



*A quarterly broadcast
of things helpful and
interesting in local
clinical psychology.*

Literature Digest: Mindfulness as a psychological intervention: a fad or useful science?

We read about mindfulness in the weekend paper, social media and medical journals. It is certainly a popular trend but is it worth teaching patients and is it worth learning ourselves?

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 disorders¹ as well as for mood disturbance in the context of cancer². One meta-analysis³ found that mindfulness has some effectiveness as a stand-alone intervention, and another meta-analytic review⁴ 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 ourselves⁵ and our patient outcomes⁶ 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.

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Interview with a Clinical Psychologist

KAREN DAVIS

BFA; B.Sc. (Psych)(Hons); MCLinPsych; PhD

Karen is a clinical psychologist with expertise in mindfulness. She completed a PhD on mindfulness and has trained in Mindfulness-based Cognitive Therapy and Mindfulness-based Stress Reduction (MBSR). In addition to Karen's academic and clinical training she has over 20 years of personal meditation practice.



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 unskilful 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.



“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom”.

- Viktor E. Frankl

Basten & Associates

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

We are passionate about making a special contribution to mental health and emotional wellbeing. We differ from other practices in several ways:

1. We are all clinical psychologists with post-graduate clinical training.
2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.
3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.
4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

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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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