

The Poul Hansen Family Centre for Depression presents:
Clinical Advances in Depression Care
Friday September 30, 2022 | Virtual Event

Next Steps for Mindfulness-Based Cognitive Therapy

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Presenter Disclosure

- **Presenter:** Blakie Sahay OT Reg. (Ont.)
- **Relationships with financial sponsors:** Not Applicable
- **Relationship* of presenters with not-for-profit organizations:** *Centre for Mindfulness Studies, Toronto, Ontario*

- **Presenter:** Jenna McLeod
- **Relationships with financial sponsors:** Not Applicable
- **Relationship* of presenters with not-for-profit organizations:** Not Applicable

* Including gifts or other consideration or 'in kind' compensation

Disclosure of Financial Support

- This program has received no external financial support from financial interests.
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- Blakie Sahay has received no payment/funding from financial interests nor any whose product(s) are being discussed in this program.

- Jenna McLeod has received no payment/funding from financial interests nor any whose product(s) are being discussed in this program.

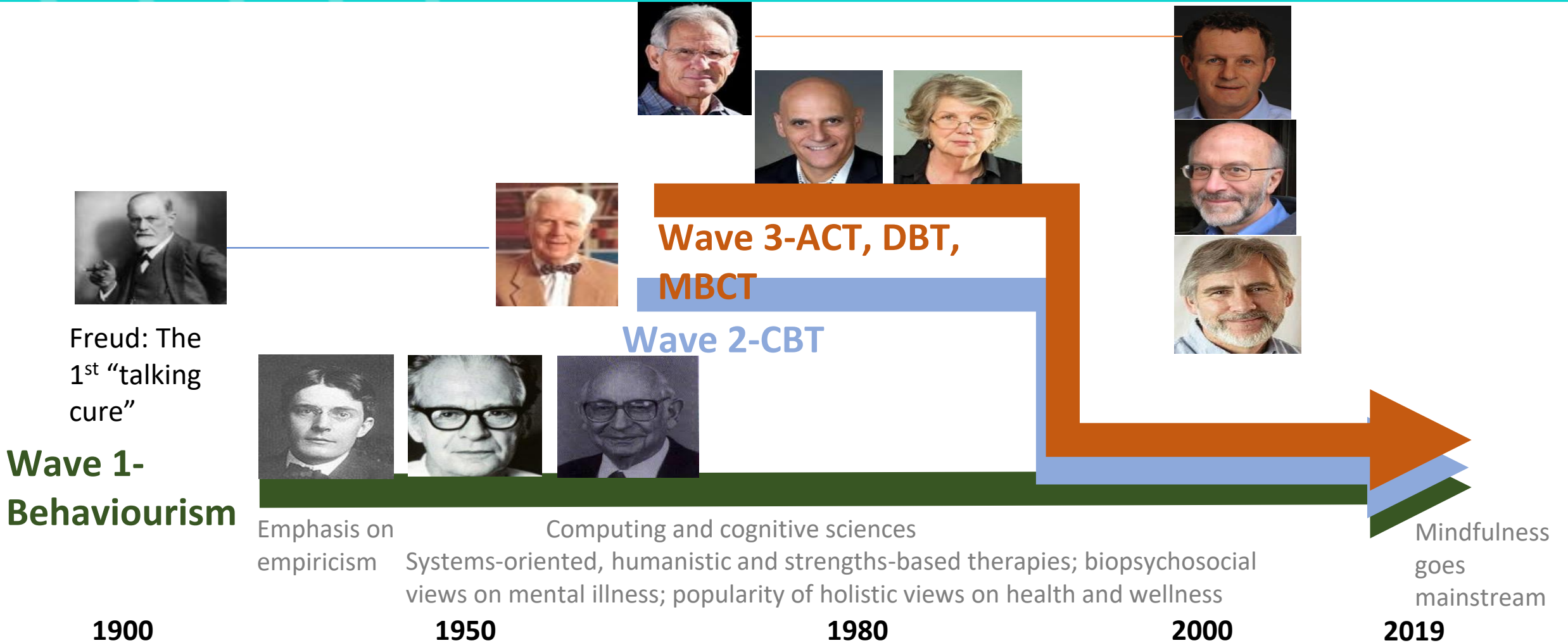
Acknowledgements & Thanks

- Many teachers and lineages of buddhism, yoga and meditation that have influenced MBCT.
- To all the researchers, developers, clinicians and therapists who wish to reduce the suffering and dysfunction caused by depression.
