

Can cultivating a mode of 'non-doing' do anything for me?

**An overview of mindfulness meditation**



Mark A. Lau, PhD, R Psych  
Psychologist, Vancouver CBT Centre &  
Clinical Associate Professor of Psychiatry  
University of British Columbia

**Objectives:**

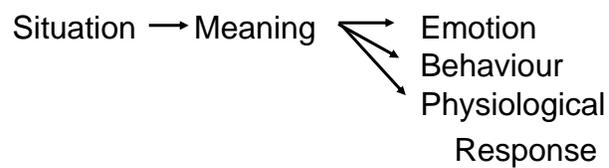
1. The origins of mindfulness and why it is used
1. What is mindfulness?
1. Delivering MBCT in four different formats in the workplace?
2. How can I cultivate mindfulness?
3. Mindfulness resources in Metro Vancouver

## A human mind...

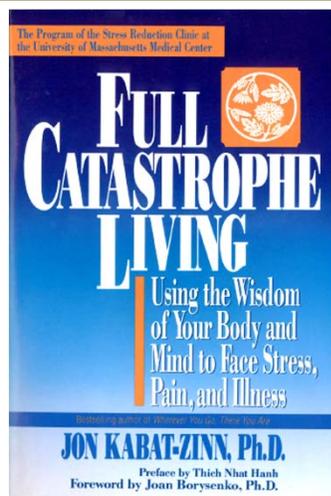
- is a wandering mind
  - Allows us to learn, reason, and plan but...
- is an unhappy mind.
- ‘...the ability to think about what is not happening is a cognitive achievement that comes at an emotional cost.’ (Killingsworth & Gilbert, 2010, Science, p. 932)

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## Cognitive model



*“And the faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will. No one is compos sui if he have it not. An education which should improve this faculty would be the education par excellence. But it is easier to define this ideal than to give practical instructions for bringing it about”* (James, 1890, p. 401).

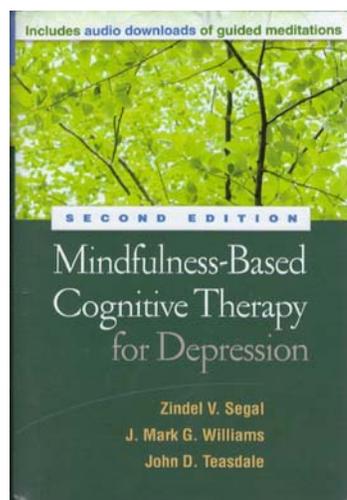
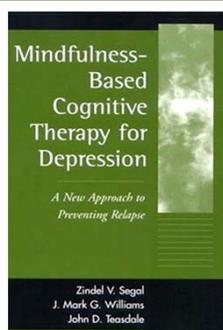


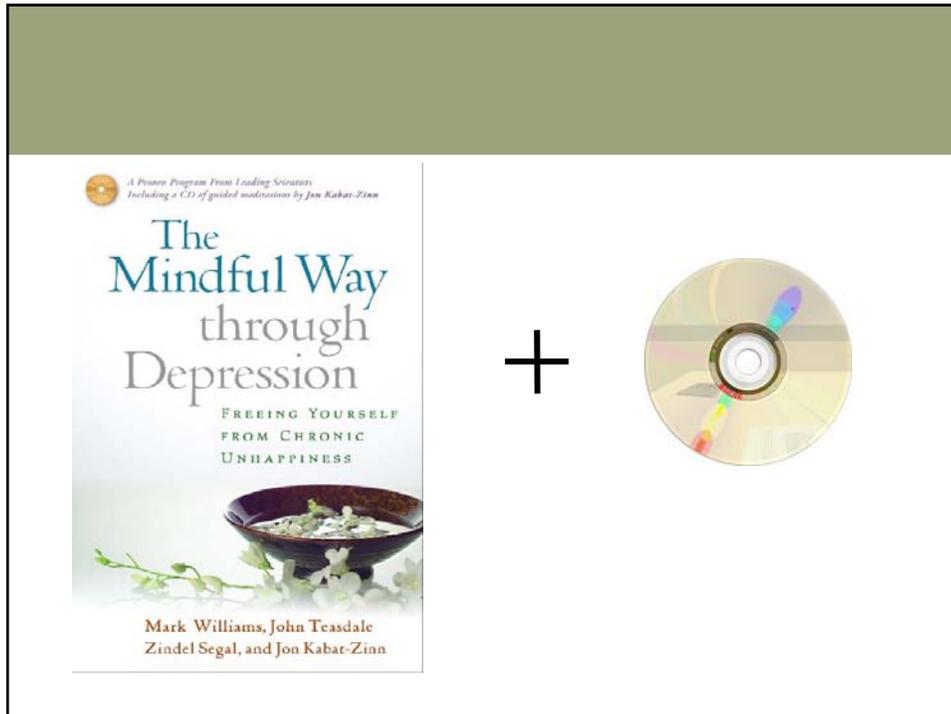
## Why use mindfulness training as a clinical intervention?

