

Minding the Gap: Working with Participant-Curriculum Mismatch



Importance of Participant–Curriculum Mismatch

- No interaction can perfectly meet our expectations or needs.
- Manageable mismatch of expectations and needs offers necessary learning to build resilience.
- Group learning offers rich opportunities for experiencing mismatch when in a safe context.
- If the mismatch becomes excessive this can trigger strong emotions such as fear, anger, confusion, shame or shut-down.
- The fear of being seen to fail is a very strong emotional driver of behaviour.

Risks from Adapting a Curriculum

- Unexpected reactions to adaptation by vulnerable individuals.
- Disregarding the expertise of those that devised the original curriculum.
- Reactive gut feeling is misinterpreted as expert intuition as the basis of adaptation.
- Adaptation is led by avoidance of teacher or participant difficulty rather than being led by participant need.
- Adaptation may undermine comparative research methodologies.
- Purchaser/participant expectations regarding content may not be met.
- Adaptation may heighten performance anxiety of teacher compared to repeating familiar material.
- Assessment of trainee mindfulness teacher competence by observation linked to standardised criteria becomes more complicated.

Benefits from Adapting a Curriculum

- Adaptation foregrounds participant need and encourages dialogue about mismatch and engagement in unfolding course content with participants.
- Unexpected reactions to adaptations can lead to new insights and practices being developed – the ‘mistake’ become an insightful practice.
- Adaptation honours the expertise of teacher and participants in the process of cultivating mindfulness together (see McCown (2013) on co-creation of mindfulness by groups).
- Research in other therapies (e.g. CBT: Hauke et al, 2014) suggests improved outcomes in moderately adapted courses compared to courses with rigid adherence to a manualised curriculum.
- Willingness to adapt brings open curiosity in the face of uncertainty and the unknown more vividly into the experience of teaching.
- If adaptation arises from pausing, stepping back to open to the big picture, and responding to what is present rather than reacting on the basis of past information, **is this not an example of embodying of mindfulness in our teaching?**

Curriculum Congruent Adaptation

- Different types of MBI curricula support different forms of adaptation.
- The curriculum type determines whether an adaptation is congruent with the philosophy of the MBI or not.
- In practice most MBIs are tolerant of a degree of adaptation but it can be helpful to tease out some of the extreme positions.

Curriculum Congruent Adaptation

Who or what is required to change if there is a mismatch?

- **Participant-Centred:** The course curriculum is adapted to meet the needs of the participants.
- **Curriculum-Centred:** The participants are expected to adapt to the requirements of course curriculum.

How is the MBI curriculum defined?

- **By Cultivation of Capacities:** The underpinning process of incremental cultivation of skills/capacities is central to the course definition. Components can be re-ordered, adapted or substituted if the same capacities are being cultivated.
- **By Component & Sessional Content:** Description of the form of specific practices is central to the course definition. Adapting components is potentially seen as changing the nature of the MBI.

Who is 'Allowed' to Adapt a Curriculum?

There can be judgements arising from this question based on:

- **Mindfulness Teaching 'Expertise'**: Beginner mindfulness teachers/trainees **or** experienced teachers of an MBI **or** only an MBI's originators.
- **Participant 'Expertise'**: The participants as experts on their experience **or** professionals familiar with needs of a specific population **or** expert mindfulness teachers/MBI originators familiar/unfamiliar with a specific population's needs.
- **Mindfulness Tradition 'Expertise'**: Secular **or** traditional; Buddhist **or** non-Buddhist.
- **Gatekeeper Power**: Training, research, funding & regulatory organisations or service purchasers/providers may have implicit or explicit positions on the acceptability of adaptations.

Endless Adaptations?

Mindfulness Based Stress Reduction (MBSR) – developed by Jon Kabat Zinn in late 1970s.

