ISSUES IN THE TRAINING OF TEACHERS IN MINDFULNESS-BASED INTERVENTIONS

SLOW AND FAST COOKING OF RUMI'S CHICKPEA: ISSUES IN THE TRAINING OF **TEACHERS IN MINDFULNESS-BASED INTERVENTIONS**

JESSIE BOSSE, BRITTANY GLYNN & LYNETTE MONTEIRO

ABSTRACT There is fast growing interest in and demands for mindfulness-based interventions and trained professionals. The process of training competent mindfulness therapists is known to be a lengthy and extensive one. The combination of high demands with the need for thorough training raises many questions about the training process itself; should it be revised or changed in ways that would allow for greater number of trained therapists? Or is it essential to keep it as it is, considering that different training periods are needed in order to allow full development of the vast skill-set required to teach mindfulness? In other words, should we sacrifice quality and length of training to produce more qualified therapists? In order to shed light on those questions, current training models are exposed, as well



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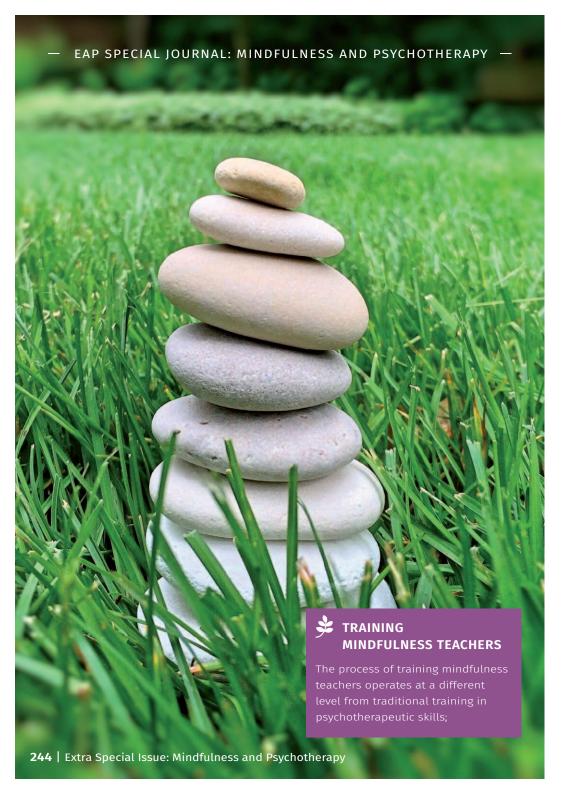


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as a brief review of the literature on training competent mindfulness therapists. **Keywords:** Mindfulness-based Interventions; Teacher training, psychotherapy, therapists







LANGSAMES UND SCHNELLES KO-**CHEN VON RUMIS KICHERERBSE:** FRAGESTELLUNGEN BEI DER LEH-RERAUSBILDUNG FÜR ACHTSAM-KEITSBASIERTE INTERVENTIONEN

Kurzfassung: Das Interesse und die Nachfrage an achtsamkeitsbasierten Interventionen und ausgebildeten Fachleuten wächst schnell. Man weiß, dass der Ausbildungsprozess für kompetente Achtsamkeitstherapeuten lange und umfassend ist. Die Kombination von großer Nachfrage und Bedarf an umfassender Ausbildung wirft viele Fragen über den Ausbildungsprozess selbst auf; soll er überarbeitet oder dermaßen geändert werden, damit eine höhere Anzahl an ausgebildeten Therapeuten möglich ist? Oder ist es wichtig, alles so zu belassen, wie es ist, mit Rücksicht darauf, dass unterschiedliche Ausbildungszeiten notwendig sind, um die vollständige Entwicklung der enormen erforderlichen Kompetenzen zu ermöglichen um Achtsamkeit zu lehren? Anders gesagt, sollen wir Qualität und Ausbildungsdauer opfern um mehr qualifizierte Therapeuten hervor zu bringen? Um Aufschluss über jene Fragen zu geben, werden aktuelle Ausbildungsmodelle und auch ein kurzer Überblick über die Literatur zum Thema: Ausbildung kompetenter Achtsamkeitstherapeuten gezeigt. Schlüsselwörter: Achtsamkeitsbasierte Interventionen; Lehrerausbildung, Psychotherapie, Therapeuten

