

Appraising the implementation of mindfulness within a strategic approach to psychological health

08

SALLY ROSE

Coming to mindfulness

I came to mindfulness through my personal and professional development as a psychotherapist. I worked in the mental health field for many years helping people make sense of their experience and lives through words. Like many therapists I began to understand how our emotional relational experiences are embodied and that body awareness can be a great resource. I was introduced to mindfulness in a workshop on working with psychosomatic problems and had a personal revelation recognizing an association between how I breathed and my way of being in relationships. After further training on mindful body awareness for traumatic stress I decided to go into it more fully. I attended an 8-week MBCT course with Dr Patrizia Collard which was personally and professionally transformative. It offered a practical method to develop the self-awareness I sought for myself and my clients. I haven't looked back.

Stakeholders in staff psychological health and performance can now access a plethora of evidence showing that mindfulness training has beneficial outcomes for working adults; reducing stress and improving mental and physical health and cognitive functioning (Virgili, 2013; Glomb *et al*, 2011). However, there is less evidence about ongoing effects and applications in working life or qualitative accounts of participants' experiences and views about how changes come about. For the organizational stakeholder interested in how best to introduce mindfulness within an organization it is the professional literature that has led the way (Chapman, 2011; Chapman, 2013; and this book).

To complement other forms of evidence I use the notion of 'appraising implementation' (Egan *et al*, 2009) to explore the processes of delivering mindfulness interventions as an extension of a staff counselling and psychological support service within a higher education setting. Their analysis of the evidence for organizational workplace interventions was that 'evaluations of complex interventions should include more detailed reporting of implementation and consider how to measure quality of implementation' (Egan *et al*, 2009: 4). Implementation refers to the setting and contexts in which interventions take place, how they are planned and resourced and what kind of collaborations are involved. Quality of implementation relates to the detail, integrity and fidelity to standard programmes and adherence to 'good practice' guidelines. This professional enquiry into the practice of an organizational service might be considered as *retrospective action research* evaluating progress to date, exploring what might be developed and proposing general recommendations.

The context in which mindfulness has been implemented

Organizational and service setting

Over recent years higher education has undergone a period of rapid change, threat and uncertainty after relatively stable times. Huge changes in financing student education and research have affected the expectations on staff and job security of many roles that may contribute to the psychosocial hazards of the sector (Kinman and Court, 2010; Kinman and Wray, 2013). A highly-honed critical mind may be both an occupational strength and a curse for academics. It may also result in problems remaining hidden and present internal and workplace barriers to accessing help, thus increasing the incidence of burnout (Melendez and de Guzman, 1983).

The University of Leeds employs approximately 7,500 staff. Most work on the main campus or nearby locations. The Staff Counselling and Psychological Support Service (SCPSS) is connected with the Occupational Health Service. Both are part of a larger Wellbeing Safety and Health Service within Human Resources. It was established as an in-house service

in 2010 to extend the existing externally provided staff counselling provision into a more proactive service aiming to reach more staff. Over the past five years we have assessed the needs of our population and formulated two overarching principles that inform our practice. These are: a) a proactive strategic approach to psychological health and occupational stress, supporting the health, work and vision of the organization; b) the Workable Ranges model of stress and emotional regulation and healthy functioning. As we broadened the scope of our work as an organizational service, mindfulness became an integral part of our range of provision to support positive psychological health and functioning.

From our beginnings as an in-house service we were keen to relate to the organization as our client, not just the individual members within it. The British Association of Counselling and Psychotherapy (BACP) guidelines for counselling in the workplace (Hughes and Kinder, 2003) were a key reference point that informed our approach; in particular, the notion that psychological interventions might both reduce or eliminate psychological problems and improve performance by developing the individual. Work with individual staff members highlighted their need and wish to develop the resilience to sustain performance and engagement whilst preventing stress-related risks for themselves, their colleagues and families.

Our vision became to 'support the strategic aims of the University by augmenting the psychological health and resources of staff'. Improving the psychological health and development of individual employees and contributing to constructive and effective working relationships would be addressed through the provision of professional confidential psychological support, consultancy and training. To achieve this we recognized the need to work closely with partners and stakeholders.

The Service aims include facilitating personal and role-based change and interactions at an organizational level to:

- provide timely psychological consultation and support to staff experiencing stress, distress or psychological challenges and enabling them to function more effectively;
- facilitate the development of emotional and social competencies for staff in leadership or management roles or staff who have particular psychological challenges in their work or working relationships;
- proactively promote psychological health at work through consultancy and training events.

Our professional guiding principles

A proactive strategic approach to occupational stress and positive psychological health at work

The traditional demands and control model (Karasek, 1998) conceptualized work stress as an interaction between work demands and the amount of

control over and degree of decisional power in work. Our general approach fits with developments of this model: a) the demand control and resources model (Demerouti *et al*, 2001); and b) contemporary transactional stress theory (Houdmont *et al*, 2010). These later approaches are more dynamic and recognize the significant role of psychosocial support in developing individual coping resources alongside changes to the work context. Our Workable Ranges model (Rose, 2014) also chimes with Karasek's more recent stress-disequilibrium theory (Karasek, 2008) which links interactions between work demands and physiological instability. All our interventions including mindfulness aim to support and increase self-control and personal and interpersonal resources that may in turn support skills to negotiate other forms of control at work.

Our Service and mindfulness initiative mobilize two of the World Health Organization's (WHO) model of action for healthy workplaces. These are improving the psychosocial working environment and developing personal resources in the workplace (WHO, 2010). Operating within wellbeing, safety and health and the development of an organizational approach to workplace health, we see our work in terms of the tiered levels of both a risk management (Murphy, 1996) and an occupational health psychology approach to organizational interventions (Nielsen *et al*, 2010). They differentiate interventions in terms of their focus on the treatment (tertiary) or prevention of individual difficulties (secondary) or aimed at changing the work context and culture (primary). The Service consciously extended from tertiary psychological treatment of people in difficulty to secondary level interventions, to reduce the severity of stress symptoms and prevent health or work problems, and improve coping capacity and resilience. Including role-based support, psycho-education and training was fertile ground for the inclusion of mindfulness in our offering to staff.