- To all the participants in MBCT groups that have been willing to show up and try something new (even if you didn't like it).
- Blakie wishes to thank Zindel Segal, Patricia Rockman, Susan Woods, Evan Collins & Rhea Plosker.
- Jenna wishes to thank the Poul Hansen family for supporting MBCT training, Evan Collins and Susan Woods.

Agenda

1. Evolutions of MBCT
2. MBCT Overview
3. Research
4. Experiential Practice and Inquiry
5. Recent Developments and Adaptations

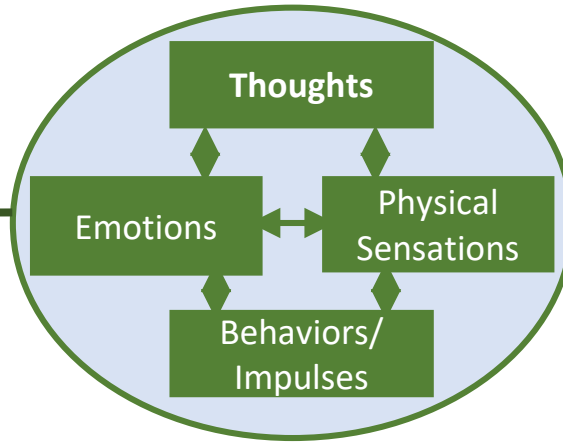
A History Lesson - Evolution of CBT



Second Wave vs. Third Wave

Traditional CBT

Third Wave CBT



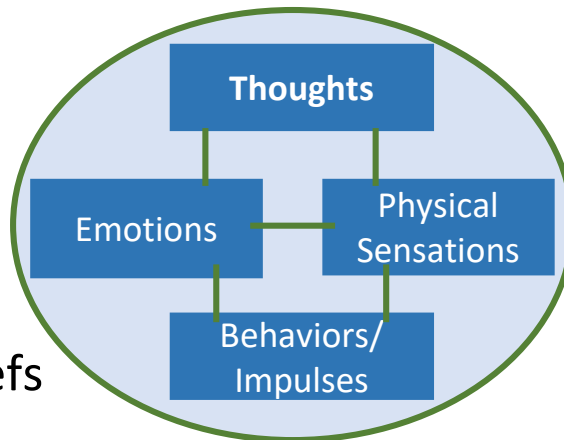
Change your experience through **cognitive restructuring**.

Change your relationship with your experience through **mindfulness**

Exposure to & awareness of components of experience
Cognitive and Behavioral Interventions



Change thoughts, strengthen new assumptions and beliefs



Change the function of the thoughts.

A screenshot of a web form. It has a label "Relationship Status:" followed by a dropdown menu. The dropdown is open, showing a list of options: "Single", "In a Relationship", "Engaged", "Married", "It's Complicated", and "In an Open Relationship". Below the dropdown, there are two checkboxes: "A Relationship" and "Networking".

Third Wave of CBT

DBT

ACT

MBCT

Origin

-Reach suicidal people living with BPD failed by traditional CBT

-Behavioral-focused, humanistic philosophy: maximize potential for life's richness, while effectively handling the inevitable pain that goes with it.