First session of **8** features mindful **R**aisin eating and a **B**ody **S**can (**8RBS** format)

Other 8RBS MBIs include:

- Mindfulness Based Cognitive Therapy (MBCT) – depression focus
- Mindfulness Based Relapse Prevention (MBRP) – addiction focus
- Mindfulness Based Child-Birth & Parenting (MBCBP)
- Mindfulness Based Living Course (MBCL) – compassion focus
- Finding Peace in a Frantic World (FPFR) – self-help MBCT with shorter practices
- .bFoundations (.bF) – MBSR/FPFR for teachers

Endless Adaptations – non- 8RBS

MBIs with a different session 1 focus include:

- Mindfulness Based Pain Management (MBPM - Breathworks) – pain & long-term illness focus
- Mindfulness in Schools Project: .b – mindfulness for younger people
- Mind Self-Compassion (MSC) – compassion focus
- Mindfulness Based Compassionate Living (MBCL) – compassion focus
- Mindful Resilience Enhancement (MRE) – accessibility focus & capacity based curriculum

Concept of Integrity: origins

Building on Waltz et al. (1993); Weck et al., (2011) differentiated 3 aspects of **treatment integrity** (by which they mean the treatment is carried out as intended):

1. **Adherence:** the extent to which the therapist uses interventions and approaches as they are described in the treatment manual.
2. **Treatment differentiation:** how the treatment differs from other forms of treatment and what content is delivered that is not part of the treatment manual (*so NOT the same as 'differentiated learning' in educational contexts*).
3. **Competence:** how skilfully the therapist is able to carry out the interventions. Competence includes taking the treatment context or client variables into account appropriately such as the client's:
 - life situation
 - specific problems
 - degree of impairment
 - ability to engage in the therapy.

Waltz, J., Addis, M. E., Koerner, K., & Jacobson, N. S. (1993). Testing the integrity of a psychotherapy protocol: assessment of adherence and competence. *Journal of Consulting and Clinical Psychology, 61*(4), 620.

Weck, F., Bohn, C., Ginzburg, D. M., & Stangier, U. (2011). Treatment integrity: implementation, assessment, evaluation, and correlations with outcome. *Verhaltenstherapie, 21*(2), 99-107.

Intervention Integrity :

- In the context of mindfulness teaching, Intervention Integrity has been developed as a conceptual framework from Weck et al's (2011) Treatment Integrity.
- It is proposed to have 3 dimensions:
 - **Adherence:** level of inclusion of required curriculum
 - **Differentiation:** level of inclusion of curriculum that is not part of the approach
 - **Competence:** level of teaching skill in delivering the approach
- Note that Weck's original inclusion of client variables in 'competence' has been lost from the definitions in the mindfulness literature.

Integrity Creep!

In the mindfulness literature Weck's '**Treatment Integrity**' has been renamed '**Intervention Integrity**' to reflect the collaborative nature of mindfulness teaching

- **Intervention Integrity** is considered to include: Adherence, Differentiation & Competence but without explicit inclusion of Weck's 'context/client variables' (Crane et al, 2012 & 2013)...and this has become...
- **Teaching Integrity & Teaching with Integrity:** Teaching in a manner that maintains intervention integrity (Evans et al, 2015)...and this risks becoming...
- **The Integrity of the Mindfulness Teacher:** Still meaning "A mindfulness teacher has integrity if they teach in a manner that maintains intervention integrity" - But is this the meaning that would be understood without giving the definition?

'**Integrity**' is such an emotive word it needs careful definition when used – without careful definition the phrase '*teaching with integrity*' can be misapprehended as having a dimension of personal or professional ethics.

Crane, R. S., Eames, C., Kuyken, W., Hastings, R. P., Williams, J. M. G., Bartley, T., ... & Surawy, C. (2013). Development and validation of the mindfulness-based interventions-teaching assessment criteria (MBI: TAC). *Assessment*, 20(6), 681-688.
Crane, R. S., Kuyken, W., Williams, J. M. G., Hastings, R. P., Cooper, L., & Fennell, M. J. (2012). Competence in teaching mindfulness-based courses: concepts, development and assessment. *Mindfulness*, 3(1), 76-84.
Evans, A., Crane, R., Cooper, L., Mardula, J., Wilks, J., Surawy, C., ... & Kuyken, W. (2015). A framework for supervision for mindfulness-based teachers: a space for embodied mutual inquiry. *Mindfulness*, 6(3), 572-581.

