EARLY INTERVENTION FOUNDATION

GUIDEBOOK

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Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

.b (pronounced 'dot-be') is a universal programme designed to teach mindfulness skills to 11-18-year-olds.

.b is designed to introduce knowledge and skills to young people in order that they can support their own mental health and wellbeing. The course combines focusing on key areas of the brain and how they relate to everyday experiences, and some key mindfulness practices they can draw upon as they navigate the inevitable ups and downs of life.

Themes explored include: training the attention, bringing awareness to everyday activities, improving sleep, working with powerful emotions, and noticing the 'good stuff' in life.

The programme is a school or youth based programme comprising 10 sessions with an additional four follow-up sessions. It is usually delivered to students of 11 to 18 years of age in a group format by teachers trained to deliver the course.

Throughout the programme, a range of mindfulness practices are taught, including attention training, mindfulness of routine daily activities, mindful movement and grounding practices in response to difficult thoughts or emotions. All sessions are delivered as structured classroom lessons, including PowerPoint presentations and animations to engage students and explain concepts, teacher-guided exercises to explore mindfulness practice, group discussion to share experiences, worksheets to embed learning, and 'home practice' to try in their own time.

Evidence rating: **3+**

Cost rating: 1

EIF Programme Assessment

.b has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence rating: **3+**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than£100.

Cost rating: 1

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Improved resilience

Based on study 1

1.35-point improvement on The Resilience Scale (RS14)

Improvement index: +4

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 54% and worse outcomes than 46% of their peers, if they had received the intervention.

6 months later

Improved wellbeing

Based on study 2

Reduced stress

Based on study 2

Reduced depression

Based on study 2

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preadolescents
- Adolescents

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Primary school
- Secondary school
- Sixth-form or FE college

The programme may also be delivered in these settings:

How is it targeted?

The best available evidence for this programme relates to its implementation as:

Universal

Where has it been implemented?

Austria, Denmark, Finland, France, Germany, Hong Kong, Iceland, Ireland, Italy, Netherlands, New Zealand, Poland, Portugal, Singapore, Spain, Taiwan, United Kingdom, United States

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

school based social emotional learning

About the programme

What happens during delivery?

How is it delivered?

• .b is delivered in nine sessions of around one hours' duration each by one practitioner, to groups of students.

What happens during the intervention?

- During each session children are taught skills aimed at helping them to increase their mindfulness skills.
- The sessions cover the following topics:
 - Session One Playing Attention
 - Session Two Taming the Animal Mind
 - Session Three Recognising Worry
 - Session Four Being Here Now
 - Session Five Moving Mindfully
 - Session Six Stepping Back
 - Session Seven Befriending the Difficult
 - Session Eight Taking in the Good
 - Session Nine Pulling it all Together

What are the implementation requirements?

Who can deliver it?

• The practitioner who delivers this programme is a trained teacher with QCF-6 level qualifications.

What are the training requirements?

 The practitioners have 38 hours of programme training. Booster training of practitioners is recommended.

How are the practitioners supervised?

Practitioner supervision is not required for .b.

What are the systems for maintaining fidelity?

- Programme fidelity is maintained through the following processes:
 - Training manual
 - Other printed material
 - Other online material
 - Face-to-face training
 - · Questions via email and social media

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- The programme introduces children and young people to a 'toolkit' of mindfulness practices, the neuroscience behind common human experiences, and key social and emotional learning.
- Children are taught how to work with a wandering attention and thoughts, powerful emotions, the mind's negativity bias, and bring awareness to how things are right now, applying these skills in daily life.
- In the short term, children learn about mindfulness, and the programme aims to promote clearer understanding of how their brain and mind works, and improved access to tools to support them to cope with difficulty. The programmes aims to improve their concentration, sleep, relationships, reactivity to difficulty, and ability to notice the good things in life.
- In the long term, the programme aims to improve knowledge and skills that support young people's mental health and wellbeing throughout their lifetime, moving them closer to the potential to flourish.

Intended outcomes

Supporting children's mental health and wellbeing

Contact details

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https://mindfulnessinschools.org/teach-dot-b/dot-b-curriculum/

About the evidence

.b's most rigorous evidence comes from one RCT and one QED; the first was conducted in Finland, the second was conducted in the UK.

Both studies identified statistically significant positive impact on a number of child outcomes.

