Document name: Mindfulness
Document date: 2017
Copyright information: Proprietary and used under license
OpenLearn course Mindfulness in mental health and prison settings
OpenLearn url: http://www.open.edu/openlearn/health-sports-psychology/mindfulness-mental-health-and-prison-settings/content-section-0

Mindfulness

Meg-John Barker and Troy Cooper

Mindfulness

Meg-John Barker and Troy Cooper

Introduction

One of the biggest influences on counselling and psychology in recent years has been the huge therapeutic interest in adapting Buddhist mindfulness as a way of addressing mental health difficulties and improving well-being. Mindfulness is increasingly advocated by professional bodies and political parties as an approved way of tackling mental health problems (e.g. Mindfulness All-Party Parliamentary Group (MAPPG), 2015; National Institute for Health and Care Excellence (NICE), 2000). It is also increasingly being adopted in other areas, such as education, the workplace and – importantly for our purposes – the criminal justice system. Psychological research on this topic has also increased exponentially over the last decade and there is now a significant body of research evidence supporting the effectiveness of mindfulness in tackling both common mental health problems (e.g. Shonin, Van Gordon & Griffiths, 2015) and difficult offender behaviours (Shonin, Van Gordon, Slade & Griffiths, 2013).

In this chapter we introduce you to mindfulness, if you're not already familiar with the subject, and overview the ways in which it is now being applied in both counselling and forensic psychology. In particular we focus in on the mindfulness-based approach of Dialectical Behaviour Therapy (Swales & Heard, 2009) and how that is being used in a forensic context (Berzins & Trestman, 2004).

What is mindfulness?

You will almost certainly be familiar with the term 'mindfulness' already, given there has been a huge amount of popular interest in the topic in recent years, with popular self-help books being published on the topic, not to mention newspaper reports, television documentaries, and the like.

> **Pause for reflection: Definitions**
>
> Think about the times that you have come across the word 'mindfulness'. What words and phrases do you associate with this concept? How would you define it if somebody asked you what it meant?

Mindfulness is a concept that comes from traditional Buddhist philosophy and has recently been embraced by many Western authors,
therapists and psychologists. We might define mindfulness as something like 'giving open, curious attention to the way that things are, rather than attempting to avoid or grasp hold of any aspect of experience'. To help you to understand what that means better, try Activity 16.1.

Activity 16.1: Being mindful

The basis of most mindfulness approaches is this breathing practice. Have a go and then reflect on what the experience is like for you.

- Sit comfortably and quietly on a chair, shut your eyes and relax any tension in your body.
- Breathe in and out three times.
- Now just focus on your natural breathing for five minutes, not trying to control it in any way, but just noticing how it feels coming in and out of your body.
- You will probably get distracted many, many times, by thoughts, feelings, sounds or sensations. There is nothing wrong with this, it is part of the experience. Each time it happens, just notice you've been distracted and bring your attention gently back to your breath.

The idea of practices like this is not to get rid of distractions or to achieve any kind of blank mind. Rather, it is to become more aware of how people tend to become carried away by the stories they tell about their lives (such as going over the past or planning for the future), and to cultivate the ability to come back to the present moment. The idea with this is that the more people do practices like these the more able they will be to do the same thing when more difficult states, like anxiety or depression, arise. People often confuse mindfulness with meditation because one way mindfulness is practised is through meditations like this one, or ones where you scan your bodily sensations or listen to the sounds around you. However, the point of meditation is really just to develop your capacity to be mindful. The idea is to try to apply this way of being to all of your everyday life. Indeed, many teachers suggest deliberately doing everyday tasks like eating, brushing your teeth or washing the dishes mindfully (Nhat Hanh, 1975/1991). A mindfulness practitioner might meditate formally for half an hour every day, but they would also try to pause regularly during their day to bring themselves back to the present moment (Williams, 2016), and they might also take a break for mindfulness any time things became particularly difficult (Chödrön, 1994).

