



Good Practice Guidelines for Mindfulness-based Programmes for People with Learning Disabilities

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PURPOSE OF THIS DOCUMENT

These guiding principles have been developed to promote good practice for teaching mindfulness-based courses with people with learning disabilities. This document is aimed at anyone who works with people with learning disabilities and wishes to teach mindfulness, or those who teach mindfulness who wish to work with people with learning disabilities.

The document contains a short summary of research evidence, recommendations for general adaptations to mindfulness-based programmes, and recommendation of standards for those teaching mindfulness-based programmes with people with learning disabilities.

To our knowledge, the research and practitioner work which has examined the adaptation of mindfulness-based programmes has been with adults with mild to moderate learning disabilities. There is no research about teaching mindfulness directly to adults with severe or profound learning disabilities or children with learning disabilities, so no one knows yet whether mindfulness can be effectively made accessible for these populations. However, there is also no evidence or clinical reason to suppose that it would be harmful to this population given appropriate individualised adaptations. Whilst encouraging practitioners and researchers to work on how mindfulness might be made accessible to adults with severe to profound learning disabilities, currently so little is known that this document is intended to be used by mindfulness teachers working with adults with mild to moderate learning disabilities.

RESEARCH

Why might mindfulness be useful for people with learning disabilities?

Mindfulness helps people become aware of the present moment, and mindfulness-based programmes can increase well-being and ‘flourishing’, as well as reduce anxiety and depression (Goyal et al., 2014; Gu et al., 2015). People with learning disabilities are often unemployed, socially isolated, and can experience discrimination, bullying, and hate crime (Beadle-Brown, Richardson, Guest, Malovic, Bradshaw & Himmerich, 2014; Hatton, Glover, Emerson, & Brown, 2016; Wilson, Jaques, Johnson, & Brotherton, 2017). They are also at higher risk of abuse than the general population (Olsen, Majeed-Ariss, Teniola, & White, 2017; Murray & Powell, 2008). It is estimated that around 10 to 20% of people with learning disabilities are labelled as having challenging behaviour (Allen et al., 2007; Cooper et al, 2009). This can have a negative impact on quality of life, on carer well-being, and can result in admission to intensive and specialist residential, hospital or forensic services (Emerson, 2000). Mindfulness-based programmes may be useful for adults with learning disabilities as they are nonintrusive, not based on medication, and promote resilience and wellbeing.

Most research has looked at teaching in one-to-one settings. In the USA, Soles of the Feet (SoF) meditation has been developed as a way of making mindfulness-based programmes accessible for people with learning disabilities (Singh et al, 2008). Research has shown that people with learning disabilities who learn Soles of the Feet meditation are able to better manage emotional problems such as anger and anxiety – and continue to use their mindfulness skills for a long time (the longest study has been 4 years) after being taught. The research is in its infancy, with most of the research about managing anger and subsequent challenging behaviour is based on single-case designs (Adkins et al., 2010; Singh et al., 2003; 2007; 2008; 2011).

In the UK, the SoF was adapted to be delivered over six one-to-one sessions in the NHS to people with intellectual disabilities and aggressive behaviour (Griffith et al., 2019). A qualitative study (based on data from the participants with learning disabilities, their supporters, and the therapists) reported that, out of seven participants, four reported improvements in general mood, sociability, and a reduction in aggressive behaviour, and an increase in their quality of life *“I’ve gone a lot calmer since I’ve done the course”, and “My anger stopped (...) stopped being angry, stopped being so...wound.”* The other three participants and their supporters reported no improvement, and there was evidence to suggest that these three did not seem to acknowledge that they wanted their aggressive behaviour to change, and there was evidence that they also did not understand the SoF intervention, *“She doesn’t understand what you mean when you say relax”* or regarded the sessions as simply a trip out. For the four that did benefit, the benefits went beyond a reduction in aggressive behaviour *“He’s been able to go out and it’s changed his life really, turned it right around.”* Implications of these findings are further discussed in Griffith et al. (2019).