CUISSON LENTE ET RAPIDE DU POIS CHICHE DE RUMI: QUESTIONS SUR LA FORMATION D'ENSEIGNANTS EN INTERVEN-TIONS BASÉES SUR LA PLEINE CONSCIENCE

Résumé: Il y a un intérêt rapidement grandissant avec des demandes pour des interventions basées sur la pleine conscience et pour des professionnels qui y sont formés. Le processus de former des thérapeutes compétents en la pleine conscience est connu pour être longue et onéreux. La combinaison de demandes fortes avec le besoin de formation approfondie et complète soulève beaucoup de questions sur le processus de formation lui-même; doit-il être révisé ou changé de façon à permettre la formation d'un plus grand nombre de thérapeutes ? Ou est-ce essentiel de tout garder tel quel, compte tenu les différentes périodes de formation nécessaires afin de permettre le plein développement des vastes compétences requises pour pouvoir enseigner la pleine conscience ? Autrement dit, devrions-nous sacrifier la qualité et la durée des formations pour produire d'avantage de thérapeutes qualifies ? Afin de pouvoir traiter ces questions, des modèles de formation actuels y sont décrits ainsi qu'un bref survol de la littérature relative à la formation de thérapeutes à la pleine conscience.

Mots clés: Interventions basées sur la pleine conscience; formation d'enseignants, psychothérapie, thérapeutes

МЕДЛЕННОЕ И БЫСТРОЕ ПРИГОТОВЛЕНИЕ ГОРОХОВОГО СУПА РУМИ: ВОПРОСЫ ОБУЧЕНИЯ ПРЕПОДАВАТЕЛЕЙ ИНТЕРВЕНЦИЙ, ОСНОВАННЫХ НА ИДЕЕ ОСОЗНАННОСТИ

Резюме: настояшее время растущий наблюдается быстро интерес к интервенциям, основанным на идее Осознанности, и запрос на обученных практике профессионалов. Известно, что процесс подготовки области компетентных В этой специалистов - долгий и интенсивный. В связи с высокими требованиями необходимостью тшательного освоения материала возникает много вопросов по организации обучающего процесса. Должен ли этот процесс быть пересмотрен или изменен для увеличения количества прошедших тренинг терапевтов? Или же важно сохранить его в том виде, в котором он существует сейчас, поскольку для полного развития большого количества навыков необходимы различные периоды обучения? Другими словами, должны ли мы пожертвовать качеством и продолжительностью тренинга для увеличения количества квалифицированных терапевтов? Обсуждаются существующие модели тренинга, а также дается краткий обзор литературы по обучению компетентных

Ключевые слова: основанные на идее Осознанности интервенции, тренинг преподавателей, психотерапия, терапевты



he increasing evidence of the efficacy of mindfulness-based interventions in psychotherapy has resulted in a growing demand for qualified professionals (Crane et al., 2012a). Considering the vast skill-set that is needed to become competent, the process of training mindfulness teachers proves to be a complex and extensive one (McCown, 2013; McCown, Reibel & Micozzi, 2010; Pollack, Pedulla & Siegel, 2014).

Rumi (2004) described the necessary slow-cooking process of the chickpeai and, as a metaphor of teacher cultivation, it raises an important question for our community. Mindfulness, as a contemplative, spiritually-rooted approach to relieving distress, requires a training model that provides the time and space for growth, but with the claims on efficacy comes a desire to implement efficient training in order to meet the call for more mindfulness treatments. Does this place the 'slow-cooking' style of therapist development at risk or, in the face of demand, will 'pressure-cooking' become our model? This article describes what is expected of aspiring mindfulness teachers, contemporary training models, and the implications for the mindfulness training community given the increasing demand for psychotherapeutic mindfulness. It is important to note that the dominant model of training and the assessment of its effectiveness is for class-based training (Crane et al., 2012b); while individual therapists may engage in this level of training, theirs is usually obtained through shorter-term processes such as workshops. Thus, for the sake of clarity, we have referred to "teachers" on the training path and include individual as well as those focused on group treatments.

Understanding the teacher training of mindfulness requires a clear comprehension of mindfulness, whose intricate nature is multi-dimensional (Shapiro & Carlson, 2009) and can be experienced as a concept, as a psychological processes, and as a set of practices or skills (Germer, 2013). This complexity of elaborating a concise conceptual definition with the potential for multiple operational definitions, in turn, carries implications for the teacher training process because the definition will shape what is being developed in the training of mindfulness teachers.