Emotional balance and resilience

Workable Ranges is a conceptual framework and a visual psycho-educational tool that I developed (Rose, 2014). It shows the overlap of emotion regulation, integration, healthy functioning and resilience. The diagrammatic model (Figure 8.1) simplifies and maps out a scientific framework of the relationship between healthy balance and integration, via social engagement (Porges, 2011) or self-engagement (Siegel, 2007) and threat-based stress reactions. Unlike other models Workable Ranges illustrates that our primitive psychophysical reactions either mobilize flight and fight hyper-arousal in one direction or immobilize freeze and hypo-arousal in the other (Rose, 2014). The model diagram, reproduced in Figure 8.1 in black and white, is usually presented in colour with *red* for flight and fight, *green* for healthy balance and *blue* for freeze. It emphasizes the importance of mindful presence (Siegel, 2010) in good interpersonal relationships and via mindful self-awareness to wellbeing. The model extends the notion of safe and optimal arousal in child development and psychotherapy (Schore, 2003; Siegel, 2010), and traumatic stress (Ogden *et al*, 2006) to sustainable motivational energy at work. We use it as a therapeutic tool to support counselling and

FIGURE 8.1 The Workable Range of stress and emotion and the less workable states outside of it

GENERAL	STRESS AND BODY	EMOTIONS	MIND
Mobilization Acceleration	hyper-arousal – FLIGHT OR FIGHT high energy- charged tension increased heart rate & respiration	intense emotion impulsivity & anger out of control anxiety & panic- driven	CHAOS frazzled scattered attention vigilant or racing thoughts erratically focused
Safety regulated and integrated	WORKABLE RANGE – a dynamic zone of coherence, healthy functioning & effectiveness <ul style="list-style-type: none"> • Higher or lower arousal within current thresholds of tolerance • The activation of stress reactions and emotion is modulated • Physical reactions and emotions feel manageable • We can adapt our responses to fit the situation • We can take perspective and focus on workable action 		
Brakes Immobilization	low-energy blunted reactions immobility low heart rate & respiration shut down hypo-arousal FREEZE	passivity dulled feelings withdrawn low mood hopelessness	absence of thoughts hard to focus cloudy or blank mind RIGIDITY

SOURCE: © Sally Rose, 2015

coaching and mindfulness training to help staff develop their own skills in self-regulation to optimize their psychophysical/psychological state and support their health, wellbeing and functioning.

The combination of our two organizing principles is illustrated in a psychological health continuum diagram (Figure 8.2).

In the context of our integration of psychotherapeutic and work stress perspectives we broadened our services to include individual consultation, counselling and coaching, personal resilience workshops, bespoke group or team consultancy and training. Mindfulness training clearly fitted with and complemented our overall strategy and proactive approach to staff psychological health. It sits well in the psychotherapeutic and occupational psychological models our work is anchored in:

- developing embodied self-awareness (what Margaret describes in Chapter 1 as the ‘4G’ or upgrade on EQ) and emotion regulation – personal health resources;
- combining personal and professional change;
- therapeutic and resilience building.

Teaching people mindful self-awareness and emotion regulation skills extends what we can do one-to-one therapeutically. As a group intervention it supports

FIGURE 8.2 Psychological health continuum

HEALTHY Within Workable Range	REACTING In or at edges of Workable Range	INJURED At edges of Workable Range /unworkable	ILL Unworkable
<ul style="list-style-type: none">• Fluctuations in stress levels, emotions, mood, energy with thresholds of tolerance• Healthy social engagement – for the individual• Normal sleep patterns• Work–life balance• Performing well – able to focus• Constructive coping habits• Limited unhealthy coping habits	<ul style="list-style-type: none">• Increased intensity in stress levels, emotions to thresholds of tolerance – anxiety, worry, upset, anger• Muscle tension, headaches• Activation or immobilizing reactions high or low energy• Support seeking or withdrawal• Some irregular sleep patterns• Work–life balance – sacrifice on one side or other• Perfectionism or procrastination• Constructive coping habits• Limited unhealthy coping habits	<ul style="list-style-type: none">• Dysregulation – swing from high stress/anxiety to fatigue /shut down• Increase in support seeking or withdrawal• Unbalanced work–life balance or nourishing and depleting activities• Poor control• Irregular behaviour• Uncontained emotions or emotional outbursts• Restless disturbed sleep• Presenteeism• Poor performance and decision-making• Avoidance• Unhelpful attempts to cope, no breaks, drink, drugs	<ul style="list-style-type: none">• Loss of control• Overwhelmed• Can't function• Anxiety–panic• Depression• Burnout• Hopeless• Suicidal• Physical ill-health (stress-related conditions)• Emotional outbursts• Behavioural incidents

Psychological health and safety – risk management



SOURCE: Adapted from *Mental Health Continuum*, Mental Health Commission of Canada, <http://www.mentalhealthcommission.ca/English/initiatives-and-projects/working-mind>

learning and change at an individual level to be related to wider professional and organizational contexts.

Including mindfulness in a pluralist blend of services for staff

My manager, the head of occupational health, was aware of the high numbers of staff whose psychological health affected their work or vice versa. I discussed my own experience of doing an 8-week mindfulness course and the emerging evidence of effects on health and wellbeing. Considering the staff of the university, we thought the combination of professional and personal benefits would be attractive. *As a training* rather than therapy with no requirement to talk about their problems we thought it might engage employees who are uncomfortable with counselling or coaching. The first step was my own personal and professional development using mindfulness. After completing level 1 mindfulness teacher training with the Centre for Mindfulness Research and Practice at Bangor University I started to use mindfulness as an explicit technique with individual clients and to plan 8-week courses for staff.

Appraising implementation of mindfulness within the Staff Counselling and Psychological Support Service

Our intention was to offer mindfulness training as a method of self-management and a response to common mental health problems in the workplace in a way that normalized the challenges facing people and provided an opportunity to learn together across employee groups. No guidance to employers was available to map out best practice. We see our clients, colleagues and service users as active collaborators who share the responsibility for psychological health at work and have resources that can contribute to the development of the Service as well as benefit from them. With that in mind we started with a stakeholder pilot.