There are very few studies about **group-based** mindfulness intervention for adults with learning disabilities, here is a summary of studies we are aware of:

- Fifteen women with learning disabilities attended twice-weekly 30-minute mindfulness group sessions in a forensic setting for six months. This resulted in a reduction in aggressive incidents (Chilvers et al., 2011).
- Over 100 people with learning disabilities attended mindfulness workshops consisting of an introduction to mindfulness and a body scan meditation. Participants were given a leaflet about mindfulness and an audio CD of mindfulness exercises. A questionnaire survey and interviews found that people valued the opportunity to talk to other people about their experiences and found the workshops, and in particular

the body scan, very relaxing. Participants wanted further mindfulness sessions and felt that other people with learning disabilities could benefit from mindfulness training (Chapman & Mitchell, 2013).

- Six people were interviewed about their experiences of a weekly ‘relaxation and mindfulness’ group held in an inpatient unit. Participants spoke of feeling calmer and more relaxed, helping others, as well as some of the difficult things around practice e.g., *“Hard to breathe from nose and mouth”* (Yildiran & Holt, 2014, p. 53).
- Fifteen people with a learning disability attended a mindfulness group, when interviewed they reported benefits from the mindfulness practices such as feeling relaxed, as well as from the group process. Some also reported negative aspects of being in a group, such as the noise of other participants during mindfulness, or feeling sad when other members spoke of their bereavement (Dillon, Wilson, & Jackman, 2018).
- Six people with a learning disability took part in an 8-week adapted MBSR course, and all reported positive benefits from the course, such as realizing that they are not alone in experiencing difficulties *“There’s a whole world out there N they’re all the same as you (...) N they’re all probably stressed somewhere.”* Participants also reported increased self-esteem, confidence, and self-control *“It helps is by er accepting the that that my eh thoughts and feelings are there (...) it helps er to ease that feeling help me to cool calm and help is to bring back to reality.”* (Currie, McKenzie, & Noone, 2019).

There have been reviews of studies that have used mindfulness for people with learning disabilities (Chapman et al., 2013; Hwang & Kearney, 2013), which have found that mindfulness-based interventions have positive impact on people with learning disabilities.

However, there is a lot we do not know, because there are lots of different versions of mindfulness-based programmes being used among researchers, and more research is needed before we know for sure what the impact of mindfulness is, and for whom it works best.

GOOD PRACTICE GUIDELINES

The aim of this document is to promote good practice when teaching mindfulness to people with learning disabilities. It is for people who are interested in teaching mindfulness to people with learning disabilities, whether in a one-to-one setting or as a group programme. At the time of writing, provision of mindfulness courses for people with learning disabilities is very patchy across the UK, and there is no specific training available about how to teach mindfulness to people with learning disabilities. We believe that professionals teaching mindfulness to people with learning disabilities need to be as skilled, if not more so, as those teaching general public populations.

These guidelines cover secular mindfulness-based or mindfulness-informed programmes taught in clinical or mainstream settings normally once a week over a period from 4 to 12 weeks, but may be longer if your participant/group would benefit from this. These programs are: Informed by a clear rationale; Teacher-led; Have a set curriculum, typically at least four weekly sessions with home practice, incremental development and experiential learning; and have a clear commitment to be evidence-based. They may be taught either on an individual or group basis. Hence the interventions covered by this Good Practice Guidance for teachers include but are not limited to those courses listed in Appendix 1.

The Good Practice Guidelines are divided into two sections 1) Professional training recommendations for those who wish to teach mindfulness to people with learning disabilities 2) General adaptations which are based upon both research and clinical practice.

Who can teach mindfulness-based programmes to people with learning disabilities?

