

# The development, facilitation and initial evaluation of a mindfulness group for a clinical psychology training course

Paul Fisher & Pooja Hemanth

*This article presents an evaluation of a mindfulness group facilitated for trainee and qualified psychologists working in a university psychology clinic. The group was shown to have both personal and professional benefits for participants, but further evaluation is required.*

**K**ABAT-ZINN (1994) suggests that mindfulness is 'paying attention in a particular way: on purpose, in the present moment, and non-judgementally' (p.4). Evidence suggests many potential benefits of mindfulness. These include becoming more aware of thought patterns, being able to detach from these patterns, being less self-judgemental and being able to accept experiences as they are, rather than labelling them as 'good' or 'bad' (Germer, 2005). These benefits are suggested to help manage stress and other aversive states or experiences (Kabat-Zinn, 2003).

Psychological approaches such as acceptance and commitment therapy (Hayes, Strosdahl & Wilson, 1999) and mindfulness based cognitive therapy (MBCT; Segal, Williams & Teasdale, 2001) contain mindfulness exercises and approaches as a core component. Therefore, it is important that trainee clinical psychologists are exposed to the concept of mindfulness during their training.

Trainee clinical psychologists undertake many challenging roles during training and are at risk of experiencing stress, burnout and vicarious trauma (Gockel, 2010; Pakenham & Stafford-Brown, 2012). Given this, training programmes have emphasised the importance of self-care amongst trainees (Myers et al., 2012). However, self-care is often viewed as an individual responsibility of the trainee (Christopher & Maris, 2010) and research suggests that mental health training pro-

grammes struggle to adequately support the health and well-being of students (Pakenham & Stafford-Brown, 2012). As a result, a mindfulness group for trainee clinical psychologists represents a way of helping to meet their self-care needs.

Previous research has shown that trainees experience numerous benefits from mindfulness groups, including increased confidence with administering mindfulness-based interventions and improved mental and emotional well-being (Rimes & Wingrove, 2011; Christopher & Maris, 2010). Some of these groups offer formal course credits to trainees and use formats such as MBCT, which usually requires time commitments of 2 to 2.5 hours per week for eight weeks (e.g. Rimes & Wingrove, 2011).

However, time constraints inherent in clinical psychology programmes can hinder the use of such groups as an addition to the training curriculum (Moore, 2008). The mindfulness group described below aims to offer participants a quick and low intensity introduction to the experience of mindfulness. Given this, it might more adequately meet the requirements of busy clinical psychology training programmes. Demonstrating the professional and personal impact of mindfulness groups during the training of clinical psychologists might encourage other courses to offer such groups to trainee clinical psychologists as a developmental and self-care initiative. This research represents the first

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known piece of research regarding mindfulness to be conducted within a Singaporean clinical psychology training context.

## **Method**

### *The mindfulness group*

The mindfulness group was established by the first author at the James Cook University Singapore (JCUS) psychology clinic. This 'in house' clinic represents a core training placement. A one hour group ran for 10 weeks and was split into two half-hour sections. The first 30 minutes of each session involved a practice taken, with permission, from the audio CDs developed by Dr Russ Harris – 'Mindfulness Skills, Volume 1' and 'Mindfulness Skills, Volume 2' (Harris, 2008a; Harris, 2008b). During the second half of the session, a group member led a mindfulness exercise that they had developed or sourced which was related to the first task (e.g. mindfulness eating, mindfulness walking, practising the noticing of thoughts and developing compassion). This group member then gave the group a weekly task to be practised in their daily routine; this was reviewed the following week. Within each 30 minute section, time was given to discuss group members' experiences of the exercise. The first two weeks were facilitated by the first author, other group members took on this role in the subsequent weeks.

### *Group participants*

Over one year, eight trainee clinical psychologists undertook a placement in the JCUS psychology clinic and all accepted the offer of attending the group. It was explicitly stated that attendance at group was not compulsory for the trainees and their attendance and opinion of the group was not part of any evaluation of their performance. Clinical psychology staff associated with the clinic such as the clinic manager and supervisors were also invited to attend the group. This approach led to 11 participants (not including the overall facilitator) across two groups.

Whilst the facilitator (PF) has personal and professional experience of using mind-

fulness based approaches, group members generally had a low level of previous exposure to these approaches and, for many, the group represented their first experience of mindfulness.

### *Evaluation*

After the 10 sessions, the participants evaluated the group. The evaluation focused on three areas: whether the group had increased the participant's knowledge and understanding of mindfulness, how the group impacted on them personally, and how the group impacted on them professionally. All three questions were rated on a five-point scale.

These quantitative questions were followed with a request for more descriptive, qualitative details of the group's impact – this formed the majority of the feedback given. The main qualitative questions were: 'Can you describe in your own words ways in which the group has increased your knowl-

edge and understanding?' and 'Are there ways in which the group has had an impact on you outside of the group sessions?'

Participants were also asked how they felt the group could be improved and were given space to offer any other thoughts. Evaluation forms were anonymous and were completed after the final session by posting into a secure and confidential box. Ten participants completed evaluation forms. This process was reviewed and approved by the James Cook University, Human Research Ethics Committee.

### *Analysis*

Given the low sample size and the fact that the group represented a pilot, data from the three scaling questions are reported without statistical analysis. All of the qualitative feedback was placed together and feedback which appeared similar in meaning was grouped together by the first author. The second author then reviewed these groupings as a simple validation. The aim was to elicit the overall views of the participants. The outcome of this analysis is described below alongside extracts taken from the feedback forms which serve to illustrate the analysis.

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## Results

The scaling questions showed that participants rated the group to have increased their knowledge and understanding of mindfulness an average of 3.8 out of 5. Participants rated the group to be helpful personally and professionally to them an average of 3.7/5 and 4/5 respectively.