Stakeholder pilot

In consultation with a senior mindfulness practitioner I decided to target the pilot at organizational stakeholders and staff with professional interests in psychological health. Invitations went to colleagues in human resources, occupational health, health and safety, staff development, to the student counselling team and academics from psychology, psychotherapy and health-care to participate in the pilot. The course was presented to them as part of a new proactive range of services making psychological and stress reduction approaches available to a wider range of staff to support their mental wellbeing and enable them to function more effectively.

The stakeholder pilot had two purposes:

- 1 A purposive sample of key staff with demanding jobs who could give both personal and professional feedback. Their roles expose them to complex interpersonal situations and the distress of staff and which places them on the interface between the organization and individual. These employees hold pivotal positions in relation to staff health and wellbeing and share a stake in any approach or initiative to support it.
- 2 As colleagues and partners they felt like a safe group of people for me to cut my teeth on as a mindfulness teacher!

The course and adaptation

The course, as with the majority of MBIs discussed in this book, was an adaptation of Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 1990). In terms of the specific adaptation for a working population I decided to reduce the 2½-hour sessions to 2 hours and to omit the whole day of practice. This was informed by working populations generally having less-developed problems than clinical groups and less free time (echoed in previous chapters). The standard MBSR meditation practices are taught: body-scan, breathing meditation, mindful movement, sitting meditation and the breathing space. In addition, teaching about the Workable Range is included in Sessions 4 and 5. Home (personal) practice includes performing everyday activities mindfully and various exercises to facilitate the learning of mindful attitudes and skills (Chapman-Clarke, 2015). With the help of my colleague I recorded my own CDs of the guided meditations and put together a bespoke course handbook.

The response to the pilot was encouraging: 35 enquiries became 28 attendees. The 22 women and 6 men were mainly colleagues from within the HR directorate plus other professionals. All attended six or more sessions. One dropped out due to bereavement and 27 completed the course. Participants of the pilot were asked to give personal and professional feedback as part of a preliminary evaluation. All 27 completed the feedback questionnaire. The qualitative data from open-ended questions were analysed and themes identified.

Personal feedback

Of the pilot participants, 100 per cent said the course was useful for them (67 per cent = very useful and 33 per cent = mainly useful). Several themes were apparent in responses to questions about individual benefits and application to work:

- mindfulness awareness and skills, especially taking a breathing space (illustrated in Chapter 6, Figure 6.1, 'Jane's mindfulness mnemonics');
- increased stress awareness and new ways to respond to stress;
- self-care, compassion and focusing on values.

Qualitative data about what people learned and found helpful included:

- ‘How not to let stress take over and become harmful’, ‘the ability to calm down’, ‘not dwell on things too much’, and ‘to accept and... move on’.
- Others spoke of learning: ‘portable techniques’ that can be used at home and work, ‘managing my self-criticism’ and ‘greater understanding of others perspectives’.
- Two people mentioned particular work-based applications. One mentioned prioritization: ‘I can notice what I am focusing on and decide if that is what I need or want to focus on!’ The other referred to chairing meeting skills: ‘How to bring colleagues into the present at the start of meetings’.

Professional feedback

Participants were also asked to give their professional opinions about offering the courses to university staff. Everyone thought that the 8-week course should be offered more widely. When asked how they thought the course could benefit individuals and the organization, participants identified individual, interpersonal and systemic benefits. These were:

- stress awareness/stress management;
- awareness of self and others;
- increased resilience;
- increased effectiveness;
- better working relationships; and
- positively change organizational culture.

Comments about how to describe the courses to staff focused both on personal and professional benefits and were very useful when designing publicity for further courses. Examples included:

- attention training: an opportunity to learn a new skill that will help with working and home life;
- a way of calming the mind so that you can cope with what life/work throws at you;
- a great opportunity to become more effective in managing emotional and cognitive responses in work and outside.

I asked whether colleagues thought courses should be open to all or to separate groups. There was strong support for the courses being open to all as it was helpful to learn mindfulness together. A third of the group thought it could be good to have particular groups for leaders and managers. In terms of the timing of courses the stakeholders group all thought it should be in working hours or a combination of work and personal time.

On the basis of the outcomes from the stakeholder pilot, we decided to proceed to make mindfulness training a part of our service offering to staff.

Implementation of courses for all staff

We set out to include various mindfulness and mindfulness-informed interventions. We saw mindfulness as having value both as a specific intervention and as a practical and active method of gaining self-awareness in other interventions. This layered approach enables staff members to approach the Service and engage in our activities according to their needs and ‘stage of change’ or readiness to take action (Norcross *et al*, 2011).

Different ways of offering mindfulness to staff

- Information and advice.
- A variety of introductory and taster sessions open to all or for particular groups.
- As a 2-hour workshop within our ‘personal resilience’ programmes run in partnership with the staff training department.
- Bespoke training events for teams and department, either purely mindfulness at work or within other workshops such as resilience and change.
- Mindfulness within one-to-one consultation, counselling and coaching.
- 8-week MBSR Mindfulness at Work courses.

Our administrator, Yvonne, has completed the 8-week course. She plays an important role in the promotion of mindfulness and coordination of the courses (rather like what Emma and Roz describe in Chapter 5 as a ‘mindfulness advocate’). Promotion is done via written information in several forms of internal communication. At information events for staff we speak about mindfulness and ways to learn it within the university or other methods. Yvonne says that: ‘time and time again it is mindfulness that people ask about the most and the pile of mindfulness leaflets that goes down the quickest!’ Having an administrator who knows about mindfulness has meant that we have reduced the number of people not taking up places after registering or dropping out. Yvonne works hard to ensure that all participants have attended an introductory/taster session: a critical first step noted by peer contributors in Chapters 4, 5 and 6.

Between January 2012 and October 2015:

- 220 people have attended 2-hour Personal Resilience Mindfulness workshops;
- 73 attended 1½-hour workshops in ‘Healthy Week’;
- 124 have attended mindfulness workshops offered to their team.

The 8-week course and the practices, attitudes and approaches within them are at the heart of our strategy. We decided to start a rolling programme of courses that would be open to all. Although we had a very positive take-up and feedback from the pilot, I wondered if staff would engage in this intensive ‘high demand’ intervention, and whether it would meet our goals of engaging a wider range of staff than those who utilize our other services.