This programme has evidence from at least one rigorously conducted RCT along with evidence from an additional comparison group study. Consequently, the programme receives a 3+ rating overall.

Study 1

Citation: Volanen et al. 2020

Design: RCT

Country: Finland

Sample: 3,581 children between 12 and 15 years old

Timing: Post-test, 6-month follow-up

Child outcomes:

Improved resilience

Other outcomes:

None

Study rating: 3

Volanen, S. M., Lassander, M., Hankonen, N., Santalahti, P., Hintsanen, M., Simonsena, Raevuorib, N., Mullolac, S. Vahlbergj, T., Butb, A. & Suominen, S. (2020). Healthy learning mind—effectiveness of a mindfulness program on mental health compared to a relaxation program and teaching as usual in schools: a cluster-randomised controlled trial. Journal of affective disorders, 260, 660-669.

Available athttps://www.sciencedirect.com/science/article/pii/S0165032719316696 Study design and sample

The first study is a rigorously conducted RCT.

This study involved random assignment of children to a .b treatment group and a business as usual group.

This study was conducted in Finland, with a sample of 3581 children aged between 12 and 15. **Measures**

Child resilience was measured using the Resilience scale (RS14)

Child depression was measured using the Beck Depression Inventory (RBDI)

Child internalising behaviour was measured using the Strengths and difficulties questionnaire (SDQ)

Findings

This study identified statistically significant positive impact on child resilience

Study 2

Citation:	Kuyken et al. (2013)
Design:	QED
Country:	United Kingdom
Sample:	522 children between 12 and 16 years old
Timing:	Post-test, 3-month follow-up

Child outcomes:

- Improved wellbeing
- Reduced stress
- Reduced depression

Other outcomes:

None

Study rating: 2

Kuyken, W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R., Cullen C., Hennelly S., & Huppert, F. (2013). Effectiveness of the Mindfulness in Schools Programme: non-randomised controlled feasibility study. The British Journal of Psychiatry, 203(2), 126-131.

Available athttps://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/effectiveness-of-the-mindfulnestudy design and sample

This study is a QED. Six control schools were selected to match six .b intervention schools. Assignment was not randomised.

This study was conducted in the UK, with a sample of 522 children aged between 12 and 16.

Measures

Child well-being was measured using the Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Child depression was measured using the Center for Epidemiologic Studies Depression Scale (CES-D)

Child stress was measured using the Perceived Stress Scale (PSS)

Findings

This study identified statistically significant positive impact on a number of child outcomes. This includes:

- Improved child well-being
- Reduced child depression
- Reduced child stress

The conclusions that can be drawn from this study are limited by methodological issues pertaining to the treatment and comparison groups not being generated by sufficiently robust methods hence why a higher rating is not achieved.

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Campbell, A. J., Lanthier, R. P., Weiss, B. A., & Shaine, M. D. (2019). The impact of a schoolwide mindfulness program on adolescent well-being, stress, and emotion regulation: A nonrandomized controlled study in a naturalistic setting. Journal of Child and Adolescent Counseling, 5(1), 18-34 - **This reference refers to a quasi-experimental design, conducted in the USA.**

Hennelly, S. (2011). The immediate and sustained effects of the. b mindfulness programme on adolescents' social and emotional well-being and academic functioning. Unpublished master's thesis, Oxford Brooks University, United Kingdom - **This reference refers to a pre-post study, conducted in the UK.**Huppert, F. A., & Johnson, D. M. (2010). A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. The Journal of Positive Psychology, 5(4), 264-274 - **This reference refers to a quasi-experimental design, conducted in the UK.**

Johnson, C., Burke, C., Brinkman, S., & Wade, T. (2016). Effectiveness of a school-based mindfulness program for transdiagnostic prevention in young adolescents. Behaviour Research and Therapy, 81, 1-11 - This reference refers to a randomised control trial, conducted in Australia.

Van Schijndel, L. M. (2019). Effectiveness of a school-based mindfulness training on well-being and executive functioning in early adolescents (Master's thesis) - **This reference refers to a quasi-experimental design, conducted in the Netherlands.**

Weare, K. (2018). The evidence for mindfulness in schools for children and young people. Manuskript, University of Southampton. Online via:

https://mindfulnessinschools.org/wpcontent/uploads/2018/04/Weare-Evidence-Review-Final.pdf - This reference refers to an evidence review.

Guidebook

About the EIF Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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