A teacher delivering mindfulness-based programmes to people with learning disabilities should have all of the following:

- A. Experience of working directly with people with learning disabilities including experience of teaching, therapeutic or care provision.
- B. A professional qualification in mental health care, education or social care, or equivalent life experience (e.g., voluntary work, having a family member with a learning disability etc), which is recognized by the organization or context within which the teaching will take place.
- C. Have person-centered values, be able to respond to the needs of individuals in the group and also the group as a whole in order to create a community of practice.
- D. Familiarity through personal participation with either Mindfulness-Based Stress Reduction (MBSR) or Mindfulness-Based Cognitive Therapy (MBCT), or their close derivatives, with a particular, in-depth personal experience of core meditation practices of these Mindfulness-based programmes
- E. Regular supervision with a mindfulness-based teacher, this is akin to clinical supervision, and is a requirement of the Good Practice Guidelines for teachers of all mindfulness-based courses. See Evans et al. (2015) for details.
- F. Teacher training. We recommend that the existing good practice guidelines for mindfulness teachers are also upheld by those working with people with learning disabilities (see <https://bamba.org.uk/good-practice-guidelines/>). At the time of



writing, no training exists around how to teach mindfulness to people with learning disabilities.

ADAPTATIONS TO MINDFULNESS-BASED PROGRAMMES FOR PEOPLE WITH LEARNING DISABILITIES

Values underpinning adaptations of mindfulness-based programmes

The main principle when engaging in teaching mindfulness to people with learning disabilities is to make sessions person-centred and tailored to the individual or group you are working with. This may involve the creative use of materials or adapting the language you use to explain key mindfulness concepts- all with the general principal of accessibility and adaptability for the person/people you work with underpinning everything you do.

We recommend reading and using the principals of the NICE clinical guidelines for working with people with learning disabilities with mental health problems (2016). These include that the individual needs, values and preferences of the person with learning disabilities should be given precedence what might work best for the individual you are teaching.

Recommendations include:

- Use clear, straightforward and unambiguous language
- Communicate at a pace that is comfortable for that person
- Make adjustments to accommodate sensory impairments and physical abilities
- Explain the content and purpose of each session, and summarise the conclusions of each session at the end.
- Use concrete examples, visual imagery, practical demonstrations and role play to explain concepts.
- Regularly check the person's understanding

The success of a mindfulness-based programme heavily relies on the person teaching it. To teach mindfulness-based programmes, it is important that a teacher has their own personal meditation practice because the teacher can then teach from their own experience of practice rather than relying on their intellectual understanding of mindfulness. This means the teacher is able to connect to the understanding of the individual in that moment, rather than any expectation of where they should be. The teacher then can demonstrate ‘walking the walk’ alongside the participant through their behaviour, which may be even more important than when teaching to general populations as participants with learning disabilities may not be able to easily access the more cognitive understandings of mindfulness-based programmes.

The teacher will then be able to participate in mindfulness practices as they are leading them, and demonstrate how to sit and to be during a practice, rather than reading out a script. In addition, the teacher can demonstrate core mindfulness attitudinal foundations such as patience, non-striving, and non-judgement when teaching (Kabat-Zinn, 2013).

Mindfulness-based programmes are different to other interventions in that the teacher does not proclaim to be an ‘expert’ but akin to a ‘steward’ (McCown, Reibel, & Micozzi, 2010) who shares similar patterns of mind and body and who works to enhance their own wellbeing with mindfulness practice. This message of ‘we are all in the same boat’ can be profoundly normalising, particularly for people with learning disabilities who are often marginalised by society, and is one to be explicitly emphasised frequently throughout mindfulness-based programmes.

The below sections on adaptations are what has been found to be helpful in clinical practice and research – they may not all be relevant to your participant or group, so are intended to be used as a set of starting points. Much of the recommendations are based upon recommendations by Gore and Hastings (2016); IAPT (2015), and Singh and Jackman (2016),



and are split into three sections 1) Before a mindfulness-based programme, 2) During a mindfulness-based programme, and 3) After the mindfulness-based programme.

SECTION 1: BEFORE A MINDFULNESS-BASED PROGRAMME

Individual Orientation Meetings:

Regardless of whether the mindfulness-based programme is a group or one-to-one programme, initial one-to-one orientation meetings are recommended between the teacher and participant before the mindfulness-based programme starts.