Recognising 'Contextual Integrity'

Developing Weck et al.'s (2011) inclusion of treatment context/client variables, the concept of '**Contextual Integrity**' (as a provisional label) potentially offers a necessary counterbalance to **Intervention Integrity**.

- **Contextual Integrity** could be considered to have more mindfulness and compassion orientated attributes in comparison to the content adherence and delivery attributes of Intervention Integrity.
- **Contextual Integrity** could be considered to have these attributes:
 - **Presence:** Engagement with what is physically and psychologically present for self and other.
 - **Openness:** The willingness to allow what is present to be present and another's experience to be valid in its own right.
 - **Warmth:** The empathic connection to the individual and the emerging group process.
 - **Wisdom:** Insight into the underlying processes giving rise to human experience in general and the experience of the participants in the group in particular.
 - **Courage:** The willingness to let go of the apparent certainties of a session plan and be open to and act on what emerges in response to participant need.

(These attributes build on Paul Gilbert's (2010) definition of compassion and are also resonant with Roger's Core Conditions. An alternative would be to adapt Kabat-Zinn's attitudinal foundations of mindfulness practice.)

Redefining 'Teaching Integrity'

A provisional definition:

- “**Teaching Integrity**, as a mindfulness teacher, is a dynamic state emerging from the interplay of **Intervention Integrity** and **Contextual Integrity**.”
- This definition brings core qualities of mindfulness and compassion more explicitly into the heart of teaching mindfulness with integrity.
- It also acknowledges that there is a creative tension central between Intervention and Contextual Integrity – both being essential to teaching mindfulness with integrity.
 - Over-emphasis of Contextual Integrity risks undermining Teaching Integrity by losing Intervention Integrity’s essential scaffolding qualities.
 - Over-emphasis of Intervention Integrity risks undermining Teaching Integrity by losing Contextual Integrity’s essential wise & compassionate adaptation qualities.

The Mindfulness Teaching Cycle



In education, the concept of the **teaching cycle** is widely used to:

