the course in 2008. Together they lead yearly MBCT Teacher Training in NHS Services. Alistair retired from the NHS in 2011 and Lisa continued to lead this work.

In 2011 Lisa became a Senior CBT therapist in an IAPT Service (Improving Access to Psychological Services). With strong managerial support behind MBCT, Lisa and her colleagues developed county-wide provision of MBCT courses for people who had relapsing depression or other relapsing conditions. This led the ASPIRE Study to recognise Lancashire Care NHS Foundation Trust as one of a few “fully implemented” MBCT sites in the NHS in 2015.

Dr Alistair Smith also developed MBCT course provision for NHS staff in 2011 and between 2011 and 2014 over 240 members of staff accessed these courses. In 2015 Lisa attended the All Party Parliamentary Meeting at Westminster to present findings from this work, saving over £100 000 through reductions in staff sickness rates, particularly for stress, depression and anxiety related causes of sickness days.

In 2015, NHS reorganisation and rationalisation led by a new management team led to all MBCT provision ceasing from IAPT Services across Lancashire and Senior CBT clinician posts decommissioned. Lisa continues to work in the NHS part time (30 hours).

Lisa established Lancashire Mindfulness CIC in 2015 offering MBCT courses, supervision, teacher training and mentorship. Teaching MBCT and supporting others to develop as MBCT teachers has become a passionate hobby with a not-for-profit ethos and aspirations to reach out into charities and communities who may not necessarily access mindfulness-based interventions.

Lisa is an MBCT teacher on the MYRIAD Trial, a randomised controlled trial led by Oxford Mindfulness Centre. She is also an active member of the UK Network of Mindfulness-based Teacher Training Organisations contributing to the development of a range of guidelines and recommendations. Lisa is currently part of a working party in developing a Code of Conduct for teachers and a member of a steering group developing a national tender for NHS England funded MBCT training across IAPT services. She receives monthly mindfulness-based supervision from Maret Dymond, a lead trainer at the Oxford Mindfulness Centre.

Peter Morgan is a Clinical Psychologist. Peter developed his passion for mindfulness-based approaches whilst working as an assistant psychologist with Dr Alistair Smith. After completing his clinical psychology training he embarked on MBCT training. Peter successfully supported the implementation of MBCT provision within Pennine Care NHS Trust. He has subsequently moved to a Specialist Pain Management Service and is beginning to develop provision here. Peter became a father in 2016 and is a mindful and dedicated dad.

Lisa liaises with a wide range of mindfulness teachers and will aspire to invite other experienced teachers to assist on the MBCT Teacher Training Pathway.

Lancashire Mindfulness CIC Course aims

- To provide a local, accessible, training route for health professionals or other people who wish to become MBCT teachers
- To offer a local training pathway that is aligned to the Mindfulness-based Cognitive Therapy National MBCT Training Curriculum (OMC, 16.12.16) and fulfils the UK good practice guidelines for mindfulness based training organisations¹
- To provide a high quality and supportive teaching and learning experience for 'teachers' and 'trainees' with integrity at its heart.
- To support some local trainees to work together to offer initial courses, free of charge, to charities and/or communities who would not likely access mindfulness-based courses, with support from Lancashire Mindfulness CIC.
- To continue to build our local network of teachers that can support one another in their continuing exploration and development of mindfulness teaching skills

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](#).

MBCT training curriculum learning outcomes

¹ UK Mindfulness-Based Teacher Trainer Network (2011) Good practice guidelines for MBI Teacher Training Organisations. Retrieved from <http://mindfulnessteachersuk.org.uk/>

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 mentorship and/or 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.

Who is the course for

This course is for health professionals, or others who have a wish to teach MBCT within a particular population. At the end of the course, if portfolios are completed, you may be considered 'Ready to Teach' and be eligible to join the UK Register of Mindfulness Teachers.