-Prevent depression relapse

Therapy Structure

-1 year highly structured therapy

- group skills training (core)
- individual therapy
- phone support
- therapist consultation team

-Therapist certification

-Loosely structured, six processes

-Interventions based on what clients value and what's in their way

-Therapist training, but intentionally no certification

-8 week highly structured group: group process key part of therapy

-Therapist certification program

Third Wave of CBT

DBT

ACT

MBCT

Mindfulness

-Core skill, formal meditation not required

-4 of 6 processes focused on mindfulness skills, formal meditation not required

-Mindfulness taught through formal meditation and informal practices

Use today

-Complex mental health issues- skills component increasingly offered standalone or alongside CBT

-Applied across broad range of clinical and non-clinical applications

-Depression relapse, acute mild to mod depression, anxiety, and stress, in health care settings/clinics/community

MBCT Overview

| | |
|--------------------------|---|
| Target Condition | Depression (mild to moderate) and Anxiety (GAD, Panic); Depression Relapse |
| Goal | Help those with previous episodes of depression learn skills to stay well and prevent another episode |
| Change Strategies | Alleviates suffering from depression and anxiety by recognizing toxic patterns of mind and emotion |
| | Emphasizes the element of choice in how to respond to mood states including seeing them clearly for what they are |

Mindfulness in MBCT

“Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.”

-Jon Kabat-Zinn

Cognitive Therapy in MBCT

- Similar components to CBT model.
- Increasing awareness similar to CBT.
- Not changing thoughts, rather changing relationship to them.

Exercise - Walking Down the Street

You are walking down the street... and on the other side of the street coming toward you, you see someone you know... You smile and wave... The person does not seem to notice and walks on by.

What thoughts arise?

What emotions?

What body sensations?

What impulses to act, if any?

Exercise - Walking Down the Street

| Thoughts | Emotions | Body Sensations | Impulses to Act/Behaviors |
|---|-----------------------|--|--|
| They must have a lot on their mind | Curiosity and concern | Flutter in chest area | Impulse to say hello again louder |
| They are ignoring me | Anxious-Humiliating | Feel face getting hotter, heart pounding | Walk quickly to get away, hide |
| They didn't see me | Disappointed, | Closing in | Ignore what just happened |
| Oh good—they didn't see me-I don't have time to talk! | Guilt and relief | Chest discomfort | Walk faster |
| Maybe it's someone else and not who I thought | Humor, embarrassment | Laughter | Nothing really--Just go forward with my day. |

1. What do you notice about these responses? What do you see here? Why do this?
2. How is this similar to the traditional CBT exercise we did previously?
3. What is different here?

What Works Best?

| Qualities of Traditional CBT | Qualities brought by Mindfulness |
|-------------------------------------|---|
| Explicit | Emergent |
| Fast | Slow |
| Leading | Guiding |
| Correcting | Accepting |
| Content (of thoughts) | Relationship (to thoughts) |
| Meaning | Process |
| Head | Body |
| Doing | Being |

Mindfulness-Based Cognitive Therapy (MBCT)

- ❖ Orientation & Intake
- ❖ **Structure:** 8 Sessions of 2-2.5 hours each
- ❖ Home Practice
- Initially designed for prevention of relapse in recurrent depression
- Now offered to mixed groups with depression and anxiety
- Increasingly applied to depression and anxiety arising from a variety of physical/psychological conditions

Session Themes

| | |
|---------------------------------|---------------------------|
| 1. Awareness & Autopilot | 5. Allowing & Letting Be |
| 2. Living in our Heads | 6. Thoughts are Not Facts |
| 3. Gathering the Scattered Mind | 7. Taking Care of Self |
| 4. Recognizing Aversion | 8. Endings are Beginnings |
| + Silent 1/2 Day of Practice | |

MBCT Program Arc

Sessions 1-3:

- Developing more focused attention
- Observing senses, body in motion/stillness, breath, external anchors (seeing, hearing)
- Shifting to wider view of experience (body sensations/thoughts/emotions/behaviours)

Sessions 4-6:

- Turning toward difficult mind and mood states
- Increasing tolerance to be with difficulty
- Wider view of experience (body sensations/thoughts/emotions/behaviours)

Sessions 7-8:

- Planning ahead to prevent relapse;
- Taking better care of oneself

MBCT Typical Session Outline

- ❖ Mindfulness based practice (20-35 minutes)
- ❖ Discussion of the practice immediately after
- ❖ Home Practice Review
- ❖ Introduce new mindfulness practice or cognitive exercise
- ❖ Home Practice Assignment