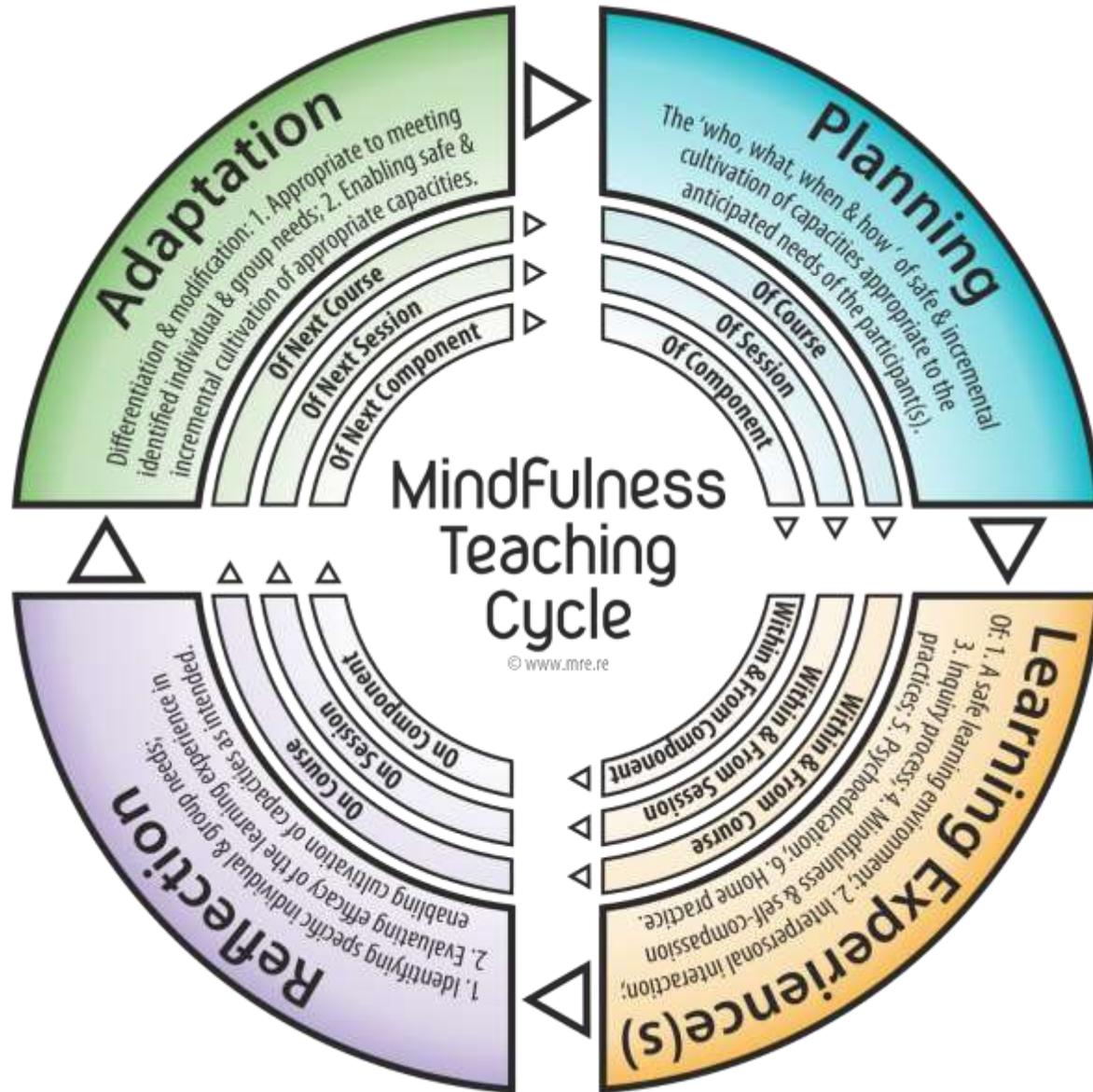
- Provide a framework for reflection on the learning process
- Inform differentiating the learning environment so that each student has their individual learning needs met.

There are many variations, the following diagram offers a version adapted to reflect mindfulness teaching.

- The Reflection & Adaptation phases assume the teacher can accurately gauge participant need. *However:*
 - Participants may present habits of avoidance or safety behaviours as need.
 - Participants may take many sessions to develop sufficient trust with the teacher and/or to feel safe enough in the group to openly share their experience; or they may never do so before the end of course.
 - The teacher may misinterpret what participants share.

Owen, R. C. (1999). The teaching and learning cycle: A key construct of the learning network. www.rcowen.com.

Stoll, C., & Giddings, G. (2015). Re-Awakening the Learner: Principles and Tools to Create School Systems to Achieve Personalized Mastery. Rowman & Littlefield.