*“Of course, the natural tendency is to avoid feelings of pain whenever possible and to wall ourselves off from as much of it as we can, or to be automatically swept away by a tidal wave of feelings...In the end, the damage that is done when we deny or avoid our feelings or become lost in them only compounds our suffering.”*

*(Kabat-Zinn, Full Catastrophe Living, p. 320)*

- Meditation can reduce suffering by changing one’s relationship to pain





## Other clinical interventions with significant mindfulness training

- Mindfulness Based Relapse Prevention (MBRP)
  - Marlatt
- Mindfulness-Based Eating Awareness Training (MB-EAT)
  - Kristeller
- Mindfulness and Acceptance-based Group Therapy (MAGT)
  - Kocovski, Fleming & Rector

## 2 Types of Meditation

- Concentrative (samatha)
  - Attention to a specific object
    - (mantra, tip of the nose, breath)
  - Better for stabilizing attention and creating calmness
- Insight (vipassana) or mindfulness
  - Attention to a wide range of objects
  - Leads to a greater awareness of how the mind works

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## Two ways of knowing

- What did you notice when thinking about the feet?
- What did you notice when you tuned in directly to the sensations of the feet?
- What was the most striking difference between the two ways of knowing?

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# Mindfulness

*“Mindfulness means paying attention in a particular way....*

- *on purpose*
- *in the present moment*
- *non-judgmentally.”*

Jon Kabat-Zinn

# Mindfulness-based practices

- **FORMAL PRACTICE**

(30-40 minutes)

- Refers to mindfulness meditation (e.g., body scan, breath meditation, mindful stretching)
- Opportunity to experience mindfulness at deepest level
- To learn how the mind works and to systematically observe its contents



- **INFORMAL PRACTICE**

(secs. to mins.)

- Refers to 3 minute breathing space and mindfulness of everyday activities
- “Every day is a retreat...it’s just not as quiet.”



## Empirical Support for Mindfulness-based interventions

- Meta-analytic and systematic reviews generally support clinical efficacy (e.g.):
  - Bishop, 2002
  - Baer, 2003
  - Salmon et al., 2004
  - Grossman et al., 2004
  - Brown et al., 2007
  - Coelho et al., 2007: MBCT for depressive relapse
  - Hofmann et al., 2010: MBIs for anxiety and depression
  - Piet & Hougaard, 2011: MBCT for depressive relapse

## Empirical Support for Mindfulness-based Interventions

- ADHD (*Zylowska et al., 2008*)
- Adolescent psychiatric outpatients (*Biegel et al., 2009*)
- Anxiety Disorders (*Kabat-Zinn et al., 1992; Miller et al. 1995*)
- Binge Eating Disorder (*Kristeller & Hallett, 1999*)
- Chronic Pain (*Kabat-Zinn, Lipworth, Burney, & Sellers, 1986*)
- Depressive symptoms in women with fibromyalgia (*Sephton et al., 2007*)
- Generalized Anxiety Disorder (*Roemer & Orsillo, 2007*)
- Insomnia (*Ong et al., 2009*)
- Mood disturbance & stress in cancer patients (*Carlson et al., 2001; Speca et al., 2000*)
- Social Anxiety Disorder (*Kocovski et al., in press*)