Mindfulness, mental health and counselling

In the world of counselling and psychology, the word 'mindfulness' has taken on a somewhat broader meaning to encompass a number of new forms of counselling which draw upon Buddhist ideas, often weaving them together with modern Western psychotherapy. While one main focus is on cultivating the mindful capacity to attend to experience as it is in the present moment, such approaches also often draw in other aspects of Buddhist philosophy, particularly the importance of developing compassion and kindness – for yourself and for others (e.g. Gilbert, 2010; Salzberg, 2011).
While all the main counselling and psychotherapy approaches have engaged with Buddhism to some extent (Barker, 2013b), when people refer to 'the mindfulness movement' they are often talking about the 'third wave' of cognitive behavioural therapy (CBT) approaches (see Chapter 14) which have drawn upon mindfulness and other aspects of Buddhist theory and practice. Mindfulness Stress Reduction Therapy, Mindfulness-Based Cognitive Therapy, Acceptance and Commitment Therapy, Compassion-Focused Therapy (which also draws on attachment theory, see Chapter

13), and Dialectical Behaviour Therapy are just some of the mindfulness-based forms of CBT which have emerged in recent years (Germer, Siegel & Fulton, 2005).
As well as being something that can be used in one-to-one therapy with clients, mindfulness CBT is often taught to people in group training formats, such as eight-week courses, where a trainer takes a group through the materials and they also practise alone between sessions (Crane, 2009). There are many self-help manuals, videos and audio materials to help people to develop their own mindfulness practices (e.g. Heaversage & Halliwell, 2012; Williams & Penman, 2011) as well as computer programs and apps (Glück & Maercker, 2011).

Mindfulness understandings of mental health problems

Reviews or the research and meta-analyses (which amalgamate the data across research studies) so far find evidence that mindfulness-based interventions are effective across a number of different common mental and physical health conditions, notably preventing relapse from depression and easing chronic pain conditions (MAPPG, 2015; Shonin et al., 2015).
So what is the theory behind these practices being so helpful? Why do we try to cultivate that open, curious attention to the way things are? Going back to the original Buddhist understanding of distress, the idea there is that suffering is rooted in craving: the approach where we try to get everything we want and to avoid everything we don't want. Martine Batchelor explains it well with this metaphor:

> Let's imagine that I am holding an object made of gold. It is so precious and it is mine – I feel I must hold onto it. I grasp it, curling my fingers so as not to drop it, so that nobody can take it away from me. What happens after a while? Not only do my hand and arm get cramp but I cannot use my hand for anything else. When you grip something, you create tension and limit yourself.
>
> Dropping the golden object is not the solution. Non-attachment means learning to relax to uncurl the fingers and gently open the hand. When my hand is wide open and there is no tension, the precious object can rest lightly on my palm. I can still value the object and take care of it; I can put it down and pick it up; I can use my hand for doing something else. (Batchelor, 2001, p. 96)

Applying this metaphor to our everyday lives, we could say that suffering happens whenever we fall into that habit of grasping things and/or hurling them away, whether that is our own thoughts or emotions, aspects of our identity, relationships with others, material things, or anything really.
For example, you might notice this happening with feelings. Something happens which gives you a little anxious feeling: just a twinge. That feeling is unpleasant so – maybe without even noticing – you try to deny it is happening and just get on with things. However, the anxiety seems to get larger in the background so soon it's really quite frightening. You worry about the fear which you now can't avoid: 'what's wrong with me that I'm suddenly so scared?' You try to think the feeling away, telling yourself it's irrational, but it doesn't work and now you're panicked about why you're making such a huge deal out of something so minor. Maybe it's a terrible sign that you have to do something major to address it. The idea of that is so scary that you end up in even more of a panic.
Buddhists call this the 'second arrow': the idea that it's often not the initial feeling, thought, experience, or whatever that is the problem (the first arrow), but rather it is all of the feelings, thoughts and behaviours that we engage in after that (the second arrows). For example, imagine you were in a meeting and said something you thought was a bit foolish. The first arrow would be that brief flush of embarrassment. The

second arrows would be telling yourself you were stupid, worrying what everybody thought of you, feeling angry with yourself, tensing your body, etc. 'Staying with' the first arrow means allowing yourself to feel the embarrassment without hitting yourself with all those additional thoughts and feelings about it.
Second arrows don't just happen with 'negative' experiences like fear, we're just as bad with 'positive' experiences, like finding some-thing that makes us feel good, and then trying to get that experience more and more, and protecting it because you're so scared of not having it again (a common pattern in addictions and compulsions).

> **Pause for reflection: Second arrows**
>
> Can you remember a recent time when you experienced something like the spiral of thoughts and/or feelings described here.