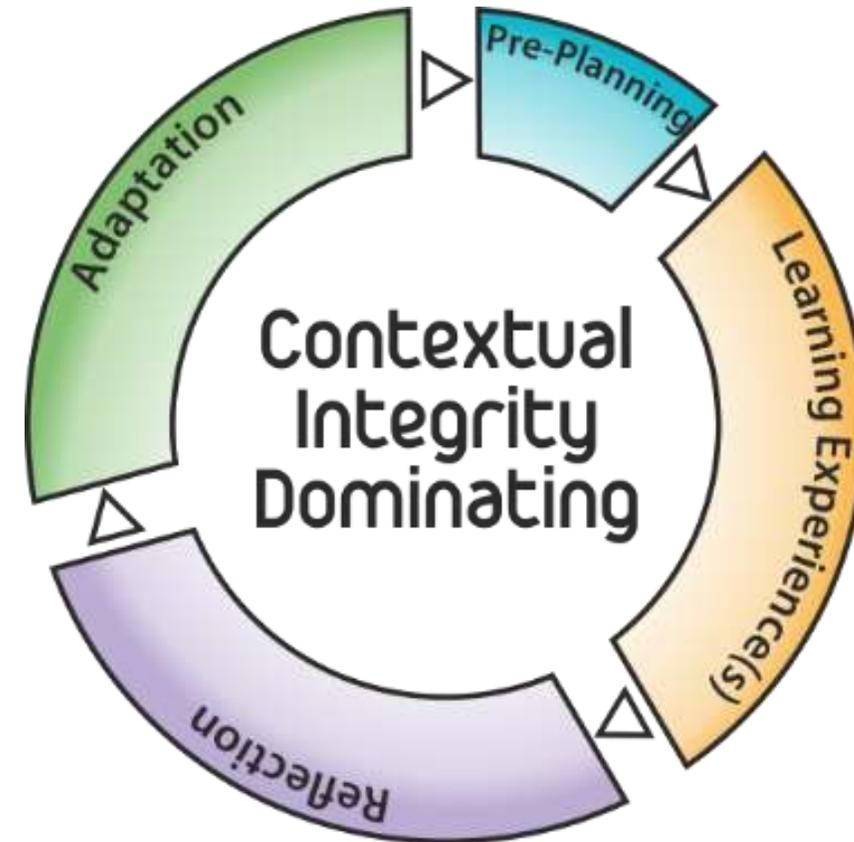
The advantage of short practices in the sessions, especially in the first weeks, is that there can be many more iterations of these teaching cycles (with the associated inquiry opportunities) compared to sessions with longer practices; this fosters Contextual Integrity.

Teaching Cycles with Contextual or Intervention Integrity Dominating:

- The following diagrams represent extreme positions.
- In reality, the actual delivery of MBIs will almost always have some degree of adaptation both to participant need and of delivery of what was planned.

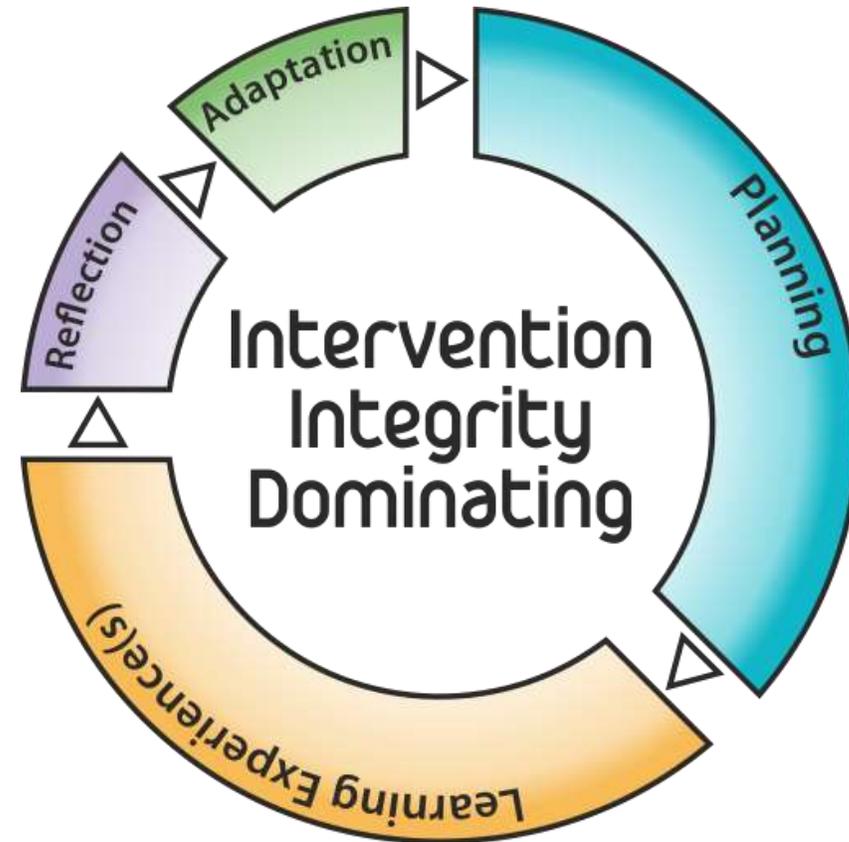
Contextual Integrity Dominating:

- Here the focus of teaching shifts away from pre-planning and towards in-the-moment responses to emerging experience.
- Risks becoming unsafe through loss of focus on over-arching aims & loss of associated group cohesion based on agreed aims.
- Risk of dominant group members leading teaching agenda while less expressive group members' needs are not met.