At the same time, the mindfulness teacher's skills must reflect mindfulness in its wholeness: from the conceptual understanding, to the art of teaching it. This skill-set is acquired through different modes of learning and through an extensive process (Crane et al., 2012a): in many ways, very similar to the experiential process of training psychotherapists. Aspiring mindfulness teachers are trained didactically in both the theoretical background and science of mindfulness, and experientially through personal practice and meta-cognitive processes. They cultivate skills such as authenticity, authority through deep knowing, and friendship through the form of caring and creative self-disclosure (McCown et al., 2010). Additionally, through their personal practice, they learn to embody the methods and teachings of mindfulness, which is known as a vital skill in both teachers and therapists (Kabat-Zinn, 1990; Van Aalderen et al., 2012). Other specific skills that are necessary are the ability to guide group processes (stewardship of the group), deliver didactic material, conduct formal and informal practice, and perform direct inquiry into the participant's experience (McCown et al., 2010). A complex skill to acquire, the inquiry process holds most of the transformative power for participants (McCown et al., 2010, p. 127). Finally, another mode of learning in the development of essential skills is by teaching, often referred to as the 'co-creation' of mindfulness.

Consequently, the sought-after skills in mindfulness teachers differ significantly from other therapeutic models. What

separates mindfulness from other approaches stems from the fact that it is not a technique or a set of therapeutic tools that can be learned and performed (McCown et al., 2010). It is not to be used when it just feels right and then put to rest in the toolbox when done. Instead, mindfulness is more a 'way of being' and the training process therefore differs significantly in length and content from traditional teaching approaches.

Most traditional training models operate as a top-down learning process, building on theoretical knowledge that eventually transfers into practice. A review of the literature on mindfulness training by Baer (2003) highlighted the important differences between training from a mindfulness perspective versus training from more contemporary approaches, such as cognitive-behavioral therapy (CBT). The differences include: adopting a non-striving or non-goal-oriented attitude in therapy; this diverges from contemporary approaches, which are based on goals-clarification and goal-setting. Teaching mindfulness also demands that one adopts, and models, an accepting and non-judging attitude towards clients' thoughts, which differ from the traditional CBT method of labeling thoughts and deliberately changing them. Additionally, one of the most prominent differences



between mindfulness and contemporary CBT therapists is the necessity for professionals teaching mindfulness to engage in personal, regular practice. In other words, mindfulness teachers are expected to "practice what they preach".

TRAINING MODELS

Current models in teacher training programs offer various training pathways to develop the skills and competencies for delivering mindfulness-based programs. In addition to establishing strong clinical skills prior to mindfulness training, health care professionals enrolled in training programs are expected to engage in intensive training in order to cultivate their personal practices. A summation of these components, via internationally recognized training models from the Center for Mindfulness, Worcester, MA - UMass: the Center for Mindfulness in San Diego; the Institute of Meditation and Psychotherapy in Boston; and Bangor University's Centre for Mindfulness Research and Practice is outlined below.

Experiential learning is fundamental in teacher training for mindfulness-based programs. Practitioners are expected to have an on-going daily practice, including formal and informal meditation, prior to applying for teacher training and certification (CFM San Diego. 2015; CFM UMass,

2014; CMRP, 2015; IMP, 2014). Attending silent meditation retreats is also integral to experiential learning, with a gradual progression from two to three-day retreats to longer ones (i.e., five days or more) during and after the training process (CFM San Diego, 2015; CFM UMass, 2014; CMRP, 2015). Training programs also require participants to regularly implement body-centered practices, such as yoga or Tai Chi. From this base of a strong personal practice, practitioners participate either in a mindfulness-based intervention (MBI) program as a participant-observer, or an intensive week-long program. The Institute of Meditation and Psychotherapy integrates meditation practices and on-line group learning and discussions over the course of nine months (IMP, 2014).