- It is vital to check whether there are any adaptations needed for the participant at a one-to-one orientation meeting so you can ensure that practical arrangements can be in place right from the start of the mindfulness course. Check for both physical (hearing, mobility) and mental health needs, that may require some adaptations to enhance accessibility. This could include ensuring the room is wheelchair accessible or discussing where they might need to sit in the room (e.g., someone with a hearing impairment may need to sit close to the teacher, someone with anxiety may need to sit where they can see the door).
- Check to see if it is the right time for the individual to participate in a mindfulness programme, for example, if they have had a recent bereavement, are currently experiencing a severe or moderate episode of depression, or active psychosis, then a mindfulness-based programme may not be appropriate for that person at that time.
- Language should be adapted when orientating participants to a mindfulness-based programme, along with use of visual timetables (including information on expectations around home mindfulness practice), and clarity about the purpose of the mindfulness-based programme.



- Offer a short (2-5 minutes) practice of a simple meditation – either bringing the persons’ attention to a part of the body or the breath, or sounds - so the participant has an idea of what will be involved in the sessions. Include visual or verbal guidance on the posture for a meditation practice.
- Check what format the mindfulness audio files need to be presented to the participant, and ensure that anything provided can be used by the participant away from the sessions, as they may or may not have access to a CD player, computer etc.
- People need to be in an environment that is supportive and enables their optimum engagement so, as far as possible, ensure distracting sounds and views are avoided when choosing a venue for the course.
- **Support:** Establish whether the individual would like a support worker or family caregiver present during the sessions. If so, it is worth meeting with the chosen person separately to outline the sessions. In our experience this works best if the support person also learns about mindfulness and takes part in the exercises. They can then support the person in their home context to practice mindfulness.
- **If running a group course:** Consider the individuals who are coming and how they might function as a group, for example, is one person significantly younger or older than the rest of the group? Also consider the impact of an individual on a group. For example, if one person talks constantly or is frequently distressed, argumentative or aggressive towards others then it can affect the experience of the others in the group and prevent learning so one-to-one sessions may be more appropriate for them.



SECTION 2: DURING THE MINDFULNESS-BASED PROGRAMME

Here are some general principles for teaching mindfulness to people with learning disabilities:

- The values underpinning all mindfulness teaching is that it needs to be a person-centred approach, and adapted to the person(s) in front of you when you are teaching
- At the start of the mindfulness-based programme, particular care needs to be taken to ensure a safe and supportive environment. People may need breaks during sessions which should be scheduled in. A warm welcome alongside well-held boundaries are needed, ensuring that practical arrangements are clear (perhaps alongside visual prompts) and in place.
- An important principal is that people need to feel safe enough in order to take risks and share their thoughts with others— people with learning disabilities may be prone to acquiescing to authority figures so the teacher needs to ensure the use of open-ended questions when discussing mindfulness without looking for a particular outcome (e.g., the question “Did you feel relaxed during the practice?” may give the message to the person that there is a ‘right’ answer, whereas “what did you notice when we focused on the breath?” may allow the participant to say what arose for them).

If running a group course: It is advised that a first session together is also an orientation session. This gives a chance for participants to meet other people in the group, to try a few mindfulness exercises together, and to establish and agree on any ground rules together.

Ground-rules are co-created between the teacher and the group. Invite contributions from the group e.g. “How should we treat each other?” “What should we do when someone is talking?”. Check that each rule is agreed by all members of the group. The rules can be written up and placed around the room as reminders of them during the sessions.

ADAPTATIONS TO A MINDFULNESS-BASED COURSE:

1. Accessible communication

Clear and understandable language should be used throughout all the sessions with the participant, keeping abstract concepts to a minimum and using concrete examples (for example during a breath practice, instead of “Have awareness of breath sensations as you inhale and exhale via the abdomen” use language such as “Notice how your belly goes up and down when you breathe.”)