## MBCT indications

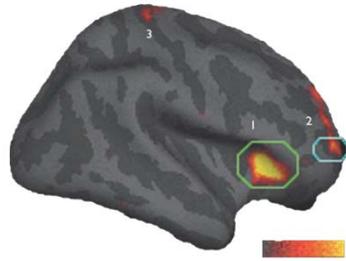
- Depression
  - Prevention of depressive relapse
  - Residual symptoms
  - Current depression
- Bipolar disorder
- Anxiety Disorders
  - Generalized anxiety disorder
  - Panic Disorder
  - Social Anxiety Disorder
- Cancer
  - Mood and anxiety symptoms
  - Chronic cancer related fatigue
- Parkinson's ?

## Is mindfulness as good as advertised?

(Davis & Hayes, 2011)

- Emotional regulation
  - Improve positive emotions
  - Decrease negative affect and rumination
  - Decrease anxiety
  - Decreased reactivity
- Increased response flexibility
- Increased immune, genetic and molecular function
- Neuroplasticity

## Attention regulation



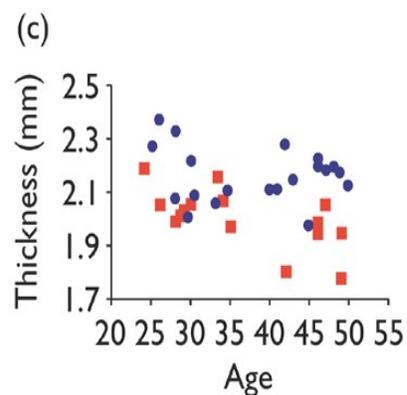
- Increased thickness of anterior cingulate cortex
  - Correlated with time spent in mindfulness meditation
- Example of experience dependent cortical plasticity

Lazar et al (2005) *Neuroreport* 16(17):1893-1897.

## Meditation experience is associated with increased cortical thickness

**Scatterplot of mean insula cortical thickness plotted versus age. Meditation participants: blue circles; control participants: red squares.**

Lazar et al., *Neuroreport* 2005



## Delivering MBCT in new ways

- Online group MBCT
  - Benefits of group treatment
  - Convenient access
  - Anonymous
- Individual MBCT
  - face-to-face or via telephone
    - Maintain anonymity
    - Telephone: convenient access

## Evaluating consumer stated preferences for MBCT delivery formats

- To determine the stated preferences of health authority employees for different methods of receiving MBCT using a discrete choice experiment (DCE).
  - Preference elicitation technique
  - Initially used in market research
  - Treatment options can be described by specific attributes which can be defined by a number of levels
  - Trade off analysis
  - Able to measure relative importance of different attributes

## Discrete Choice Experiment (DCE)

- A DCE comprising of 18 choice sets of 5 attributes was used
  - effectiveness of the treatment, framed as the chance of relapse (0, 2, 4 or 6 out of 10 chance)
  - waiting time for treatment (1 week, 1 month or 3 months)
  - time of appointment (during work hours or on the employees' own time)
  - interaction style (individual or group)
  - delivery method (face-to-face or tech-enabled)

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## DCE Choice Set

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If these were your only options for receiving MBCT, which would you choose?  
Choose by clicking one of the buttons below:

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Chance of relapse	6 out of 10	4 out of 10
Interaction Style	Individual	Group
Delivery Method	Tech-enabled	Face-to-face
Waiting Time	1 month	1 week
Appointment Schedule	On your employer's time	On your own time
<b>CHOICE</b>	<input type="checkbox"/>	<input type="checkbox"/>

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If the option you selected was recommended by your doctor and available to you today, would you enroll in MBCT?