Course participation – facts and figures

Since the pilot I have run 17 further courses with an additional 240 people. All have been delivered by me with groups ranging from 12 to 16 at a time. Another adaptation of the standard MBSR is that I have kept the numbers fairly small by MBSR standards, partially due to room size but mainly as I wanted to ensure that the inquiry/reflection periods were supported. A feature which is seen as a crucial element to facilitating learning (see Chapters 3 and 6 for a discussion about the ‘inquiry’ process in MBIs). Whilst the gender of staff attending courses is more or less the same as attend our one-to-one service, the distribution of roles is different. Proportionately, more staff from academic and professional/managerial roles have attended and fewer clerical, technical and ancillary staff (as indicated in Table 8.1). A far greater number of people have progressed from the one-to-one service to the mindfulness course than the other way, in spite of the one-to-one support explicitly including follow-up mindfulness and coaching. This supports the empirical evidence that mindfulness training increases resilience. We provided individual consultation and support to 8 of the 21 staff members who dropped out of the course (5 of those were uncomfortable in a group setting and therefore unable to access mindfulness in that form). The other 2 had new and particular work stressors.

All of the SCPSS staff including the administrator have completed the course. This enables us to provide individual support after the course and facilitate mindfulness in other ways.

Evaluation and research

One of the pilot course attendees, Gina, was an occupational health psychologist who became a key *mindfulness champion* (Chapman, 2013) and collaborator. Her personal and professional interest grew and she helped us consider evaluation methods, steering us to adapt the evaluation form we used for the pilot and to introduce standardized outcome measures. We chose the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) (Stewart-Brown and Janmohamed, 2008) as it measures movement across a mental wellbeing continuum and can measure positive mental health as well as improvements from clinical levels of distress. To measure changes in mindfulness we selected the Cognitive and Affective Mindfulness Scale-revised (CAMS-R) (Feldman *et al.*, 2007) that is reputed to be good at measuring mindful emotion regulation and had straightforward questions suitable for a workplace setting (for a discussion of mindfulness measures, see Chapter 3).

TABLE 8.1 Facts and figures of mindfulness course participation

Facts	Figures	One-to-one counselling service
Total staff registered on 8-week courses over 4-year period to July 2014	210	
Previously attended one-to-one service	78 (37%)	
New to the service	132 (63%)	
Staff attending one-to-one service after MBSR course	29 (14%)	
Gender		
Female	142 (68%)	69%
Male	68 (32%)	31%
Roles		
Academic or research	99 (47%)	35%
Professional and managerial	62 (30%)	23%
Clerical	39 (18%)	32%
Technical	10 (5%)	7%
Ancillary	0	2%
Attendance		
Completed the course	189 (90%)	
Dropped out before the end	21 (10%)	
Reasons for dropping out		
Work pressures	8	
Illness	6	
Uncomfortable in a group	5	
Uncomfortable with meditation	1	
Unknown	1	

Gina was keen that we evaluate the courses rigorously and in a way that could be of use both to senior management and to wider academic and practitioner audiences. She instigated a collaborative relationship with colleagues in the School of Psychology and we proposed a small research project that was sponsored by the Director of Wellbeing, Safety and Health.

This led to a mixed-methods evaluation of outcome effects and the experiences of staff that completed the course. The research team produced an executive report on the findings that we presented to senior managers in HR. The results will be published in a formal research paper. The recommendations were: a) sustaining the course (now evidence-based) and the maintenance sessions; and b) further integration into the strategic approach to psychological health and functioning at work. It has been great to contribute to the developing evidence base in this way. Conducting the research gives an important message to previous, current and prospective participants. It shows we take mindfulness seriously and are learning from participants' experiences.

Monthly maintaining mindfulness sessions

On the question of ongoing support (what Liz and Susan describe in Chapter 4 as 'sustainability'), a few staff in the pilot courses said they wanted to apply mindfulness at work but were not sure how. In organizational interventions where the maintenance and application of mindfulness supports the interests of the organization, consideration of how to support ongoing mindfulness is crucial.

After completing mindfulness courses staff are able to attend monthly follow-up sessions, as illustrated in the Capital One case study (Chapter 5). These are our way of providing organizational support for the maintenance and application of mindfulness in the workplace. The sessions are two hours long and comprise guided practice and reflection around a particular theme such as acceptance, compassion or silent practice. A handout on the theme is sent to everyone who has completed the course. The sessions have now been running for three years. Some people come often, some from time to time. I regularly get e-mails from people who can't attend thanking me for these reminders and prompts to maintain mindfulness (or as described by Emma and Roz in the Capital One case in Chapter 5, to remember to 'wake up'). Common discussion points include:

- how hard it is to keep it up and practice – even when you know it will help you cope with stressful situations or work more effectively;
- how the presence of the maintaining mindfulness sessions supports and legitimizes continued practice;
- shared experiences of what helps maintain mindfulness (supportive colleagues and managers);
- shared experiences of what hinders maintaining mindfulness such as unsupportive culture in team and lack of suitable places to practise.

As more and more people complete the course, my main limitation is practical, that is in finding a suitable room for us all! Running the monthly sessions supports my own practice and development. I will often explore a theme in my own practice before turning it into the theme for the session. These sessions enable me to bring new learning from my own professional development to a wide group of people.

Participants' views about the provision of embedded, in-house mindfulness

For me, mindfulness is a way of empowering people to connect with themselves in a new way and to develop their own authentic voices. I wanted to include their experiences here to demonstrate the impact of our in-house mindfulness provision. I wrote to graduates of the courses inviting them to share their views on the in-house provision of the courses and maintenance sessions, alongside our other service provision, so that they could be included in this publication. Twenty-one people replied and gave consent to use their comments, of which this is one:

I will always remember a quote in one of the handouts by Christina Feldman: 'mindfulness is neither difficult nor complex; remembering to be mindful is the great challenge'... The top-up sessions do just that – serve as a reminder of the benefits of practising mindfulness in the workplace and daily life more generally.

Three overlapping themes were apparent in the comments:

- 1** accessibility;
- 2** the significance of in-house provision; and
- 3** continuity of care and social connection.