Didactic learning develops concurrently with experiential learning in such mindfulness teacher training programs. In the CFM UMass program, comprehension of the didactic material occurs during an eight-week Mindfulness-based Stress Reduction (MBSR) practicum, or nine-day intensive practicum, where participants develop an understanding of the theory and practice of MBSR and deliver seminars on topics relevant to the curriculum (CFM UMass, 2014). The Institute of Meditation and Psychotherapy (IMP) incorporates numerous modes of training to

facilitate didactic learning, like weekly classes, designated readings, discussions, presentations, and residential retreats (IMP, 2014). Practitioners may also facilitate didactic skill acquisition on their own time, outside of the intensive training courses, such as attending relevant skills workshops best suited to their clinical work and healthcare practices (CMRP, 2015; Pollack *et al.*, 2014).

Group processes and mentor supervision are also essential to the intensive teacher training programs (Evans et al., 2014). Learning to attend to the group dynamics and working with a variety of clinical experiences within a group setting may be developed through experiential practices during residential retreats (CFM San Diego, 2015; CFM UMass, 2014; CMRP, 2015; IMP, 2014), as well as group practicums (CFM UMass, 2014) and small group consultations and group discussions among teacher trainers and leading experts (IMP, 2014). As mindfulness practitioners progress through the training protocols and reach a "basic level of training", so as to be able to teach MBI courses (CFM San Diego, 2015), guidance and supervision from a mentor (i.e., lead senior teacher and expert) follows. Length of supervision depends on the specific training models, such as a minimum of eight to 10 supervisor meetings (CFM UMass, 2014);





10 hours of mentorship (CFM San Diego, 2015); 120 hours of faculty contact (IMP, 2014); and assessing teacher competency via video/audio recordings during eightweek MBSR programs (CFM San Diego, 2015; CMRP, 2015). Furthermore, supervision from a 'mentor' during their training process facilitates their on-going learning and skill development. For example, practitioners may engage in a "Post Supervision Reflection and Assessment" with a senior MBSR teacher for feedback and guidance in order to continue with ongoing training, retreats or teaching classes (CFM UMass, 2014), or to develop teaching portfolios throughout the duration of their training program (CMRP, 2015).

Engaging in an intensive immersion processes so as to understand, conceptualize, and facilitate mindfulness-based courses is essential to the efficacy of such teacher training intensive programs. Achieving competencies, beyond the basic levels of training, consists of embodying the practice of mindfulness through intensive training protocols, while also integrating the practices into the practitioners' everyday lives. Delving deeper into skill acquisition and knowledge comprehension requires profound practice, self-reflection, and attuning to the needs of clinical populations with great care and transparency. Fostering these skills during the training programs calls for thorough training procedures. For example, practitioners enrolled in the Center for Mindfulness UMass program all participate in an eight-day residential Teacher Development Intensive (TDI) training, focusing on "sustained inner work in the context of a rigorous teaching laboratory" (CFM UMass, 2014). Expectations rise to attend multiple meditation retreats for longer durations (CFM San Diego, 2015; CFM UMass, 2014; CMRP, 2015; IMP, 2014), in addition to facilitating more MBSR courses (i.e., five additional courses postqualification status) to achieve full certification (CFM San Diego, 2015).

Furthermore, deep self-reflection may occur through one's reflective writings and personal self-assessment. For instance, participants in Bangor University's Centre for Mindfulness Research and Practice training program immerse themselves in rigorous self-assessment in relation to good teaching practices within an ethical framework, (CMRP, 2015; UK Mindfulness-Based Teacher Training Network, 2011). The CMRP's Teaching Training Pathway (TTP) encourages self-assessment via the Mindfulness-Based Interventions **Teaching Assessment Criteria (MBI-TAC)** (Crane et al., 2012b). Practitioners use the MBI-TAC as a reflective tool assessing six different domains of competency, including: "1. Coverage, pacing, and organization of curriculum; 2. Relational skills; 3. Embodiment of mindfulness; 4. Guiding mindfulness practices; 5. Conveying course themes through interactive inquiry and didactic teaching; and 6. Holding group learning environment", (Crane et al., 2012b, p. 3). Participating in such aforementioned training protocols that include experiential and didactic learning, group processes, mentor supervision, and an intensive immersion process sets the intention to develop necessary skills and knowledge for healthcare professionals to effectively deliver mindfulness-based programs. These intense protocols demand a degree of long-term dedication from aspiring teachers and the clinician's growth, and the quality of therapy is expected to reflect the impact of such training.