- Yes - I would enroll
  - No - I would not enroll
-

## Results and Conclusions

- 151 respondents completed the DCE
- A latent class analysis suggested four classes
  - 1) 42%-effectiveness of therapy: male, >\$50K, > 3 episodes
  - 2) 32%-type of *interaction*; they would prefer to receive MBCT by telephone on their employer's time: university degree
  - 3) 13%- strongest preference for face-to-face delivery, individually or group: >\$50K
  - 4) 8%-receive MBCT on their own time: wanted to remain anonymous
- Overall, these results suggest strong preferences for different approaches to the delivery of MBCT

## Evaluating the feasibility of delivering MBCT in the workplace

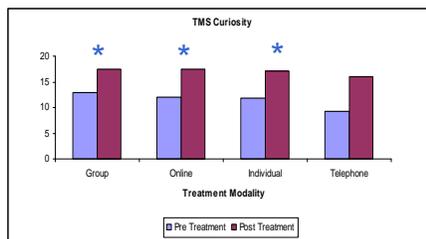
- Participants, health authority employees with recurrent MDD, chose to receive MBCT either in-person group, online group, in-person individual, or individual via telephone (dependant on availability)
- Participants were assessed before and after the treatment period:
  - Mindfulness: Toronto Mindfulness Scale (TMS) & Five Facet Mindfulness Questionnaire (FFMQ)
  - Rumination: Response Styles Questionnaire
  - Decentering: Experiences Questionnaire
  - Fear of Depression: Affective Control Scale
  - Self-Compassion: Self-Compassion Questionnaire

## Participant preferences

	Observed N	Expected N	Residual
<b>Group</b>	<b>47</b>	<b>39.0</b>	<b>8.0</b>
<b>Online</b>	<b>35</b>	<b>39.0</b>	<b>-4.0</b>
<b>Individual</b>	<b>54</b>	<b>39.0</b>	<b>15.0</b>
<b>Telephone</b>	<b>20</b>	<b>39.0</b>	<b>-19.0</b>
<b>Total</b>	<b>156</b>		