Accessibility

Many participants referred to the ease of access of an in-house course held on-site in the working day and said they wouldn't have been able to do the course if they'd had to travel off-site. For some this was linked to personal or managerial permission to attend:

had it not been on campus, I would have struggled to justify or find the time to attend a... course... On-site availability gave me that little extra push.

I have an understanding line manager who allows me to take time out of work... to attend the course and sessions.

Without this flexibility and value placed on MBSR I would have found it very difficult to attend.

For one participant with mental health problems the ease of access was crucial:

When I was depressed, I was in no condition to seek out mindfulness courses that weren't very easy to access.

For others, having a professional recommendation by a staff counsellor or occupational health practitioner was important:

Having the course recommended by a professional in the university made me feel more able to go.

Significance of in-house provision

Participants expressed what having mindfulness offered in-house meant to them. A dominant theme was the feeling that the course was organizationally endorsed and supported at managerial level: 'having this course as part of the work training was excellent and made me feel like spending the time to do it was both allowed and seen as valuable'.

Another referring to the maintaining mindfulness handout said: 'that it is sent by a member of university staff legitimizes this in a way that would not be possible from an external provider... it would feel too remote'.

Several participants indicated feeling that the demands and strains of the work culture are acknowledged. One participant added to this by commenting on my familiarity with these issues: 'Sally's experience means she appreciates that universities are unusual places to work with unique challenges'.

Continuity of support and social connection

A few people voiced the importance of continuity between the one-to-one service and mindfulness courses: 'It felt very comforting that the course was run by another counsellor from the university'. People appreciated having my voice on the CD and having the same teacher for the course and follow-up sessions. A number of people mentioned the value of attending with other staff from across the organization, recognizing similarities and developing a sense of community: 'During the course it was so clear that all staff attending had similar experiences of stress related to work. That it did not matter which role they had, we could relate to each other in the discussions.'

Awareness of a growing body of MBSR graduates in the organization was significant for a few people: 'In-house mindfulness establishes a virtual and real community of people who share a common burden and a common preference for managing that'.

Cross-organizational collaborations and applications

In addition to the collaboration with academic staff on the research project two other key significant collaborations stand out: one with my staff counselling colleague Nicola and the other with Marcus, a professional development facilitator.

Collaboration one: staff counsellor, resilience coach and trainer



Nicola is an integrative psychotherapist and provides staff counselling and coaching and leads on the proactive training provision. Nicola has worked closely with Sally to develop an organizational approach to psychological health. She attended the first mindfulness course in 2011 and has applied it personally and professionally in her role.

I joined Sally at the University of Leeds in 2011, a year into her defining the framework for the SCPSS as she was working towards a pilot of the first MBSR course. I am her first follower here (<https://www.youtube.com/watch?v=fW8amMCVAJQ>). As a therapist I intuited the potential benefit of mindfulness not only for myself but also for the organization. I began to support Sally putting the course together, editing her recordings, producing the first CDs, helping produce written materials and then attending her pilot group.

One November morning, five sessions into the MBSR course, I was cycling a part of my commute, when a vicious patch of black ice took my back wheel and saw me landing face first on the road. Later in the day with excruciating toothache I got an emergency appointment at my dentist. After some prodding and poking, the verdict was that I needed to spend at least 90 minutes in the dentist's chair. Horror! I had a traumatic experience at the dentist as a 13-year-old, so, I'm not the world's biggest fan of dentistry! My mind might see the value but I had embodied a horror of it.

I had been practising body-scans and taking active control of my meta-focus and where in my body my attention could rest. I already knew to slow my breathing down and to breathe with my tummy. This was going to be my greatest test of mindfulness and MBSR. I started on the way to the dentist focusing on my breath and observing my mind. I got really present in my body in the waiting room. I took my place in the chair and whilst the dentist explained what she would do, I breathed and I took my focus in my big right toe, the furthest place away from my tooth I could think of and I spent most of the next 90 minutes there in my body and with my toe. Not only did it work, I did not jump up screaming, but I positively relaxed and settled whilst the work was going on. Occasionally my mind would try to disrupt the actual experience by throwing up past fears, but the breath and focus work did the trick. I suffered less discomfort and enjoyed a very rapid recovery.

I am an integrative therapist and a kinaesthetic practitioner. I have to 'get' what I propose or offer to clients at some meaningful level in my own experience. My experience at the dentist made me see that if mindfulness could enable me to cope with

that fear and discomfort, it was a really powerful tool that could help others cope with the various forms of emotional pain and distress they come to see me with. I have been recommending MBSR to some of my clients and colleagues now since then. It's not a fit-all intervention. I daresay it could have value in everyone's life, but I see people at very particular points in varying levels of distress and with different degrees of motivation and resources to invest in their psychological health.

Sometimes I assess mindfulness as a good fit with the clients' needs straight away in the first encounter and they might book onto a workshop or course instead of having further individual sessions. I check out with them if they are interested in trying something different. I usually offer a brief mindful exercise to give them a felt-sense of what it is and to make an informed choice. This also enables me to see how they are with 'being in contact with themselves'. I am aware that some people may not be able to tolerate it and will need other approaches first to feel safe. Sometimes I suggest an online programme rather than the group to private or introverted clients. I may recommend it part-way through sessions with me, when a client has gained sufficient stability or has done other therapeutic work and may now be ready to hear about different skills and practices to support their recovery and/or their growth. With others I have brought up the option of mindfulness training at the end of a counselling or coaching contract as something they may wish to consider to help them build their resilience and continue to thrive. Of all of those I recommended to it, many have contacted me with very positive feedback.

If this means more people get to a state of healthy functioning, then I have served their wellbeing and if it helps get them back to their work and competence it also helps them work more healthily.

The course supports the one-to-one work we do; it supports work on developing skills for good healthy focus and self-regulation; it enables my clients to learn to tolerate and endure moments of work or life intensity (like mine above) with less cost to their minds and their bodies. Most importantly it puts them back in control. The mindfulness course offers theory and techniques, which appeals to the activists, the pragmatists, the theorists and the reflectors. For my practice I add this into a hall of few substantial approaches or interventions (attachment theory, TA) that have diverse applications. Theories that foster self-understanding can lead to healthy self-regulation not idolatry or fanaticism.