Contextual Integrity Dominating:

- Here the focus of teaching is on adherence to the planned curriculum.
- Risks becoming unsafe through disengagement with emerging need.
- Planned curriculum and participant need can become ever-more divergent.



Adherence and the Therapeutic Alliance

- Adherence to a manualised curriculum (aka fidelity) has a complex relationship with the therapeutic alliance and with therapist expertise.
- Intervention Integrity is explicitly associated with adherence whereas Contextual Integrity could be considered to be more associated with the therapeutic alliance.
 - Research on 1-2-1 psychotherapy seems to show little association between outcome and adherence but stronger associations between outcome and the therapeutic alliance and outcome and expertise (see refs below).
 - Novice therapist's outcomes may benefit from greater adherence, expert therapist's outcomes from moderate adaptation (Webb et al, 2010).
- One mindfulness study (Daubenmier et al, 2016) might indicate improved outcome where expert teachers adapt the curriculum.
 - Given that all MBIs could be considered to originate with experts adapting existing interventions to meet perceived need it would seem strange if expert teacher outcome being associated with adaptation was not a consistent finding.

Campbell, B. K., Guydish, J., Le, T., Wells, E. A., & McCarty, D. (2015). The relationship of therapeutic alliance and treatment delivery fidelity with treatment retention in a multisite trial of twelve-step facilitation. *Psychology of Addictive Behaviors*, 29(1), 106.

Daubenmier, J., Moran, P. J., Kristeller, J., Acree, M., Bacchetti, P., Kemeny, M. E., ... & Milush, J. M. (2016). Effects of a mindfulness-based weight loss intervention in adults with obesity: A randomized clinical trial. *Obesity*, 24(4), 794-804.

Dinger, U., Zilcha-Mano, S., Dillon, J., & Barber, J. P. (2015). Therapist Adherence and Competence in Psychotherapy Research. In R. Cautin & S. Lilienfeld (Eds) *The Encyclopedia of Clinical Psychology*. New York: John Wiley & Sons.

Hauke, C., Gloster, A. T., Gerlach, A., Richter, J., Kircher, T., Fehm, L., ... & Wittchen, H. U. (2014). Standardized Treatment Manuals: Does Adherence matter?. *Sensoria: A Journal of Mind, Brain & Culture*.

Tschuschke, Volker, et al. "The role of therapists' treatment adherence, professional experience, therapeutic alliance, and clients' severity of psychological problems: Prediction of treatment outcome in eight different psychotherapy approaches. Preliminary results of a naturalistic study." *Psychotherapy Research* 25.4 (2015): 420-434.

Webb, C. A., DeRubeis, R. J., & Barber, J. P. (2010). Therapist adherence/competence and treatment outcome: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78(2), 200.

Webb, C. A., DeRubeis, R. J., Dimidjian, S., Hollon, S. D., Amsterdam, J. D., & Shelton, R. C. (2012). Predictors of patient cognitive therapy skills and symptom change in two randomized clinical trials: The role of therapist adherence and the therapeutic alliance. *Journal of consulting and clinical psychology*, 80(3), 373.

Minding the Gap: Theory into Practice

- MBIs have been around for almost 30 years...
 - Only MBSR and MBCT have a significant evidence base...
 - That evidence base is overwhelmingly outcome focused with a tiny number of qualitative studies...
 - The few component analyses have been inconclusive...
- Therefore no-one knows what aspects of any MBI are the most important.
- So it is, for example, unknown whether a body scan in session 1 would be more or less helpful if longer, shorter or a different practice altogether.
- It is therefore important to foster ongoing evolution and co-creation of MBIs through wise adaptation to meet different participant needs.

Hickman, S. D. (2016). This Is The Hour: A Call for Reflection and Introspection in the Field of Mindfulness. *Mindfulness*, 7(2), 293-295.