Although there is a wide range of mindful practices in mindfulness-based programmes, it is recommended that at first, the teacher delivers a small set of short (3-5 minute) mindfulness practices which are repeated throughout the programme. This does depend on the individual taking part, so use your judgement about how long to make the mindfulness practices when starting. Some clinicians have found that they can increase the length of the practices over time to 20 minutes, so consider if this is also appropriate for your participant or group.

There is likely to be a need to repeat core concepts throughout the sessions, so this needs to be built into the planning of the mindfulness-based programme. Frequent checks-ins with the participant to assess their understanding is needed throughout the sessions.

Accessible accompanying materials are needed. Any written information needs to be in easy read format and with accompanying pictures. Abstract concepts may need clarifying through practical exercises. Use of pictorial supports can help participants understand concepts during the sessions. Such as pictures of appropriate meditation postures or of people in various emotional states to help participants identify their own emotions. It is often useful to learn in situ because understanding of emotional states can be difficult – e.g., create an excited environment or a calm one

2. Use of physical prompts and exercises

There are a variety of ways to help individuals learn about mindfulness, which may be facilitated by physical exercises or props:

- **Body Map exercise:** A fundamental skill is the identification and labelling of body parts and sensations along with how they relate to emotions. The teacher draws an outline of a body and asks the participant what body parts are called and where the senses come from, this can be lead into drawing where they feel emotions (e.g. tense jaw when angry or stressed, butterflies in belly when anxious). This can be repeated throughout the course and this information will help the facilitator adapt their language to suit the participant(s)
- People may need help initially to locate breath or body sensations, this can be facilitated by the participant holding an object (such as a bean bag) on the belly or the chest, and watching it move along with the breath. Another way is to hold a mirror under the nose, to see the breath, or to inflate and deflate a balloon, to demonstrate what happens as one breathes in and out.



- Props or metaphors can also be used to facilitate understanding of core mindfulness concepts, such as snow globes or glitter balls. It is good to be creative and use individual physical prompts that suits the participant. If you do use metaphors, check the person understands them.
- To demonstrate how postures of the body can impact the mind, the teacher can ask the participant to assume particular postures, asking them how they feel as they do this. For example, ask the participant to sit forward, to clench their fists, to tense their shoulders and jaw, and ask them how they feel when doing this. Then this can be contrasted with asking the participant to have an open and alert posture and asking them what effect this has on emotions.
- All mindfulness practices need to consider any physical health or motor skill difficulties for the person. For example, a mindfulness walk isn't possible for a person in a wheelchair, but you could suggest moving around in the chair, noticing their hands as they move the wheel, or it may be that gentle mindful stretching may be more appropriate.
- Allow choices within the mindfulness practices: for example, suggesting to keep the eyes closed, or open and looking down. This will enable people to feel safe in the setting.
- For clients who find it difficult to sit comfortably, it can help to use props to reduce discomfort. For example, resting the feet on a small raised block can be useful for some people. For others, having something to hold such as a small cushion or ball, can offer a focus point and reduce restlessness.



3. Relative or paid carer attendance

Having a relative or paid carer in the sessions may be helpful. This may serve two purposes – it will give the carer the opportunity to develop their own mindfulness practice as well as practising alongside the participant, which may facilitate the participant's practice and engagement with mindfulness. This also helps to 'normalise' mindfulness from being perceived as an intervention done *to* the participant, to something that everyone could use and benefit from.

Note: The potential benefits of carers attending needs to be balanced with the wishes of the participant; they may prefer to attend sessions by themselves. Teachers need to keep a careful eye on how relatives or paid carers may impact the sessions, for example do carers sit there looking bored or take over the group? If they negatively impact the group – this needs careful managing by the teacher.

4. Mindfulness practice outside of the sessions

Participants may benefit from keeping a mindfulness journal to record their home practice and if they have experienced emotional or behavioural difficulties in between sessions. The journals need to be adapted to suit the person's communication ability. In addition, discussing the home practice with carers could be beneficial but this should be done with clear guidance on a non-judgemental approach and probably with someone who practices mindfulness already.