Mindfulness has become part of our general approach and is integrated into our personal resilience and bespoke training. Sally does the mindfulness workshops but either of us can fold it into other training. I am becoming more comfortable leading short guided meditations and linking the learning to the rest of the training themes. Working within a team who are familiar with mindfulness means we have a common language for supporting each other to be aware of our reactions and

the demands of our roles. Ultimately, it's about getting us all to try a new way to encounter ourselves and each other more effectively at work. To experience the myriad of those encounters as knowledge, that can be acted upon, or just held for the moment.

Collaboration two: professional development – employing mindfulness when facilitating leadership/professional development



A shared interest in and experiences of developing personal and professional mindfulness have been interwoven in a deepening partnership with staff training and development colleagues. One attended the pilot and contributed helpful feedback regarding the development of mindfulness teaching within the organization. Marcus, a teacher and senior staff development adviser, has taken it further. He attended the 10th course in 2013. Since then he has continued to practice and apply mindfulness personally and in his role as a professional development facilitator.

I teach leadership and management and professional development subjects to staff. I have been interested in techniques to balance body and mind for many years. I first came across mindfulness by attending Sally's Mindfulness-Based Stress Reduction programme at the university. I look for professional development that can help me personally but I can also signpost to the staff I teach. I have had particular success in using mindfulness to build my personal stress tolerance, but also calming the minds of my learners. Here are some examples.

I find that facilitating leadership development can be an emotional experience. There is an implicit pressure in academia and particularly for leaders to know the answers. Learners on leadership development courses may transfer their discomfort in being de-skilled due to their lack of knowledge, in my direction as the facilitator. I find the mental processing involved in not being 'hooked in' to this projection can be very tiring. As hard as I try not to, I do sometimes react. I have found that breathing techniques learned during the programme help me by acting as an antidote and making the whole management of my sessions far less tiring. My technique is to spot very early on when a learner appears to be transferring

their intolerance towards me. I feel the attack as a physical thing. I then use this awareness to start my mindfulness. I get curious about where in my body the 'attack' has landed. I direct my attention to that area. I gently bring my awareness to my breathing and breathe into the place the attack has landed. This helps me regulate my response and keep me in a place of inquiry about the transaction and to regulate my response to manageable levels. I make better decisions about dealing with the learner's comment or behaviour, to the benefit of the individual themselves, the wider group and myself. The result is a far less topsy-turvy experience for me emotionally, and gives me a consequent sense of being able to manage my facilitation better. This has helped me develop my confidence in facilitating more difficult leadership and professional development topics to quite demanding learners.

I have been experimenting using mindful techniques to improve my teaching. I find that the first step is increasing my self-awareness; something that improves the more 'in the moment' I am. On the MBSR course I learned to switch off my auto-pilot and become aware. An example of this is noticing when the pace of my delivery during the workshop is too fast or complicated. When I sense that I am rushing, I physically stop and take a mindful breath. I become more aware of my breathing. The ever-present in-breath and out-breath provide a rhythmic and stable backdrop to any amount of drama or activity that may unfold during my sessions. I find that bringing my attention to the regularity of my breathing allows my body and mind to follow suit. By being aware of and letting my breathing happen without intervention, I am sending signals to the rest of me that I can let go and *allow* rather than direct and control. I find these subtle messages allow me to adopt an alert but off-duty sense of self, which in turn allows me a restorative time whilst in the midst of a busy day.

I have also begun using mindfulness techniques to help my learners be more receptive to learning. I have observed that some professional development subjects, such as presentation skills, where participants are asked to give a presentation to their peers, can cause enhanced participant anxiety levels. After attending the MBSR course, I felt that mindfulness techniques would be useful in helping learners to manage stress and, thus, learn more effectively. I now lead a brief body-scan and mindful breathing practice at the start of presentation skills workshops and then again a few times during the workshop to achieve this result. I explain to the group what I am doing and I refer them to the mindfulness introductory course we run, for them to find out more about these techniques. Participants gain immediate beneficial effects from this approach. One said: '... there was a definite calming effect with the (mindfulness) exercises... but I think I'd need to be more familiar with the techniques so I could call on them with less conscious thought... I haven't used them at work as

yet but I can believe they could be of use even in the “think before you speak” scenario when a measured response is more politic than a heartfelt one.’

My increased awareness and understanding of the stress reactions (fight–flight–freeze) have made me more comfortable talking about it and passing on the knowledge in my training sessions.

Observation of and reflection on experience is an integral part of the learning process (Kolb, 1984). Mindfulness can enhance the ability to reflect. There has been much written about the need for teachers to create environments in which learners can succeed. We, therefore, create invigorating environments, challenge, allow learners to learn through problem-solving activities, and give learners as real-life experiences as possible. But it is often the learner’s own self-beliefs which may hold them back (negative self-talk such as ‘I’m not intelligent enough to learn this’). Teaching learners about mindfulness also teaches them about self-compassion and the acceptance needed to be resilient and to become better learners.

If you are a sceptic regarding the benefits of mindfulness within a professional development context let me reassure you: you couldn’t be more sceptical than I was two years ago! I couldn’t imagine how meditation (of which I had limited understanding) could be integrated into a busy workplace environment; imagining candles burning and reciting the ‘om’! However, the mindful meditation I have discovered can be practised in the workplace and can have a place in a busy environment. One of the benefits of continuing professional development is to enable staff to ‘cope positively with change by constantly updating their skill set’. I now signpost staff to MBSR and mindfulness workshops.

Quality of implementation

Reporting and discussing the ‘quality of implementation’ including the detail, fidelity and integrity of interventions are important aspects of ‘appraising implementation’ of organizational interventions (Egan *et al*, 2009). Reflecting on how I have led this implementation from the position of mindfulness teacher and service manager, several significant and related issues have stood out. These are:

- 1 adapting the intervention to the population and service provision whilst staying true to the foundations of MBSR;
- 2 ethical practice and risk reduction; and
- 3 situating mindfulness as a social practice.

