MBCT CARD 1 CLAIM

NAME THE COURSE

“Any breathing or mindfulness course is MBCT.”

What must be true before a course can use the MBCT name?

Discuss, then check the matching boundary card.

MBCT CARD 2 CLAIM

TRANSFER OF EVIDENCE

“Adult MBCT trials prove that a school course will work.”

Which parts of a study must match the school proposal?

Discuss, then check the matching boundary card.

MBCT CARD 3 CLAIM

HOW IT WORKS

“MBCT teaches people to challenge and replace bad thoughts.”

How is decentring different from thought correction?

Discuss, then check the matching boundary card.

MBCT CARD 4 CLAIM

MYRIAD

“MYRIAD proved that mindfulness never works.”

What did this large school trial test, and what did it not test?

Discuss, then check the matching boundary card.

MBCT CARD 5 CLAIM

CHOICE

“It only works if every learner joins in.”

What does a genuine opt-out look like in a school?

Discuss, then check the matching boundary card.

MBCT CARD 6 CLAIM

DISTRESS

“If a learner feels worse, they should practise harder.”

What should staff do when distress rises?

Discuss, then check the matching boundary card.

MBCT CARD 3 BOUNDARY

DECENTRING

See a thought as an event in the mind, not at once as fact or command.

MBCT is not simple thought suppression, forced positive thinking or a teacher correcting a learner's private beliefs. Decentring may help, but no single process explains all outcomes.

Evidence boundary, not a therapy instruction.

MBCT CARD 2 BOUNDARY

MATCH BEFORE TRANSFER

Adult relapse findings stay with adult clinical MBCT.

A school claim needs research on the same named course, age and need, type of leader, outcome, other option and follow-up. Adult care research does not prove gains in grades or whole-school wellbeing.

Population and course identity matter.

MBCT CARD 1 BOUNDARY

MBCT IS A WHOLE COURSE

A shared breathing task does not make two courses the same.

Clinical MBCT is a structured course for a defined health aim, with trained delivery and a care route. A school course or short class pause needs its own name, aim and evidence.

Name the course before borrowing the claim.

MBCT CARD 6 BOUNDARY

RESPOND WITHIN ROLE

Stop pressure to continue and offer an ordinary grounding or exit choice.

Check in privately within role. Record facts and learner voice. Use pastoral, SEND, safeguarding or clinical routes as needed. Distress is not a test of effort, nor proof that more practice is the answer.

A mindfulness task is not a risk assessment.

MBCT CARD 5 BOUNDARY

CONSENT AND ACCESS

Offer a true opt-out and an equal choice before anyone has to explain why.

The choice must not cost lesson access, privacy or status. Eyes-open, outward focus, movement and a quiet non-mindfulness task may be valid options.

Refusal is not poor behaviour.

MBCT CARD 4 BOUNDARY

ONE LARGE TRIAL

MYRIAD tested one course for all against usual school support.

At one year it did not do better on the main outcomes. This challenges broad claims for that kind of universal offer. It does not disprove adult MBCT or every targeted, clinical or voluntary mindfulness course.

A null result has a defined scope.

MBCT CARD 7 CLAIM

STAFF ROLE

“A short inset prepares a teacher to deliver MBCT.”

What does clinical competence require?

Discuss, then check the matching boundary card.

MBCT CARD 8 CLAIM

WHAT COUNTS AS AN OUTCOME?

“A calm-looking class shows that the course worked.”

What did the school set out to change, and how will it know?

Discuss, then check the matching boundary card.

MBCT CARD 9 CLAIM

SAFETY DATA

“No harms were reported, so the course is harmless.”

Was safety checked and logged well enough to support that claim?

Discuss, then check the matching boundary card.

MBCT CARD 10 CLAIM

SEND AND EQUALITY

“The same task is accessible to everyone.”

Which demands may be hidden by a simple instruction?

Discuss, then check the matching boundary card.

MBCT CARD 11 CLAIM

SCREENING

“A school checklist can identify who needs MBCT.”

Where does observation end and clinical assessment begin?

Discuss, then check the matching boundary card.

MBCT CARD 12 CLAIM

CARE ROUTES

“Mindfulness can replace referral or safeguarding.”

What must happen if risk, harm or a disclosure arises?

Discuss, then check the matching boundary card.

MBCT CARD 9 BOUNDARY

MISSING DATA IS NOT SAFETY

“No harm reported” and “harmless” are different claims.

Many studies do not state if unwanted effects were sought or absent. Schools should log benefit, burden and distress, then set a clear rule to adapt, stop or refer.

Check how safety was measured.

MBCT CARD 8 BOUNDARY

USE THE STATED OUTCOME

Quiet conduct does not prove learning, wellbeing or clinical gain.

Define the aim before delivery. Check that result, along with burden, fairness and learner voice. A short shift in focus is not a grade gain or lifelong resilience.

Visible calm can hide distress or compliance.

MBCT CARD 7 BOUNDARY

TWO MEANINGS OF TEACHER

An MBCT teacher is a trained practitioner. A schoolteacher is an education professional.

One person may hold both roles, but brief inset, a book or personal practice does not confer clinical skill. The named course still needs training, oversight and the right care rules.

Value the class role without turning it into therapy.

MBCT CARD 12 BOUNDARY

USE THE SAFETY NET

Stop the task and follow school and urgent-help procedures.

Self-harm, suicidal thought, abuse or immediate danger require the existing safeguarding and emergency routes. A breathing task is not a crisis response and must not delay skilled care.

Support may coordinate with care, never replace it.

MBCT CARD 11 BOUNDARY

OBSERVE, DO NOT DIAGNOSE

A teacher can record change and learner voice. They cannot select treatment.

Low mood, fatigue, withdrawal or poor focus can have many causes. Use pastoral, SEND, safeguarding and health routes. Clinical staff decide assessment and treatment within their remit.

A school record is not a symptom screener.

MBCT CARD 10 BOUNDARY

ACCESS IS PERSONAL

Breath, stillness, closed eyes and inner focus can create different demands.

Check sensory, body-signal, speech, movement, pain, health, trauma, culture, faith and language needs. Ask what this learner can access, values and chooses.

The label alone does not predict the response.