The qualitative feedback data provides more details regarding the impact of the group. All 10 participants who completed the evaluation form described how the group helped increase their knowledge and understanding of mindfulness. Five participants suggested that the group had helped deepen their understanding of the concept of mindfulness. Seven responses commented on the importance of having personally experienced or participated in mindfulness. Three participants suggested that the group had increased their knowledge of particular techniques or issues when using mindfulness with clients. These ideas were represented in one participant's feedback:

*Previously, I had a surface level understanding. Now, after some weeks I have had the opportunity to practice and experience it myself and understand the benefits personally and some of the difficulties. Also, it increased my knowledge about the different techniques.*

Another participant suggested that:

*The experiential way in which the group was conducted allowed me to actively practice the techniques and appreciate how they can be therapeutic.*

Feedback also suggested that participants felt the group had been useful for their self-care. Seven of the 10 participants wrote comments that suggest a personal impact of the group on them, including the group being a useful anchor in the week, helping with the acceptance of difficult feelings and increased feelings of relaxation. One participant captured the personal impact of the group for them with the following feedback:

*I realised that I can control my attention to uncomfortable feelings and thoughts. Also, it*

*helps me to be able to accept the difficult feelings and thoughts, resulting in a more deliberate calm feeling.*

Six participants fed back about the impact of the group in their clinical work. For most, this centred on using mindfulness with clients and having a greater array of mindfulness techniques. As an example, one participant suggested that:

*I now incorporate mindfulness practice into my weekly schedule. Also, I have a better understanding of how to use this technique with clients and have greater confidence in applying techniques.*

Feedback regarding how the group could be improved was more variable, but two participants wanted increased theory to help them understand the basis of mindfulness. In the final thoughts section of the evaluation form, three participants suggested that they had benefited from being in a group. One participant commented on the 'great support from the participants', whilst another appreciated the 'open atmosphere of sharing'.

## Discussion

This study provides an initial evaluation of a new mindfulness group that aimed to provide participants in a clinical psychology training clinic with a low intensity introduction to mindfulness, partly to facilitate the development of clinically relevant skills but also as a way of developing self-care. The evaluation, whilst brief and limited, suggests that the group was successful. The low intensity 10 hour format, with input from all members of the group, meant the participants were able to commit to and benefit from the group.

Clinical psychology is a demanding profession and self-care is integral to personal and professional well-being (Myers et al., 2012). This group represents a tangible and low intensity way that a clinical psychology training course can promote a culture of self-care among trainees. However, only seven of the participants reported the group helpful for their self care. Training courses,

therefore, need to offer a variety of approaches to support trainees' personal development and mindfulness groups should be part of what is offered.

In contrast to previous research (e.g. Christopher & Maris, 2010), one unique aspect of the group was that participants represented both trainee clinical psychologists and qualified clinical psychologists, who in some cases might have been supervising the trainees. In the planning phase, this was seen as appropriate as it aligned with the general approach of mindfulness which emphasises that we are all learners (Kabat-Zinn, 2003). Furthermore, mindfulness literature emphasises the importance of supervisors of mindfulness practices having their own personal experience, partly so they can guide supervisees struggling with mindfulness (McCollum & Gehart, 2010). One concern of running groups containing both trainee and qualified staff members has been the ability of trainees to share their experiences of mindfulness for fear of being evaluated. Interestingly, the mix of participants did not get significant mention in the evaluation process and the trainees in the group did not express concerns about participating alongside staff members. It is unclear if the group experience of sharing and learning together impacted on the relationship between staff and trainees or their perceptions of each other. This would be an interesting area for future research.

For two participants there was a wish for an increased focus on theoretical aspects of mindfulness. However, these wishes need to be balanced against the benefits of a short group and without weakening the emphasis on experiencing mindfulness, which appeared central to achieving the aim of providing a mechanism for promoting self-care. Future versions of the group could be modified slightly, with more information and resources provided at the beginning of the group and a longer first session to allow for a greater introduction to the concept of mindfulness.

The experiences of the participants appear consistent with findings from other

parts of the world. This may be partly because, as suggested within the literature (McCollum & Gehart, 2010), the group emphasised self-care and therapeutic development rather than focusing on religious and spiritual matters.

One particular limitation of the group is that participants may have felt that they were not able to honestly express their views due to their relationship with the first author (who was a member of the staff team) and due to the small sample size. Nonetheless, the confidentiality of the feedback process was demonstrated to the participants, and within their feedback, the participants wrote a range of comments regarding the group.

A more formal and detailed evaluation of the group is needed, in part to ascertain that it is the mindfulness aspect of the group, rather than simply the experience of being in a group that trainees find beneficial. Future evaluation could use both qualitative and quantitative approaches to evaluate the impact of mindfulness groups on the process of training. Qualitative approaches might prove particularly useful in this regard (Christopher & Maris, 2010).

### **Conclusion**

This evaluation demonstrates the potential benefits of facilitating mindfulness groups within clinical psychology training programmes. Overall, the trainees found the experience of a mindfulness group beneficial. Participants were able to articulate the value of the group on their personal and professional development. Training courses have a responsibility to foster the development of self-care amongst trainees and low intensity groups such as this one could be one important component of meeting this need.

### **Authors**

**Dr Paul Fisher**, Clinical Tutor in Clinical Psychology, Norwich Medical School, University of East Anglia; Specialist Clinical Psychologist, Colman Centre for Specialist Rehabilitation, Colman Hospital, Norfolk Community Health & Care NHS Trust; **Pooja Hemanth**, Trainee Clinical Psychologist, James Cook University, Singapore; P.fisher@uea.ac.uk/paulfisher@hipplanet.com

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