Entry requirements

1. The applicant has foundation training in the principles of cognitive behaviour therapy – this may be a certificate level CBT training or through reading recommended books.
2. The applicant has significant experience in the context where they plan to teach in the future or plans to co-work with someone who has this experience.
3. The applicant has some awareness of mental health problems, for example completing Mental Health First Aid training to enable identification and appropriate signposting.
4. The applicant has attended at least one 8-week MBCT (or equivalent) course as a participant.
5. The applicant has an established daily meditation practice of over six months.
6. Following the applicant's Expression of Interest application being processed and accepted by the training team, the applicant then completes a full application form including a review of two core texts from the reading list, practice record sheet for two weeks, and a self-assessment which should include reflection on motivation/commitment, solidity of meditation practice, familiarity with the different parts of the curriculum, other relevant experience, learning needs, etc.

In addition, before leading MBCT for patients with relapsing depression or other mental health difficulties it is important to have a mental-health related professional qualification and experience of working with the client group to whom the course is being offered (or be co-facilitating with someone who has this experience).²

Psychological Wellbeing Practitioners may access MBCT training to enable them to co-teach on MBCT courses. However, because MBCT is classified as a Step 3 psychological intervention they will not generally be expected to lead MBCT courses but to take a co-facilitator role.

² The UK Network recognises two types of mindfulness teachers: those who can teach the general public, and those who can teach patients in mental health settings. The latter need a mental health professional qualification but the former do not.

Training curriculum

The curriculum comprises 2 stages and 4 units as set out below. 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**. This is **optional** and teachers working in certain contexts e.g. NHS, do not currently need to complete competency assessment although they will be expected to adhere to the Good Practice Guidelines for Teachers of Mindfulness-based courses.

Units 1-3 are delivered by Lancashire Mindfulness CIC, spread across a four months, incorporating the integration of learning between teaching sessions through reading and practice. Unit 4 is delivered as mentored and/or supervised placements, this may be the trainees' place of work, however placements may be provided by Lancashire Mindfulness CIC teachers where required. Trainers from Lancashire Mindfulness CIC offer formal assessment of MBCT after at least two MBCT courses have been taught. Assessment of competency is made from recordings of a trainee 8-week course submitted by the trainee.

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

1. Self-directed study, to include general and specific preparatory reading, plus reference to web-based resources.
2. Lecture / workshop teaching.
3. Mindfulness practice and reflection upon that practice
4. Portfolio
5. Mentor session

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 within this unit

This unit provides trainees with the opportunity to learn to teach MBCT through a variety of teaching/learning methods: pre-reading, workshop presentations, being a participant in the MBCT session 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 for this unit is based upon the chapters of the MBCT manual, providing teaching about the rationale for each session and its place in the curriculum alongside opportunities for trainees to lead practices 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, usually alongside a more experienced teacher.
- 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, participating in the whole session taught live and 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.

(iii) Workshops where relevant

(iv) 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 (called 'teach-backs').

(v) Mindfulness practice and reflection upon that practice

(vi) Portfolio

(vii) Mentor session

Time commitment

Eight days; each day 6 hours of teaching; preparatory reading and skills practice up to one day per session.

Unit 3. MBCT assessment and outcome monitoring

Aims and competencies within 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 their own 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 (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
- (iii) Mindfulness practice and reflection upon that practice
- (iv) Trainee reviews recordings of their teaching/enquiry
- (v) Portfolio
- (vi) Mentor session

Time commitment

One day; 6 hours of teaching and preparatory reading one 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 normally 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 clinical practice through a placement-based unit with an experienced MBCT supervisor.

Unit 4. Supervised MBCT practice

Aims and competencies within this unit

This unit provides trainees with the opportunity to learn to teach MBCT through mentored and/or supervised practice of at least two MBCT 8-week courses. This would normally involve delivery of the MBCT programme, as an apprentice alongside an experienced MBCT teacher with close supervision from an experienced MBCT supervisor (Evans et al., 2015). In exceptional circumstances where placements are unavailable two trainees might co-teach an MBCT course with more intensive weekly supervision.