The alternative, as we saw in Batchelor's metaphor, is turning towards the initial experience and trying to be with it as it is, instead of layering all those other things on top of it. That's why, during meditation, we try to notice each thought, feeling or sensation as it bubbles up, and let them go: not itching a scratch, following a fantasy, or trying to block off a negative thought.
So mindful therapies for anxiety tend to advocate 'approaching' rather than 'avoiding' frightening experiences, and learning to 'stay with' the experience, noticing with curiosity how it unfolds over time (Orsillo & Roemer, 2011). Mindful therapies for addiction encourage 'urge surfing': slowing down and noticing their urges when they come, rather than either trying to avoid them or giving into them (Bowen, Chawla & Marlatt, 2010). Mindful therapies for pain note how we tend to clench up around physical pain and focus on eliminating it, in a similar way to the way we relate to emotional pain. Again, trying to be with the sensation openly and spaciously, so we're aware of our whole experience and how it shifts over time, seems to be helpful (Kabat-Zinn, 1996).
It is important to remember that with all mental and physical health issues it is generally a lot more difficult to be mindful when things are hard than it is at other times. For this reason many approaches advocate training in mindfulness when things aren't so tough (e.g. before a relapse, when you're not feeling anxious), and then slowly applying it to the difficult situation. Many approaches also emphasise strongly the need to cultivate self-compassion and kindness so that mindfulness doesn't just become another stick to beat yourself with when you – inevitably – find it difficult (e.g. Chödrön, 2001; Magid, 2008).

Mindfulness approaches in counselling

You should have got the sense, from the section above, that Buddhist approaches don't draw much distinction between everyday experiences and mental health problems, or between different kinds of distress (depression, anxiety, addiction, psychosis, etc.). The 'mindless' craving way of being is seen as something that we all do in various ways, and which results in both the everyday and extreme forms of suffering that we experience. And the way of addressing this – through mindfulness, meditation, compassion, etc. – is the same regardless.
Buddhist approaches also challenge distinctions between therapist (well) and client (sick). Because we all engage in the same patterns, mindfulness would be just as important for the practitioner as for the person they're working with. They can be a great way of cultivating the focused attention, self-awareness, empathy for others, and

ability to 'stay with' difficult material which is required in therapy (Barker, 2013b). A mindful therapist can model these abilities for their client and offer a mindful relationship in the therapy room which is beneficial in itself (Nanda, 2005).
Of course, mindfulness ideas and practices can also be offered to clients as something to try for themselves, either in addition to regular therapy, or as the whole focus of therapy sessions: practising both with support within sessions and as 'homework'.

Case example: Mindful therapy

Paul is a man in his late 50s who comes for counselling. He says he's suffered from periods of depression every few years for most of his adult life and he'd really appreciate some help with it. A lot of the time he's fine – getting on with his work, his hobbies, and the home he's made with his husband Michael. But when depression hits he becomes withdrawn and anti-social and finds himself questioning everything he does, becoming irritable with Michael and despondent about the future.

Before reading on, you might like to reflect from what you've read already how mindful approaches might understand Paul's difficulties, and how a mindful therapist might work with him. The evidence so far suggests that mindfulness is particularly effective at preventing relapse from depression in people who've experienced it before (Shonin et al., 2015) so it could be particularly beneficial for Paul to work with a counsellor one-to-one or in a group to learn mindful techniques before depression hits again (Segal, Williams & Teasdale, 2002).

If Paul is currently experiencing depression, a therapist might encourage him to try 'staying with' his irritable or despondent feelings rather than trying to grasp them or hurling them away. With awareness he might notice the barrage of 'second arrows' which tend to come in whenever he starts to feel low. He might cultivate the capacity to come back to his whole experience in the present moment instead of ruminating over the past and worrying about the future (Williams, Teasdale, Segal & Kabat-Zinn, 2007). A therapist might also like to draw in more compassion-based practices, such as meditations designed to get Paul feeling more kind, and less critical, towards himself and the rest of the world (e.g. Gilbert, 2010).

Mindfulness in the criminal justice system

As we have seen, mindfulness has become important in therapy, but it is also now broadly influential in public policy proposals for increasing the well-being of society. In 2008, the UK's Government Office for Science published a report entitled *Mental capital and wellbeing: making the most of ourselves in the 21st century* as an overview of how to increase 'mental capital'. Central to the project was the idea of mindfulness techniques at all stages of life to promote personal well-being and better mental health and functioning, from childhood school and adolescent learning and leisure settings, to older adults in work, in education or training, and after work in older age.
This focus was further developed in the Mindfulness All-Party Parliamentary Group (MAPPG) report *Mindful nation* UK (MAPPG, 2015). The report was produced by a group of members of parliament who had been offered mindfulness sessions by The Mindfulness Initiative: a group of teachers, economists, theorists and others influenced by mindfulness, who try to raise awareness of the uses of mindfulness practices throughout society.