Knowing your Window of Tolerance

HYPERAROUSAL: Fight or Flight Mode

- Experiencing the urge to flee or leave immediately
- Experiencing overwhelming images, memories, anxiety, or worries
- Unable to learn and take in new information

Window Of Tolerance

- Able to safely be with and explore your experience, even when it is uncomfortable or unpleasant
- Able to learn and take in new information; from self & others

HYPOAROUSAL: Freeze Mode

- Feeling numb or disconnected
- Feeling out of tune with thoughts, emotions, and physical sensations
- Unable to learn and take in new information

Knowing your Window of Tolerance

If you feel like you are moving out of your Window:

- Open your eyes
- Focus on a “resource”: a part of body, visual, sound that is safe
- Stand up, feel your feet on the ground
- Walk around, attending to your feet on the floor
- Take slow, in-breaths, with longer exhales
- Drink a glass of water or make tea
- Wrap yourself in a blanket
- Name five things you can see, hear, and feel (physically); describe them in as much detail as possible
- Splash water on your face/hands or hold ice
- Private message the facilitator + let them know you’re outside your Window of Tolerance
- Re-join the group when ready

Current Landscape of Mindfulness

❖ **Modern Mindfulness**

- Apps
- Quick fix
- Accessibility
- Lack of intent when participating
- Absence of inquiry

❖ **Dosage**

- How much
- What practices for what outcomes

Risk and Contraindications

- Acute psychosis
- Bipolar disorder - not stabilized
- High anxiety
- Extreme social anxiety
- Active acute symptoms of depression
- Acute unresolved, untreated trauma
- Active suicidal ideation
- High emotion dysregulation
- Active self-harm
- Active substance abuse

MBCT vs. CBT Randomized Control Trial

- MBCT as effective as CBT for preventing depression relapse, with decentering being the common mechanism of change
- Increases in decentering achieved via either treatment are associated with greater protection against depression relapse

Farb, N., Anderson, A., Ravindran, A., Hawley, L., Irving, J., Mancuso, E., Gulamani, T., Williams, G., Ferguson, A., & Segal, Z. V. (2018). Prevention of relapse/recurrence in major depressive disorder with either mindfulness-based cognitive therapy or cognitive therapy. *Journal of Consulting and Clinical Psychology, 86*(2), 200–204.
<https://doi.org/10.1037/ccp0000266>

Decentering/Defusion & Metacognitive Skills



I am not good enough!!