Audio files of mindfulness practice need to be in a format which is accessible to the participant. The language used in these guided practices need to be precise and understandable. The length of a practice may depend on the participant, but around 3-5 minutes may be a guide at the start of the course, perhaps working towards longer practices later. Feedback from people with learning disabilities is that the teacher should



record their own voice on audio files if possible so there is a continuity between sessions and home practice.

5. Enquiry

Enquiry is when the teacher asks about a mindfulness practice that has just ended, or when reviewing home practice. Participants are encouraged to reflect on what happened and the teacher draws out the participants experience and relates this to core principals of mindfulness practice. This is a key skill in mindfulness teaching (see Chapter 12 in Segal et al., 2013 for details), and is often the source of most learning for participants. How then, should this process be adapted for people with learning disabilities?

Teachers need to be aware of the difficulties in communication that many people with learning disabilities have. It is easy to overestimate a person's understanding, especially if they appear to have good expressive language, and evidence suggests that many professionals do tend to overestimate language ability. The below is based upon recommendations from Finlay and Lyons (2001).

- Allow lots of time for inquiry after a meditation practice or when asking about their home practice.
- Use the minimum number of words when asking a question, avoid complex or ambiguous language.
- Ground questions in specific events or activities, and avoid abstractions. For example, instead of "How often did you practice mindfulness?" try "Did you listen to the CD this week?" and then follow up with questions about how often, and what it was like.
- Start inquiry with an open question and be prepared for several question-and-answer turns to clarify the person's response. You may need to rephrase a question or use examples as prompts and also clarify any unclear responses by asking follow-up questions.



- Be aware that people with learning disabilities may pick up on a word you used and then respond to the topic, rather than the particular question asked. Stay alert for this, and if this happens clarify what you mean and use alternative phrases to aid understanding.
- Questions about emotions are harder to answer than those about concrete situations, when asking about emotions, make sure the person understands what the emotion is first – perhaps with the aid of a visual ‘body map’ so they can show you where they feel anger or sadness for example.
- Allow for ‘don’t know’ responses, be clear that this is a perfectly good answer to give during inquiry. Emphasise at the outset that there are no ‘right or wrong’ answers and ensure that all responses are validated.

SECTION 3. AFTER THE MINDFULNESS-BASED PROGRAMME

The main point of a mindfulness-based programme is to enable people to use mindfulness themselves in their daily life after the programme has finished, so it is important to prepare supportive resources for participants to encourage them to continue mindfulness practice.

- The best follow-up service would be to continue regular contact with participants – offering regular drop-in mindfulness follow-up groups open to anyone who has completed the mindfulness programme. This is especially effective if your service offers regular mindfulness groups – then as each group ‘graduates’ they are offered to come back to drop-in groups, so helping to establish a community of mindfulness practitioners.
- If you are in contact with relatives/carers of participants, provide them with information about how they could support the participant to practice mindfulness.

- Provide accessible written material about how to continue practicing mindfulness.
- If recommending technological aids to help continue practice, such as mindfulness apps on phones with free mindfulness audio tracks, then (if the participant wants this) help download apps onto their phone, and give practical demonstrations of how to access and use them.

APPENDIX 1

Mindfulness-based courses for people with Learning Disabilities.

There is very little published curricula of mindfulness-based programmes for people with learning disabilities. The below is what we know to be available currently.

One to one Mindfulness-based programmes:

Singh, N. N., Singh, J., Singh, A. D. A., Singh, A. N., & Winton, A. S. (2011). *Meditation on the Soles of the Feet for Anger Management: A Trainer's Manual*. Fernleaf Publishing.

Group-based Mindfulness-based programmes:

To our knowledge, there is no curriculum publicly available to support the delivery of group-based mindfulness-based programmes for people with Learning Disabilities



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