Considering the cost to the state and research evidence, the report identified four areas in which mindfulness could be a key resource. One was the criminal justice system, particularly in relation to the rehabilitation of offenders and the prevention of recidivism (reoffending by prisoners once they are released). The report noted the evidence that prison populations have higher levels of depression and anxiety and a higher suicide rate than the rest of society; higher levels of negative feelings, anger and inability to self-regulate; higher incidence of childhood histories of emotional, sexual or physical abuse (see Chapter 13); and higher levels of substance abuse. These factors are all linked to offending, and are therefore understood as *criminogenic* and should be addressed in a 'what works' approach to rehabilitation and prevention of recidivism (Howells, Day & Thomas-Peters, 2007). Howells et al.'s report also noted that there was now significant research to support mindfulness-based training and practice in prison being effective in ameliorating the occurrence and effects of these factors. Mindfulness-Based Cognitive Therapy was therefore recommended as standard therapy in the UK criminal custodial system, and the report called for further investigation of the effectiveness of mindfulness-based interventions with offenders.

Meditation and mindfulness in prison systems

Grounded in Hindu philosophy, Transcendental Meditation was one of the earliest meditation programmes to achieve huge popularity across Western society after the Second World War. Introduced into US prison from the 1970s onwards, its practice involved repetition of a mantra once or twice for 15–20 minutes a day to produce a 'wakeful condition of alertness [and] a restful physiological condition' (Himelstein, 2011,
p. 648). The focus of its introduction in prisons was reduction of levels of anger and aggressive behaviour, but there were a range of additional benefits, including reduced use of narcotic drugs and addiction behaviours, and recidivism.

Orme-Johnson (2011) notes a series of research studies in which follow-up of these, and Buddhist-based meditation, programmes found impressive effects on levels of aggression, well-being, self-esteem, negative thoughts, optimism, pro-social behaviour, and empathy with others. Offenders in these programmes were between 33% and 47% less likely to be convicted of a further crime following release from prison.

Prison environments are alien, alienating, noisy, cramped, regimented, and sometimes chaotic and threatening (Scott-Whitney, 2002). These are huge barriers to activities requiring stillness, silence and reflection. As a prisoner in US high security prisons over 20 years, Maull (2005) movingly details his journey to develop Buddhist meditation practice to survive this environment, to found a meditation self-help group for other prisoners, and his use of mindfulness in hospice care for prisoners with terminal illness. In 1987 he founded the Prison Dharma Network, which is now a global organisation working to promote support for Buddhist prison meditation groups and practices across the world.

Vipassana is the usual form of mindful and 'Buddhist informed' meditation used in prisons. It involves an initial ten-day training period of total silence and retreat with sitting meditational exercises – no mean feat in a prison environment – followed by regular group practice. Two documentaries have been made in the very different contexts of the US and India (Ariel & Menahami, 1997; Philips, Kukura & Stein, 2007) to show the actuality and practice of such groups and the issues and difficulties they encounter.

Lyons and Cantrell (2015) detail the continuing success of such volunteer-based programmes, but in particular how the mindfulness-informed therapeutic approaches mentioned earlier are now being combined with CBT techniques in a range of prison therapeutic regimes. For example, they describe the adaptation of Mindfulness-Based Stress Reduction into Mindfulness-Based Relapse Prevention, which develops the capability for acceptance and non-reactive observation of the desire to use drugs – 'urge surfing' (Bowen & Marlatt, 2009). This appears to be effective in lessening the severity of negative emotional states which cue drug use, and enabling tolerance of these. Substance misuse and addiction is a big problem in US prisons and intersects directly with the race issues covered in Chapter 5. In relation to gender (see Chapter 6), research suggests that for women prisoners in particular, mindfulness-based interventions are particularly effective in addressing substance misuse and serious psychological trauma (Katz & Toner, 2013).