I am having the thought that I'm not good enough



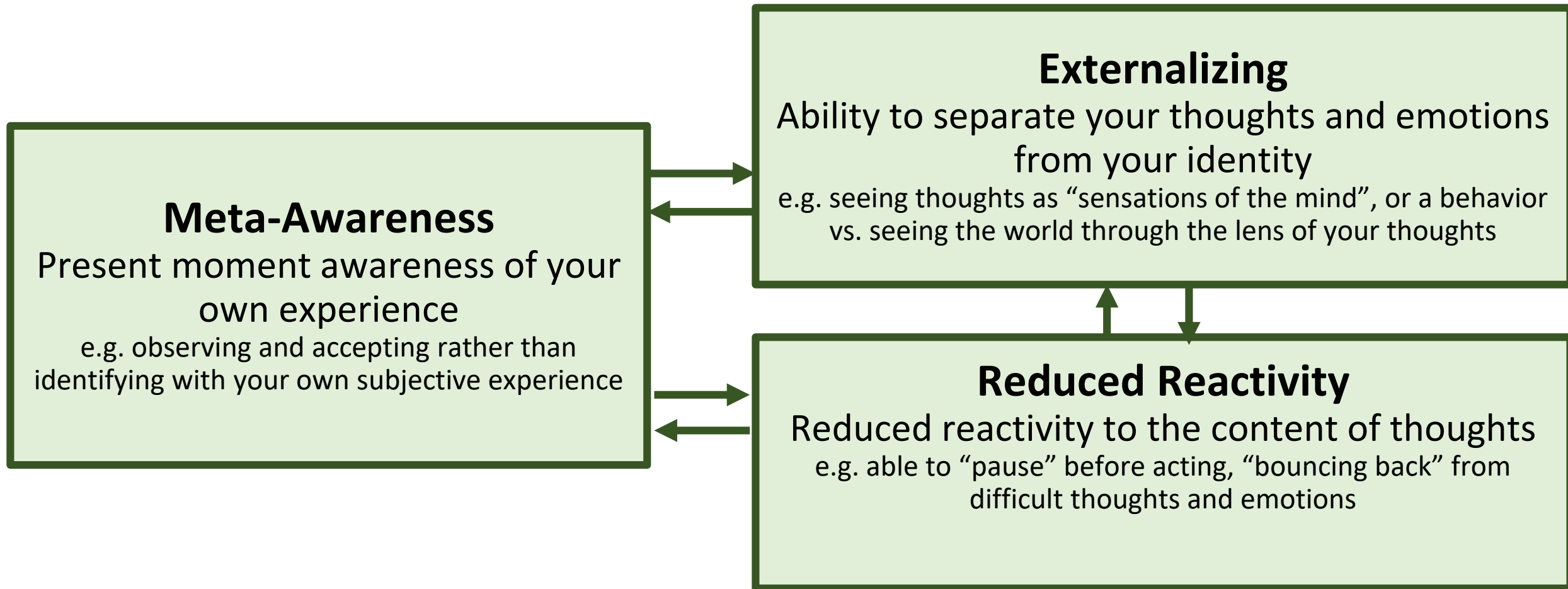
I am noticing that I'm having the thought that I'm not good enough

Decentering - Linking traditional CBT & Mindfulness

Decentering General Definition:

- Disidentification from subjective experience.
- Taking an accepting and nonjudgmental stance to experience
- Viewing thoughts as events or sensations, rather than as facts

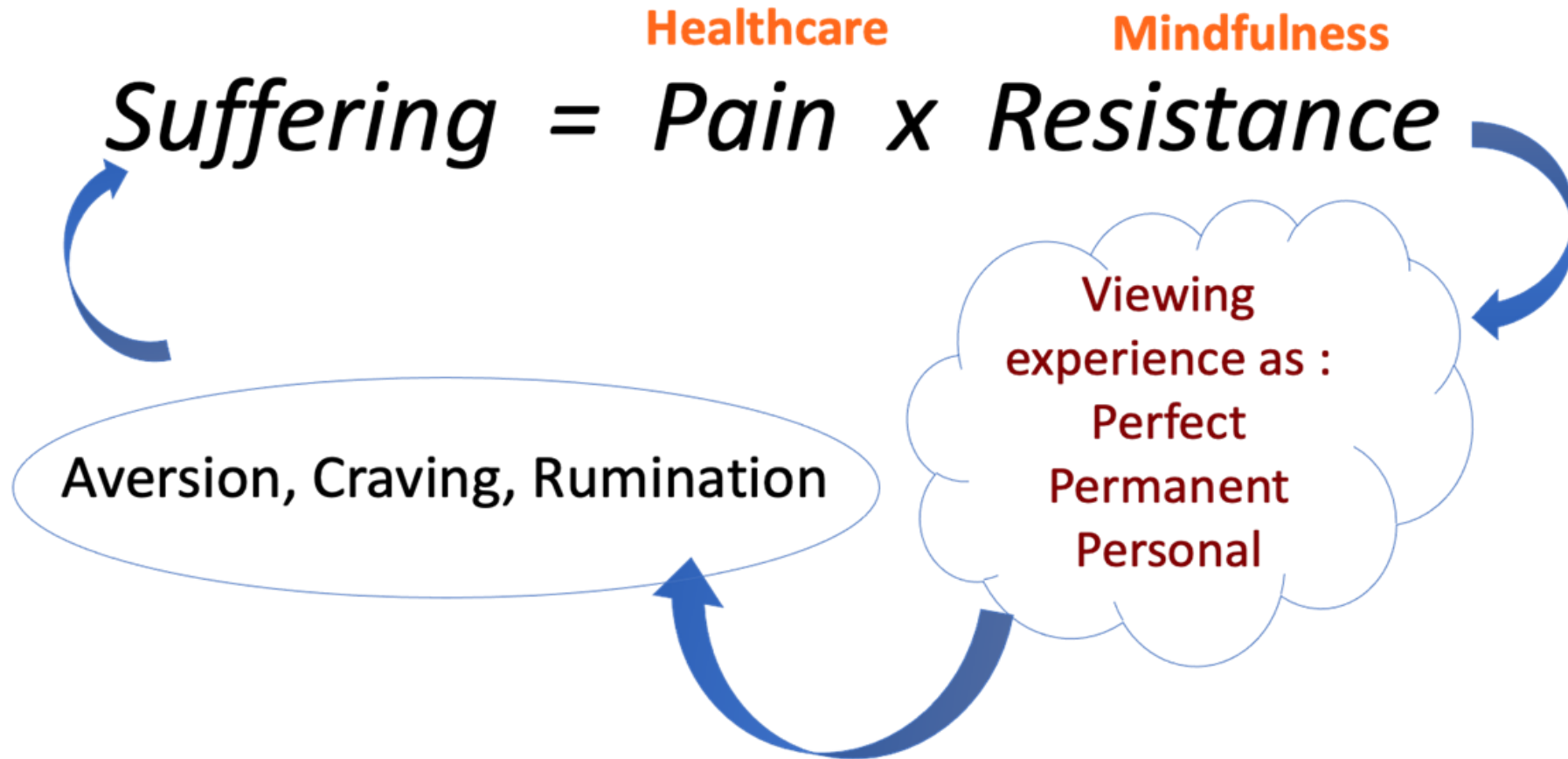
Decentering - Linking traditional CBT & Mindfulness