Mentorship

Trainees require a total of 8 hours individual mentorship and/or 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. Live mentored placements are viewed as highly beneficial by trainees.

Ideally supervision might also include direct observation of teaching or video recordings of teaching.

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.
- 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 need to have completed MBCT supervisor training and ideally have a similar training/teaching background as the trainee.
- (iii) Regular personal mindfulness practice
- (iv) Completion of Portfolio
- (v) Trainee reviews recordings of their teaching/enquiry

Time commitment

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

Five to seven day mindfulness practice residential (in own time) or smaller one or two day blocks where personal circumstances arise.

It is intended that trainees would be able to teach independently after teaching two MBCT courses with a more experienced MBCT teacher (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 Lancashire Mindfulness CIC trainers 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.

Overall competency of trainees will be assessed based upon portfolio review, submission of 8-week course recording assessed by raters as at least competent beginner across 6 domains and summative evaluation of trainees developing competence across the course and mentorship.

Trainee Portfolio

1. Personal practice notes from first MBI course prior to training.
2. Expression of Interest and Application Form for Teacher Training course.

3. A record and reflection from trainee meetings with mentor to talk through the pathway, plans and portfolio development.
4. Mindfulness practice records from the Teacher Development Course, to include one week for each of the core practices of the MBCT curriculum (body scan, movement practice, sitting with breath and body, sitting with a difficulty).
5. Any written feedback from the teach-back sessions during the training along with trainee reflections.
6. Post session reflection notes from co-facilitation of 2 MBCT courses with experienced mindfulness teacher. Best practice would be to work with two different teachers, but we recognise this is not always practical.
7. Written report on learning and development points from course facilitator and mindfulness supervisor.
8. Some annotated transcripts from these courses to be included in the portfolio:
 - i. To include leading at least two of the shorter practices (e.g. focus on seeing/sounds, breathing space, walking meditation) with enquiry.
 - ii. To include leading at least one body scan *and* at least one sitting practice with enquiry
 - iii. To include at least one of the sections on depression, stress or cognitive-behavioural approaches to other difficulties (e.g. on warning signs or Thoughts and Feelings exercise).
9. Supervision notes.
10. Meditation practice journal.
11. Attendance at 5-7 day Mindfulness Retreat with reflective diary, however flexibility to fit around caring responsibilities may permit separate days or weekend retreats.
12. Submit portfolio and course recordings for assessment of competency

Course Fees (2018)

Teacher Development Course (10 days)	£900
Trainee Teaching Placement suggested cost	£160 (if unable to locate one locally)
Supervision (mindfulness specific)	£30 per 30-minute session
Portfolio Review and Assessment of Competency	£350

Note: There is no requirement to change to a Lancashire Mindfulness CIC supervisor, however, we would need to verify that your supervisor is experienced and able to supervise MBCT and supervises in line with the UK Guidelines for Mindfulness-based Supervisors.

Beyond the MBCT training curriculum

Following completion of the training pathway, the UK Good Practice Guidelines suggest that MBCT teachers should continue to develop their practice through “regular supervision and a commitment to on-going development.”

Core reading list

Segal, S.V., Williams, J.M.G. & Teasdale, J.D. (2013). *Mindfulness-based cognitive therapy for depression* (2nd ed.). New York, NY: The Guilford Press.

Teasdale, J., Williams, M., Segal, Z. (2014). *The Mindful Way Workbook: An 8-week program to free yourself from depression and emotional distress*. New York, NY: The Guilford Press.

Further useful resources

Crane, R. (2009). *Mindfulness-based cognitive therapy: Distinctive features*. Hove, East Sussex: Routledge.

Dunkley C. and Stanton, M. (2014). *Teaching Clients to use Mindfulness Skills: A Practical Guide*. London: Routledge. Kabat-Zinn, J. (1990). *Full Catastrophe Living*. New York, NY: Delacorte.

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Santorelli, S. (1999). *Heal thy self: Lessons on mindfulness in medicine*. New York, NY: Random House.

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