Research into the outcomes of mindfulness and meditation-based interventions was cited extensively in the MAPPG report, *Mindful Nation* UK (MAPPG, 2015). However, the difficulties of conducting research in prisons and custodial settings are considerable, from the practical to the methodological and ethical. This means that individual studies vary hugely in the conditions, quality, measured outcomes and controls that are applied (Howells, Tenant, Day & Elmer, 2010; Shonin et al., 2013). However, systematic reviews and meta-analyses of these studies show a qualified but consistently positive impact of interventions in relation to the following: alleviation of feelings of low self-worth and low self-efficacy; excessive self-focus and inability to relate closely with others; habitually high levels of negative thought, feeling and anger improving behaviour relating to poor self-management; lowering of impulsivity; and better emotional self-regulation (Auty, Cope & Liebling, 2015; Dafoe & Stermac, 2013). There is also reasonably consistent evidence that prisoners who have taken part in substantial and sustained programmes of this kind have significantly lower rates of recidivism.

Focus on Dialectical Behaviour Therapy (DBT)

Marsha Linehan (Linehan, 1993; Linehan, Armstrong, Suarez, Allmin & Heard, 1991) developed Dialectical Behaviour Therapy (DBT) to address the deeper individual developmental history and emotional issues of her clients. She had found that clients often felt misunderstood and invalidated in CBT (see Chapter 14), and withdrew from it or got angry with the continual emphasis on change. She proposed this because CBT focuses on acquiring scripts and techniques to apparently change thought and behaviours, without acceptance or exploration of the individuality of a client's emotions or the history and experience of their particular lives.

DBT introduces the 'dialectic' of balancing *acceptance* of who an individual client is with the need or goal of *change* in particular ways. The key mindful therapeutic addition to CBT here is *radical acceptance*. This involves recognising that many of the significant judgements that we make about ourselves and others – particularly the negative judgements which often lead to self-destructive actions – are emotional and unreasonable. It is about accepting painful and unpleasant emotions, but not allowing them to build up through judgements about what they mean into suffering. In this way, it involves recognising and accepting the 'first arrow' feelings behind the 'second arrows'. The client can then choose to change or to accept particular areas of their life which causes pain, and to enable either choice using skills development.

In DBT there are four skill areas which practitioners and clients work on together to develop this dialectic for both change and acceptance of what is (McKay, Wood & Brantley, 2007). They are:

1. Distress tolerance to cope better with painful emotions and to build new resiliencies so that the events or circumstances that provoke pain do not also build up into suffering.
2. Mindfulness to experience the present moment more fully and focus less on painful or frightening events in the past or possibilities in the future. Part of this involves reviewing and overcoming habitual negative judgements made about the self or others.
3. Emotional regulation to recognise feelings clearly and be able to experience and modulate them without feeling overwhelmed, which often causes destructive behaviour.
4. Interpersonal effectiveness to express beliefs and needs, to set limits and to negotiate problems while protecting relationships and maintaining respect.

In a standard format, DBT involves group sessions for the first three months working on these skills in a structured form, with practice sessions, homework and record keeping. These are followed by individual sessions and (ideally) availability of the therapist to clients on the phone for coaching for several additional months up to a year. This has been modified and trialled within many contexts and with many mental health issues, but should always follow a particular format of treatment stages and a hierarchy of target behaviours so that therapy is safe, structured and progressive, and not just used as a reactive crisis management service (Pederson, 2015).

DBT has been used extensively with community clients diagnosed with borderline personality disorder (BPD), eating disorders, substance abuse, depressive disorders, and self-harm, with consistently positive results (Panos, Jackson, Hasan & Panos, 2014; see Chapter 18). It has been particularly impressive in its successful use with BPD, which within psychiatric services is often considered to be an untreatable condition.

Within the growing evaluation literature, it has been frequently noted that DBT is particularly successful with women clients, and it has been trialled with impressive results with long and short-term women prisoners across custodial contexts and countries (Berzins & Trestman, 2004; Gee & Reed, 2013; Nee & Farman, 2007). It is now also being adapted and trialled, with some success, with male prisoners diagnosed with psychopathy and other issues (Galietta & Rosenfield, 2012). It is, however, an intensive and sustained form of therapy, and one whose literature is rich in the tensions and issues which arise from implementing therapeutic practices grounded in Buddhist spiritual philosophy into a secular, Western, materialist system of practice.

Critical perspectives

Throughout this chapter we have generally presented a pretty positive view of mindfulness-based interventions and their effectiveness at helping people in both counselling and forensic psychology contexts. However, it is important to inject a note of caution here. Mindfulness based therapies are a very new thing (even if they are based on an ancient approach), and this means that they still haven't been researched as thoroughly as other therapies or over such a long period of time. There are also some serious criticisms coming to light of the limitations of the mindfulness movement in its current form.