Summary of Research Outcomes

- ❖ Extensive body of research focused on depression relapse, and increasingly used and tested with mild to moderate depression and anxiety, self-help interventions, and community mental health interventions
- ❖ Reliable outcomes in preventing relapse (25%-50% depending on study and application), with early studies showing promise for mild to moderate depression and prevention
- ❖ MBCT as effective as CBT for preventing depression relapse, with decentering being the common mechanism of change (Farb, N., 2018)
- ❖ Additional research required around acute symptoms as well as “dosage” of mindfulness practice

Mindfulness Equation



Exercise - 3 Minute Breathing Space



Step 1

Attending to experience as it is: Thoughts, emotions and body sensations

Step 2

Narrowing attention: Sensations of breathing in the abdomen

Step 3

Expanding attention: Open and receptive attention to sensations in entire body

Exercise - 3 Minute Breathing Space

AIM

- Check in with current experience through a brief, portable practice

ATTENTION / AWARENESS

- Shifting with broad focus (experience) to narrowed and anchored focus (breath) to spacious awareness (whole body)
- Parsing experience into thoughts, emotions, body sensations

ATTITUDES

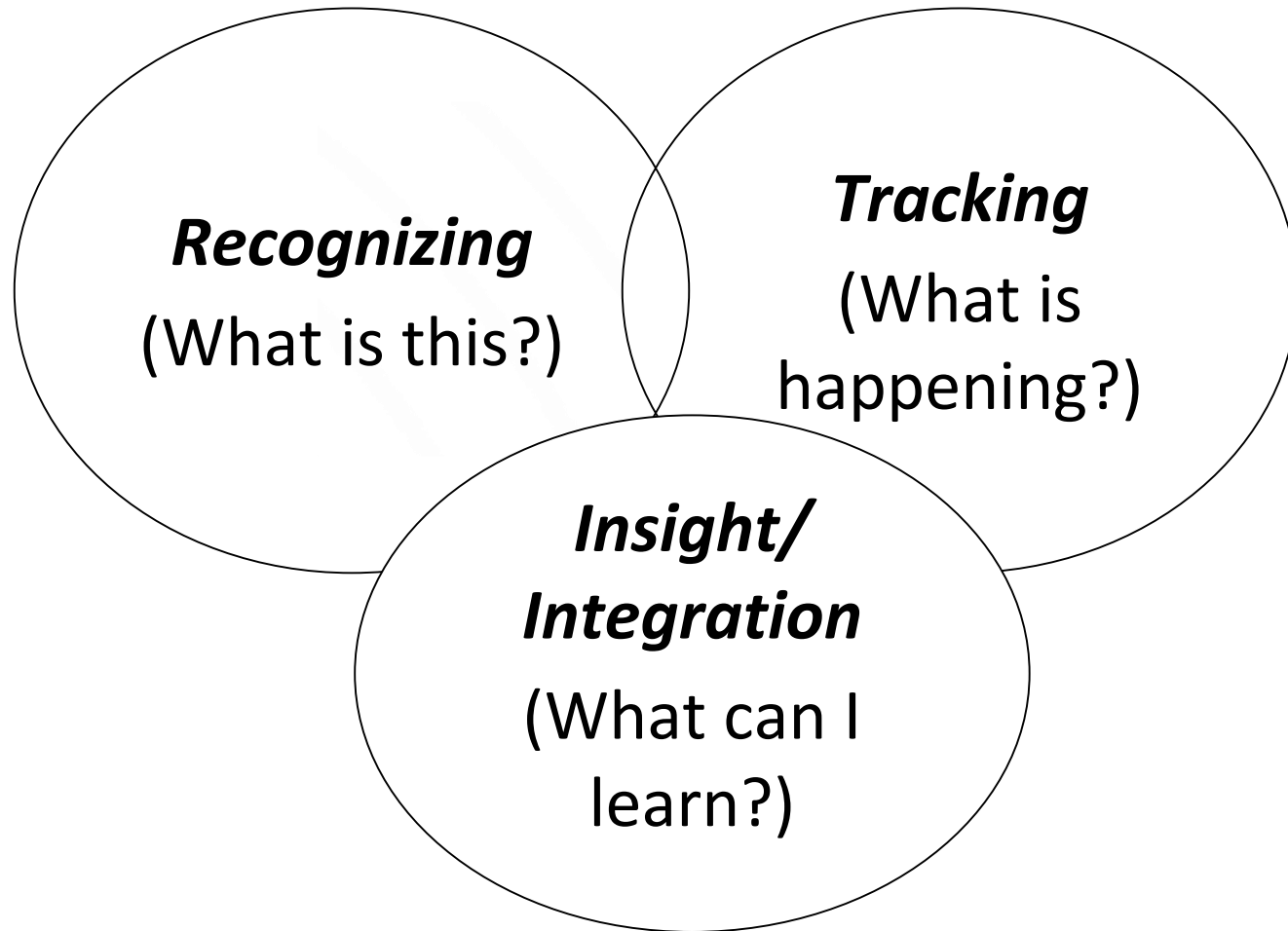
- Non-striving, acceptance, receptivity, letting be

Exercise - 3 Minute Breathing Space

Brief, portable practice that allows us to check in quickly with our current state, parsing it into its component parts

- *Step 1:* Wide awareness of experience (thoughts, emotions, and body sensations)
- *Step 2:* Narrowing focus on the sensations of breathing (or another anchor) at the lower abdomen
- *Step 3:* Widening attention to the entire body - open and receptive to any and all sensations

Layers of Inquiry



Layer 1

What do you notice?

Layer 2

How is this different?

And what happened next?

Layer 3

How does this relate to...?

What Works Best?

| Qualities of Traditional CBT | Qualities brought by Mindfulness |
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| Doing | Being |

Exercise - 3 Minute Breathing Space Responsive

A challenging situation or event occurs

Step 0: Consciously Adopt an Erect and Dignified Posture

Step 1: Recognize and acknowledge your current experience
Thoughts, emotions, and body sensations

Step 2: Focus on the breath

Step 3: Expand attention to the body, then to all present experience

Take an action step

Mindful Attention

Bring a curious attitude to your experience in this moment

**Let it be (if already here)
Let it go (if already happened)**

Choosing to be with whatever experience is present

Change Attitude

Approach thoughts as sensations of the mind or mental events.