RESEARCH ON TRAINING MINDFULNESS

Current research on the process of training competent mindfulness teachers indicated significant changes in the clinicians' personal state of mind, and some changes in the facets of mindfulness skills. A recent study showed an 8-week intensive mindfulness training program for therapists contributed to foundational mindfulness skills, attitudes and relational qualities (Lee, 2013) that were first observed in therapists' personal lives,

outside of therapy, and then in their clinical work with clients. After the 8-week intensive training program, therapists reported: feeling increased 'present moment' awareness in session; a greater ability to meet clients where they are; and an increased capacity to let go of expected treatment outcome and treatment success. Clinicians also reported being able to recognize their own limits in helping others, and observed a shift, from feeling rushed to 'fix' clients, to letting go and bearing witness to suffering. Hence, therapists showed a greater acceptance of client's difficulties and were less judgmental. Clinicians in their work also embodied essential relational qualities, such as listening skills, openness, tolerance for silence, and patience. They also reported feeling more empathy and compassion, both for themselves and their clients. Therapists also reported an enhanced curiosity and openness towards their client's stories, accompanied by a nonstriving stance and attitudes reflecting their mindfulness practice. These changes suggest that the training to be a mindfulness teacher shifts the therapist's way of 'being' that transfers from their personal lives to their clinical practice. It also reveals that deeper attitudinal changes can start to take place within a relatively short time, although sustaining the mindfulness skills may be a different issue.





A team of Australian researchers developed a brief, standardized mindfulnesstraining program to teach mindfulness knowledge, skills and attitudes to mentalhealth professionals (Aggs & Bambling, 2010). The brief sessions (90 minutes) occurred over an 8-week period. Participants reported: feeling less stressed and less tense after undergoing the training program; a greater ability to invoke mindful-states of consciousness both on demand and during therapy; higher levels of acceptance; and less judgment towards their own private experience, as well as that of their clients. They also reported less reactivity in session, when compared to pre-training, which translated into an increased ability to let go of difficult emotions, or thoughts as they surfaced during therapy sessions. Results however did not yield significant improvement in other core mindfulness skills: such as attention regulation; focused attention on clients; or maintaining awareness of their own internal states during therapy. These results suggest that the development of mindfulness-related attitudes and skills, such as attention regulation, may be independent constructs, requiring different training periods in order to properly develop. More precisely, a longer period may be needed in order to develop the latter and may suggest different training trajectories for clinical versus mindfulness skills.

Davis and Hayes (2011) reviewed the literature on the benefits of mindfulness practice in both therapists and trainees; they support the idea that mindfulness training improves one's clinical practice in many respects. Reported benefits include: greater empathy and self-compassion; decreased stress and anxiety; greater counseling skills; greater perceived self-efficacy in clinical work; greater ability to distinguish clinician's internal processes from the client's; and increased patience and gratitude, as well as increased body awareness. In developing more capacity for empathy, one of the reviewed studies showed increased empathy in counselors after participating only in a four-week Zen meditation training (Lesh, 1970; as cited in Davis & Hayes, 2011), suggesting that some skills can be acquired rather quickly. Reviewed studies also suggested the presence of a relationship between greater mindfulness and greater perspective-taking (a dimension of empathy) (Davis & Hayes, 2011). Interestingly, the relationship between these two has been shown to be fully mediated by selfcompassion. Such results show the interconnectedness and multi-layered process of training in mindfulness skills.

Significant to cultivating strong teachers, the commonly-held ideas and thoughts on the training process amongst specialists on the subject of mindfulness are of interest. Researchers recruited experts in the field of mindfulness and surveyed their opinions as to what specific competencies should be developed in psychotherapists who wish to teach mindfulness as part of their clinical practice (Stauffer & Pehrsson, 2012). Results indicated that personal practice of mindfulness, prior to training others, is essential: suggestions ranging from six months to a year of prior practice. Keeping an active daily practice was also labeled as crucial. Moreover, they agreed that specific skills should be developed if one wishes to actively teach mindfulness. These are: the ability to integrate or incorporate mindfulness methods and practices in everyday life; and the ability to distinguish mindfulness-related psychological processes from other clinically relevant psychological processes (i.e. psychotic features, dissociation, etc.). Specialists also endorse that it is essential that therapists: know about the diverse types of mindfulness practices available; know how to apply or carry-out such mindfulness practices; and recognize when to use them. More precisely, it is critical that therapists know how to apply various mindfulness practices, to specific clientele, and specific disorders, without harming them. Finally, therapists should have personally practiced every mindfulness me-

thod that they wish to teach, or use with clients, prior to doing so. The consulted panel likewise firmly supported the necessity of engaging in mindfulness-related processes in order to further develop teaching skills (Stauffer & Pehrsson, 2012).

