and has been shown to be helpful for treatments, such as cognitive therapy, recent meta-analyses. Mindfulness can be described as the process of consciously bringing awareness to our experience, in the present moment, without making judgements. The object of your attention could be anything - something in your environment (a tree or tissue box), or a physical sensation (your breath or feet), or mental contents (an automatic thought, emotion or urge).

There are enough well-conducted studies for there now to be several recent meta-analyses. Mindfulness training is usually integrated with other treatments, such as cognitive therapy and has been shown to be helpful for relapse prevention for major depression and anxiety disorders as well as for mood disturbance in the context of cancer. One meta-analysis found that mindfulness has some effectiveness as a stand-alone intervention, and another meta-analytic review published in July 2018 concluded that even very brief mindfulness training (1 to 8 sessions) had a modest positive effect on negative affect. So, the data suggests that mindfulness can really help when done well.

Other reviews have focused on the benefits to ourselves and our patient outcomes when health professionals learn and then regularly practice mindfulness. This is accessible and achievable through local MBSR training centres (8-week course) or any meditation centre. You can also contact us at Basten and Associates to learn about the next Mindfulness for Healthcare Professionals half-day programme.

References:

Q: Doing clinical work can be stressful. How can health practitioners use mindfulness to help with self-care?
A: Mindfulness training helps us to notice internal changes as they arise. This includes noticing habitual responses, which allows us to generate new adaptive ways to deal with stressful situations. We are more likely to catch emotional responses to patients early and we become more aware of our physical and emotional needs through a day. Being aware of thoughts as they come and go enables us to let go of habitual judgements; then we can develop a more compassionate relationship with ourselves and others.

Q: What do you find rewarding about including mindfulness in clinical work?
A: When clients learn how to step back and observe their thoughts rather than being caught up in a state of “busy mind” and, by doing so, they are able to find moments of peace and spaciousness. Learning to step back from thoughts can help clients with thought challenging in traditional cognitive therapy. It is a joy when clients are able to settle into their bodies by simply reconnecting to the felt sense of their breath and they find a sense of “coming home” to themselves.

Q: Can you name one idea or issue for clinicians to keep in mind when including mindfulness as part of therapy?
A: Mindfulness has become such a buzzword in the popular press and it is often touted as being the antidote to all that ails people as we go about our busy lives; but it is not a panacea. It is important to remember that many tools that have a therapeutic application could have the potential to be harmful if used in an unskillful way, such as a scalpel in the wrong hands. Likewise, mindfulness practice is not suitable for every client. For instance, while it has been proven to be effective in relapse prevention for depression, it can be unhelpful if someone has current severe depression. Mindfulness may be contraindicated for patients who experience dissociative states due to severe trauma, and people with acute psychotic illness.
Motivating patients to change behaviour:

Part 8: Educating patients about their own motivation

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a serialised account of numerous strategies to increase motivation for change in our patients.

Patients do better with behaviour change when motivation is explicitly discussed. Some common examples of raising motivation with a patient would include:

- Explicitly ask them what mixed feelings they have about filling a certain prescription and then taking the medication (even if they have already agreed to the idea of the prescription).

- Anticipate with them that sticking to an agreed plan (diet change, increased exercise, applying a cream twice daily, avoiding certain activities etc…) will be very hard at times.

Key points about motivation that are relevant to most patients (and health professionals for that matter) include:

- It is natural for our motivation to go up and down over time.

- It can be more helpful to focus on willingness rather than motivation. We can all think of hard or unpleasant things that we have been willing to do even though we did not want to do them (we were not very motivated).

- There are just three main factors that influence our willingness to do a behaviour: (1) our perception of importance of this behaviour in our hierarchy of values (such as life roles, health, being a good role-model); (2) the pros and cons of doing and not doing a certain health behaviour – especially over the longer-term; and (3) we need to be confident that we can do that health behaviour and tolerate any temporary downsides.

- When our willingness drops, we can target any of these three factors to bring it back again.

- We can predict, from past experiences, when we are vulnerable to slipping up with our health behaviours or feeling like we don't care anymore. Then we are ready with interventions like (a) implementing a rehearsed safety plan, (b) set one small achievable goal, like calling someone or taking one personal health behaviour, or (c) reminding ourselves why this is important to us.

- We can use rewards to aid our motivational levels. We could plan a fun activity to do if we reach a goal. We can compliment ourselves as soon as we engage in the behaviour that we struggle with. We can notice and enjoy the benefits that flow from engaging in that health behaviour.

Resources:
The Basten and Associates website has plenty of resources for GPs interested in emotional wellbeing and there is a free downloadable page on “The Psychology of Motivation” to give to patients.

Email Chris if you are interested in one of our motivational interviewing or mindfulness training days for GPs in 2019.

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