$$\chi^2(3, N=156) = 17.077, p < .001$$

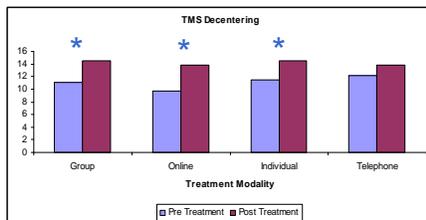
## TMS: State mindfulness



### TMS Curiosity

#### Pre-Post Treatment

- Significant effect of Time ( $F(1,70)=41.523, p < .001$ )
- Time x Group=NS

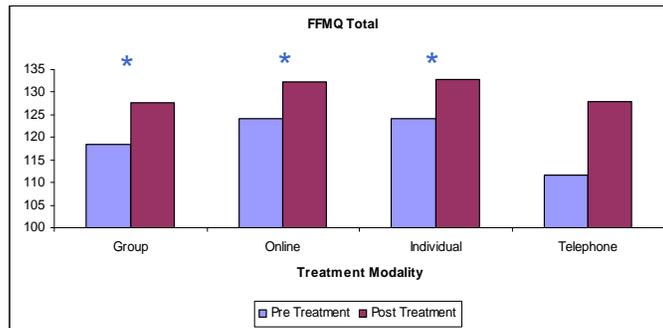


### TMS Decentering

#### Pre-Post Treatment

- Significant effect of Time ( $F(1,66)=15.836, p < .001$ )
- Time x Group=NS

## FFMQ: Trait mindfulness

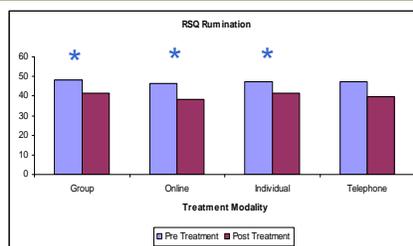


FFMQ Total Score

Pre-Post Treatment

- Significant effect of Time ( $F(1,68)=19.482, p<.001$ )
- Time x Group=NS

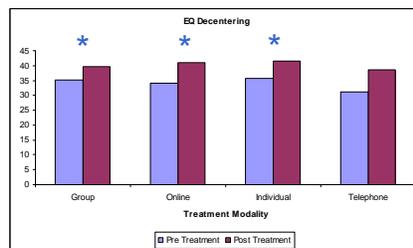
## Rumination and Decentering



RSQ Rumination

Pre-Post Treatment

- Significant effect of Time ( $F(1,70)=21.044, p<.001$ )
- Time x Group=NS

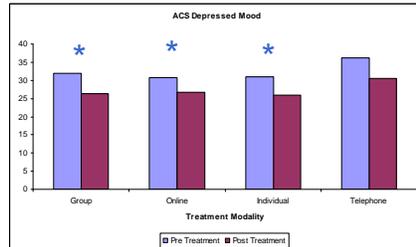


EQ Decentering

Pre-Post Treatment

- Significant effect of Time ( $F(1,68)=30.739, p<.001$ )
- Time x Group=NS

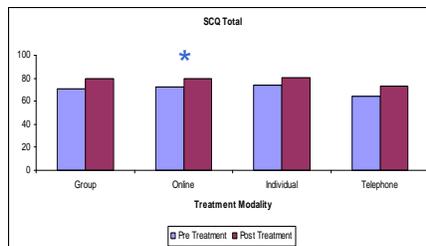
## Fear of Depression and Self-Compassion



ACS Depressed Mood

Pre-Post Treatment

- Significant effect of Time ( $F(1,70)=19.142$ ,  $p<.001$ )
- Time x Group=NS



SCQ Total Score

Pre-Post Treatment

- Significant effect of Time ( $F(1,69)=10.003$ ,  $p<.005$ )
- Time x Group=NS

## Conclusions & Future Directions

### Conclusions

- MBCT delivery formats were acceptable to employees and produced a similar pattern of improvements on a range of outcome variables when compared to the group format

### Future Directions

- Increase sample size, especially for telephone delivery
- Assess relapse rates across delivery formats
  - to determine whether the four MBCT delivery formats provide equivalent prophylaxis against depressive relapse.

## How can I cultivate mindfulness?

- Take an MBSR or MBCT course
- Sitting groups
  - <http://www.westcoastdharma.org/>
- Attend meditation retreats
- Take yoga classes
- Insight Meditation Society Correspondence Course
  - <http://www.dharma.org>
- Recorded meditations/dharma talks
  - <http://www.dharmaseed.org>
- Read books on mindfulness



## Individual Counseling or Group Programs

- Vancouver CBT Centre
  - 302-1765 West 8<sup>th</sup> Avenue
  - Vancouver, BC V6J 5C6
  - <http://www.vancouvercbt.ca/>
- Mindful Living
  - 203A-2678 West Broadway  
Vancouver, BC V6K 2G3
  - [www.mindful-living.ca](http://www.mindful-living.ca)
- MBSR BC
  - A resource of Mindfulness-based classes and retreats held within BC.
  - <http://mbsrbc.ca/>

## Mindfulness Classes Offered at Local Universities/Colleges

- University of British Columbia <http://cstudies.ubc.ca/a/Course/Mindfulness-Workshop/UP733/>
- Simon Fraser University – for staff and students only <http://www.sfu.ca/students/health/events.html>
- Langara University <http://www.langara.bc.ca/continuing-studies/programs-and-courses/programs/healthcare-professionals/courses.html>
- Capilano University <https://ce.capilanou.ca/shop/general-good-living/mindfulness-meditation-for-stress-reduction-new/>
- Vancouver School Board <http://ce.vsb.bc.ca/Pages/MINDFULNESS-MED-FOR-WELL-BEING.aspx>

## Upcoming MBCT training workshops & contact info

**Mindfulness-based Cognitive Therapy: New Developments in Theory & Practice** June 24, 2014, Robson Square, Vancouver, BC, Canada <http://cstudies.ubc.ca/a/Course/Mindfulness-Based-Cognitive-Therapy-MBCT-New-Developments-in-Theory-and-Practice-New/LC523/>

**Mindfulness-Based Cognitive Therapy Training.**

A five-day professional training with Susan Woods, MSW, LCSW & Mark A. Lau, PhD, RPsych Aug. 24-29, 2014 Hollyhock, Cortes Island, BC (<http://www.hollyhock.ca/cms/>)

Mark Lau  
Vancouver CBT Centre  
604-738-7337  
[mark.lau@vancouvercbt.ca](mailto:mark.lau@vancouvercbt.ca)