A theme that is a constant throughout the book, and originally voiced by Margaret at the first Mindfulness at Work conference in 2012 and captured

in her 2013 article, is the idea in workplace MBIs of ‘adaptation without dilution’ (Chapman, 2013). It is the notion that, as workplace MBIs evolve and mature, there is a need similarly to adapt the standard 8-week programme in ways that preserve the essentials, and do so with integrity.

Her response arises out of a frequent theme observed at mindfulness at work networks and conferences where discussions often focus on shortening the programme and making it more ‘workplace friendly’ in delivery. It is as Margaret notes, a contentious issue, and has led to criticism of workplace MBIs being a case of ‘McMindfulness’ (see Chapter 2).

I have stuck to the 8-week format. Whilst being a big commitment for staff, I think the duration and discipline of an 8-week course really supports the learning aims. It provides a solid introduction to learning mindfulness and using mindfulness practice to make significant and lasting changes. I have now seen many people complete the course and followed them up. I have also seen several people individually who have got stuck or overwhelmed on the course or when undertaking remote learning online, with an app or self-help book. This leads me to conclude that more really is more and that the middle sessions of the course – exploring staying present with what we usually avoid, inhibit or get carried away by – requires practice and support over time.

My main intentional adaptation to the content of standard MBSR has been the integration of the Workable Ranges model as a complementary model of mindful stress and emotion regulation. It is presented in the course to help participants recognize and learn new ways of responding to patterns of stress and emotional reactivity. To create the space between stimulus and reaction (discussed in Chapter 7).

Whilst I have considered offering courses for particular groups of staff, such as managers, or around particular problems such as health issues and pain, I have stuck with courses that are open to all. The normalization that comes from shared experiences across work roles is powerful. It is particularly poignant when people read out each other’s intentions for being on the course on Session 1 and they find more similarities than differences.

At the heart of this book are the values of good practice and ethics. These are important to me as a practitioner and manager who holds clinical governance responsibility for the Service. The Service uses the *BACP’s Service Accreditation Framework* to ensure sound professional management, accountability and quality. The *Good Practice Guidelines for Teaching Mindfulness-Based Interventions* (UK Network of Mindfulness-Based Teacher Trainers, 2010) noted by a number of contributors are a step in the same direction for mindfulness. Nonetheless, it is important to emphasize that whilst these are going some way to give confidence to individuals in the quality of teaching mindfulness in clinical settings they are not yet specifying what competences are needed for teaching in organizational settings.

My manager understood the importance of adhering to the guidelines to offer mindfulness within our Service and supported me to complete further

mindfulness teacher training, and have appropriate supervision and professional development in line with the guidelines. This supports my capacity to embody mindfulness in my teaching as defined in the teaching assessment criteria (Crane *et al*, 2013) and emphasized by peers within this book. This provides assurance to individuals and the organization that the mindfulness training offered to staff is of an appropriate quality and is offered within a solid professional setting.

A key part of Session 2 in MBSR is 'dealing with barriers' to mindfulness. This includes barriers to practising (forgetting, allowing something else to come first, not bothering), and what happens when we do (distraction, discomfort, feeling guilty etc). In the research and professional literature little attention has been given to the barriers affecting people who drop out of courses or on whom they have minimal or negative effects. Meditation is a powerful technique that can put people in touch with overwhelming and disturbing physical and psychological experiences (Epstein and Lieff, 1981; Booth, 2014). In my psychotherapy career I have seen a few people who have had breakdowns following meditation programmes and think this should be on all our agendas and is explored in some detail in Chapter 7 by Kamila.

Jon Kabat-Zinn (2014) has noted that mindfulness is not for the faint-hearted. In large part this is because all MBIs encourage people to face their difficulties head on and look at what they may have previously avoided. Staff become more aware of their levels of stress and fatigue. This can be scary. Many become aware of their critical inner voice and the impact it has on them. This can be daunting. Responsibility for providing or signposting people for further support should go alongside the sharing of the Rumi poem that advises participants to welcome all experiences (for the impact this poem can have, see Kamila's 'coming to mindfulness' piece in Chapter 7).

As interventions with individuals, mindfulness courses might be perceived as having limited values in organizational change. From critical perspectives mindfulness for individuals can be seen, like individual therapy, to pathologize and treat the individual for work-related problems that have social causes (Stanley, 2012).

Mindfulness can be and should be a relational, group and social practice in organizations. There is an overlap between the development of individual self-awareness, personal control and resources and the skills to communicate stressor risks and be assertive about setting appropriate limits within the demand-control-resources formulation of work stress. Mindfulness can play a significant role in the development of these skills. In a predominantly engaged and intrinsically motivated staff population, such as ours, having individuals who can model healthy self-management, such as Nicola and Marcus have done here, support it in others and articulate these issues in a constructive way, can only benefit the organization as a whole.

Learning from this organizational implementation of mindfulness

To draw some conclusions, learning points and to make some recommendations to others when considering introducing or developing mindfulness interventions I will go through the following points:

- congruence with the setting and context;
- quality of the methods of implementation;
- results – utilization, evaluation outcomes;
- integration with organizational practices and collaborations;
- fidelity, ethical considerations and good practice;
- resourcing.

Congruence with the setting and context

Right from the start at the Staff Counselling and Psychological Support Service, we considered mindfulness interventions within both the context of the organization and our professional approach to enhancing psychological health within it. To be effective in higher education people need to look after and manage their minds. Giving them a non-critical and effective and autonomous method as a mind/body management tool really matters and can have a great effect. The overlap and congruence with our Workable Ranges model of mindful emotional regulation and demand-control-resources model of addressing work stress made a strong foundation for implementation.

Quality of the methods of implementation

Conducting a pilot with stakeholders and involving them in the evaluation of the suitability of mindfulness courses for staff delivered useful stakeholder feedback and meant we had a cohort of colleagues ready to inform and signpost staff, especially those presenting with stress and health issues. Implementing a layered range of mindfulness interventions has enabled staff to access mindfulness according to need and motivation to change and move from one usually one-to-one application or an introductory workshop to the 8-week course. Having key staff within the Service complete the course enabled clinical integration and resonant coordination and promotion.

Results – monitoring utilization, evaluation and outcomes

To date a total of 268 members of staff have started the course and 230 have completed it. More than 400 staff have attended a mindfulness workshop. We discovered that mindfulness has wide appeal, including academic and

professional/managerial staff and those who might not access other forms of support. We have used different forms of evaluation as well as having the opportunity to partner academics in high-quality research.