Address, and if so how?

Take care of yourself or choose to intervene in the situation.

Adaptations

Mindfulness-Based Relapse Prevention for Addictive Behaviors

A CLINICIAN'S GUIDE

Sarah Bowen

Neha Chawla

G. Alan Marlatt

Mindfulness-Based Cognitive Therapy for Bipolar Disorder

Thilo Deckersbach, Britta Hölzel, Lori Eisner,
Sara W. Lazar, and Andrew A. Nierenberg

TRISH BARTLEY *Foreword by John Teasdale* Mindfulness-Based Cognitive Therapy for Cancer



Includes audio downloads of guided meditations

Mindfulness-Based Cognitive Therapy for OCD

A Treatment Manual



Fabrizio Didonna

Foreword by Mark Williams

Mindfulness-Based Cognitive Therapy with People at Risk of Suicide

Mark Williams,
Melanie Fennell, Thorsten Barnhofer,
Rebecca Crane, and Sarah Silverton

Expecting Mindfully

Nourish Your
Emotional Well-Being
and Prevent Depression
during Pregnancy
and Postpartum

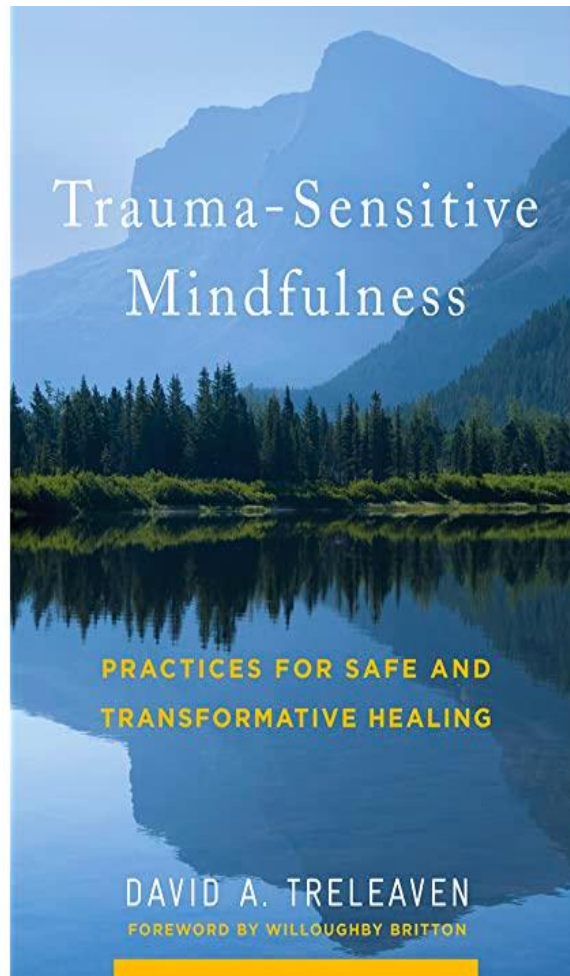
Sona Dimidjian, PhD
Sherryl H. Goodman, PhD

With audio meditation downloads by Sharon Salzberg

Recent Developments and Adaptations

- ❖ The impact of the pandemic on engagement in longer mindfulness meditation practices
- ❖ The influence of mindfulness apps on idea of how long is required to practice
- ❖ More trauma sensitive and aware approaches needed
- ❖ Adapting MBCT to meet needs of differing groups and their lived experiences (ex. CCMA project in mainland China)
- ❖ MBCT-S group program through United States Veterans Association

Trauma Informed MBCT



Next steps

- ❖ Making MBCT more culturally competent and sensitive:
 - Training more diverse MBCT teachers from a variety of backgrounds
 - Offering MBCT in different languages
 - Embedding MBCT in specific communities taught by facilitators embedded in those communities
 - Promoting MBCT not as mental health intervention but as educational training for health and well-being

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