In relation to the research, studies in this area suffer from many of the problems of research on therapy more broadly, including the fact that they tend to be conducted by people who are invested in their approach to mindfulness, who will therefore tend to find more positive results; that significant results tend to be published while non-significant ones do not; and that it is very hard to create comparison groups who go through everything else that the mindfulness group goes through, except the mindfulness itself, and with the same practitioner (Cooper, 2008). Shonin, Van Gordon and Griffiths (2010) suggest that some of the effectiveness of mindfulness may well be because it is currently so fashionable. They also point out that 'mindfulness' is being used to refer to many different therapies and techniques, and that it is also very difficult to determine whether clients are actually engaging in the practices they've been taught.

A spate of critical articles and programmes have also pointed out some serious issues with the ways in which the current mindfulness movement operates (e.g. Beyond Belief, 2014; Foster, 2016; Purser & Loy, 2013). There isn't space to go into all these in detail here, but Information box 16.1 provides a brief list of some of the concerns.

Pause for reflection

Before reading the list in Information box 16.1, take a moment to think about any criticisms you have thought of while engaging with this chapter.

Information box 16.1: Problems with the mindfulness movement

- Mindfulness and/or meditation may increase rather than decreasing distress for some people, particularly if done as a one-size-fits-all approach without support or a thorough understanding (Farias & Wikholm, 2015).
- There's no accreditation to ensure that mindfulness trainers are well trained and ethical (Foster, 2016).
- There are ethical issues with people repackaging, trademarking and selling ancient ideas and practices which were originally given away for free to whoever wanted to engage with them (Barker, 2013b).
- Difficulty meditating or being mindful can become another reason for people who are struggling to be self-critical (a major element of mental health problems) if not combined with compassion (Chödrön, 2001; Magid, 2008).
- By locating problems internally, rather than externally, mindfulness can potentially encourage people to accept toxic circumstances – such as relationships, workplaces or criminal justice systems – instead of addressing them (see Chapter 15; Stanley, 2012).
- 'McMindfulness' often presents a quick-fix solution to reduce costs (e.g. MAPPG, 2015), which denies the social and material causes of much of mental ill-health and criminal behaviour (e.g. structural inequalities, austerity measures, discrimination) (Purser & Loy, 2013).
- The current social, political and economic systems of consumer capitalism and neoliberalism actively encourage people to police themselves as individuals and to try to get everything they want and avoid things they don't want in order to be 'successful' and 'happy'. We can

question the capacity of individuals to shift these patterns if there is no wider change in the society and institutions around them (Barker, 2015).

Conclusion

In this chapter you have learned about the roots of mindfulness in the Buddhist approach, which locates suffering in our human tendency to try to get all the things that bring us pleasure and to avoid or eradicate all the things that bring us pain. The radical approach of mindfulness involves accepting our thoughts, feelings and emotions as they are instead of trying to cling on to them or hurl them away. Therapies which draw this approach together with Western therapy – often in the form of CBT – have been found to be effective with depression, anxiety and addiction, as well as in reducing difficult offender behaviour and addressing recidivism.

However, like everything, from the Buddhist perspective, the current wave of mindfulness therapies needs to be held lightly, rather than grasped hold of as a panacea, or hurled away as dangerous and damaging (Batchelor, 2001). If we do this, we can engage with such therapies creatively and critically, as well as reflecting cautiously about how and where we apply them.

Suggestions for further reading

Barker, M. (2013b). *Mindful counselling & psychotherapy: practising mindfully across approaches and issues*. London: Sage.

Provides you with a good overview of mindfulness, how it has been used in therapy and how it can work with common mental health problems.

Mindfulness All-Party Parliamentary Group (MAPPG) (2015). *Mindful nation UK: report by the Mindfulness All-Party Parliamentary Group* (MAPPG). London: The Mindfulness Initiative. Accessed 19 November 2015 from www.themindfulnessinitiative.org.uk/images/reports/Mindfulness-APPG-Report_Mindful-Nation-UK_Oct2015.pdf

This is a thorough review of the research evidence for the use of mindful- ness in mental health, criminal justice and other settings.

Prison Mindfulness Institute: www.prisonmindfulness.org

Inside Out: insight-out.org

These websites are useful in exploring current developments in use of mindfulness in prisons.

Pederson, L. D. (2015). *Dialectical behavior therapy: a contemporary guide for practitioners*. Chichester: John Wiley & Sons.

This book is an accessible introduction to DBT particularly.