Integration with organizational practices and collaborations

Now that the provision of mindfulness training is established and evaluated for our population there is scope to further embed it by mentioning it in policies and working practices to develop staff. This has just begun. At a recent maintaining mindfulness session a member of staff told me that she has discussed attending the sessions at her annual review and development meeting with her manager. She spoke of how it helps her manage stress at work and work effectively and her manager was very positive about her continuing to attend monthly sessions.

We now have a considerable number of staff who have completed mindfulness courses and there will be many more that have done it online or via a self-help book. As well as occasional mass mindfulness gatherings (as yet an unfulfilled desire of mine), we need more opportunities for practising together, be it with immediate or wider colleagues. Many people ask about spaces to go to be quiet and practise mindfulness and this could support mindfulness and wellbeing at work. Ongoing organizational support is needed both by formal recognition that practising mindfulness is in the interests of individuals, management relationships and the whole organization.

Intervention quality, fidelity, ethical considerations, good practice

Ethical issues were considered from the start. We provided mindfulness within our established BACP ethical framework and adhered to the good practice guidelines for teaching mindfulness. I very consciously decided to stick with an 8-week course as the best way to learn the fundamental skills and attitudes inherent in MBSR. Catering for people who need more support has been a key part of our approach. Follow-up support to maintain and apply mindfulness is provided.

Resourcing

The establishment of mindfulness training provision has mostly been resourced from within the organization. I am thinking of personal and interpersonal resourcing as well as financial and practical.

Working closely with Nicola to weave mindfulness into our approach to staff psychological health has been a hugely supportive and enriching experience. I really could not have done it without her. Likewise, the personal and professional support from my manager was very significant in our getting so far. She trusted me to implement it with integrity and appropriately for the needs of our population. My own mindfulness practice, supervision and peer CPD group all help to refuel me and keep me grounded in reality.

In terms of financial and practical resourcing, my position has enabled me to introduce mindfulness into an existing service. It has worked well to include mindfulness along with our other training provision complementing our other work. Funding my mindfulness teacher training and the collaborative research project represent serious investment. Like many other practitioners I've met at conferences and professional events a large part of the work to 'get the show on the road' was done in my own time (recording the CDs, writing the handbook). It is understandable that busy services are unable to release staff initially and well known that funding for staff costs is harder to secure than discrete projects. I only know of one organization that has resourced a staff member dedicated to the delivery of mindfulness interventions. In this case the role was integrated within the Service as a whole. I think the funding of partial or embedded roles is the way to go for some organizations.

Recommendations for implementing mindfulness interventions in organizations

- Consider offering 8-week courses that give participants time to experience and appreciate the value of new ways of relating to experience as well as introductory sessions.
- Offer courses that are open to all to normalize the need for and interest in mindfulness at work.
- Offer mindfulness as an organizational initiative that supports working effectiveness, not just for people who are suffering from stress-related problems; these are self-management (life) skills.
- Maximize take-up for all staff by making it as accessible as possible in every way with local in-house courses. Provide information to managers about the potential benefits of staff attending courses and workshops.
- Have realistic goals for individuals and the organization. Be realistic about the challenges of developing mindfulness and changing long-term habits – don't set people up to fail.
- Implementation should have something for staff at different 'stages of change' and readiness to take action.
- Consider ethical issues and reducing risk from the start. Ensure that mindfulness teachers are properly trained and supported. Make plans to provide back-up or further support to people who struggle or find that 'becoming aware' throws up new challenges. Ensure that people who become aware of work or health issues know who to turn to in the organization.
- Ideally have individual counselling and coaching which integrates mindfulness available alongside group training.
- Provide ongoing support for the maintenance and application of mindfulness in the workplace.

- Foster collaborations with stakeholders in staff health, wellbeing and professional development.
- Build relationships with colleagues in OH, HR, health and safety, staff training department to enable mindfulness training to be offered alongside and in relation to organizational strategies.

Concluding thoughts

Appraising how mindfulness is implemented in the workplace should be part of rather than an adjunct to other forms of evidence. As the contributors in this book have clearly articulated, build in evaluation from the start. With this in mind I have described and appraised our implementation of mindfulness within a psychological support service in a higher education organization.

A stakeholder pilot and feedback from participants about the way in which mindfulness has been offered as an extension of an existing organizational service has illustrated the value of an embedded approach, again articulated well by other peer contributors, who talk of evolution, not revolution.

Successful mindfulness-based initiatives that teach mindfulness and support its maintenance development and application rely on collaborative partnerships across an organization. Nicola illustrated this in her work as staff counsellor and Marcus in staff development.

The research collaboration with the School of Psychology has yielded solid evidence and elucidated important factors about the changes that occur. This will be published separately.

Evidence from the process of implementation is complementary to those other forms of evidence. Whilst limited in terms of research rigour, when measured against the kind of benchmarks Margaret explored in Chapter 2, this kind of practice-based evidence contributes to the joining and interaction of research and practical knowledge. It is, as Margaret argues, equally valid. This appraisal has highlighted some key issues about the integration with organizational and professional setting, quality of the intervention and ethical practice. Those of us providing mindfulness in organizations know we have a particular responsibility to promote good-quality interventions to introduce people to mindfulness in timely, ethical and safe ways. Mindfulness evolved within a wider framework for living life and can be seen as representing a step towards ethical and sustainable organizational life (Stanley, 2012), as Margaret calls for, organizations fit to ‘house the human spirit’.

Mindfulness is a way of meeting oneself and life as it is. We must be realistic in what we expect of the interventions and individuals who deliver and participate in them. Mindfulness in public life is vulnerable to what Rizq (2012) has called a ‘perversion of care’ with huge discrepancies between rhetoric and action similar to those described in psychological therapies in the NHS (Rizq, 2012). The current risk is the co-existence of an idealization of mindfulness on

the one hand along with the turning of a ‘blind eye’ to the lack of real resources to deliver and support it to people who might benefit most.

If we can work from our own mindfulness and compassion we stand a much better chance of implementing mindfulness in ways that foster sustainable individual and organizational health and resilience.

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