Engaging in a meta-cognitive examination through the practice of mindfulness, and being willing to do the internal work, are said to play an important role in the development of the mindfulness teacher's skills. In other words, one needs to be willing to engage in an internal exploration process, before doing any exploration with clients. Although not exclusive to the teaching of mindfulness in a clinical setting, mindfulness experts are adamant about the importance of seeking continuing education opportunities, and keeping up-to-date with the topic and practices of mindfulness (Stauffer & Pehrsson, 2012). While the surveyed opinions do not necessarily aim for a different or a new set of competencies, they comprise a continuation of what is typically asked of any mental health practitioner with an added dimension of a personal commitment to embody the skills.

Taken altogether, the positive and broad impact of incorporating intensive mindfulness training into therapist's education, whether for personal outcomes, for





therapeutic and client-related benefits, or for assuring competence, are complex to administer. Although results from many studies suggest that the development of acceptable mindfulness skills can be accomplished within most intensive programs, and longer periods of training, combined with sustained practice, are essential for teachers to fully bloom.

CONCLUSION

The process of training mindfulness teachers operates at a different level from traditional training in psychotherapeutic skills; it is a bottom-up approach to learning, rather than the top-down approach of other modalities, such as traditional CBT. Experience and personal practice of mindfulness are the building blocks of knowledge; comprehension, wisdom and insight emerge from the aspiring teacher's practice. Although some of the knowledge is acquired through didactic methods, more substantial learning happens through personal encounters with mindfulness. Moreover, the mindfulness (as a spiritually-oriented modality) calls for clinical oversight in how therapist and client articulate common or conflicting values. An adjunct to this last point is the reality that contemplative processes require a lifetime to cultivate and develop, a non-negotiable aspect of training with significant implications for short, intensive training models. These issues form a considerable challenge in designing appropriate training protocols and holding that space with integrity.

Balancing the growing demand for skilled teachers with the time required to cultivate mindfulness in teachers will require careful oversight. First, mindfulness training will have to be careful to not become trapped in a version of Rosenzweig's (1936) "Dodo-Bird verdict"; in this case, that all aspiring teachers - given equal cooking time - can cultivate the necessary skills. The process of screening in and out is necessary, though it may seem antithetical to the inclusive spirit of mindfulness practice. Secondly, training facilities commit attention to the personal growth of aspiring teachers, balanced by a resistance to increasing demands. Despite the temptation to opt for a 'fast-cooking' process, concerns for the integrity of mindfulness, as a valuable treatment and a sense of ethical responsibility for the often-vulnerable populations it serves, must remain major considerations. Finally, mindfulness teacher training institutes are also faced with the necessity for solid mentoring and supervision (Evans et al., 2014), which in turn means a need for highly experienced teachers to retain ongoing roles of supervisors and mentors. This perhaps points to the most important agenda for the community, cultivating the next generation of wise teachers (or cooks) to take on the mantel of nurturing new aspiring teachers.

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ENDNOTES

¹ A Chickpea to the Cook: A chickpea leaps almost over the rim of the pot where it's being boiled. 'Why are you doing this to me?' The cook knocks him down with the ladle. 'Don't you try to jump out. You think I'm torturing you. I'm giving you flavor, so you can mix with spices and rice and be the lovely vitality of a human being. Remember when you drank rain in the garden. That was for this.' Grace first. Sexual pleasure, then a boiling new life begins, and the Friend has something good to eat. Eventually the chickpea will say to the cook, 'Boil me some more. Hit me with the skimming spoon. I can't do this by myself. I'm like an elephant that dreams of gardens back in Hindustan and doesn't pay attention to his driver. You're my cook, my driver, my way into existence. I love your cooking.' The cook says, 'I was once like you, fresh from the ground. Then I boiled in time, and boiled in the body, two fierce boilings. My animal soul grew powerful. I controlled it with practices, and boiled some more, and boiled once beyond that, and became your teacher' Rumi