

Investigating and Integrating Mindfulness in Medicine, Health Care, and Society
10th Annual International Scientific Conference for Clinicians, Researchers and Educators

March 28 – April 1, 2012

Four Points by Sheraton Norwood Hotel & Conference Center
Norwood, Massachusetts

DETAILED DAILY SCHEDULE

Wednesday, March 28, 2012– Pre-Conference Institutes

6:30-7:30AM **Morning meditation**
Elana Rosenbaum, MS, LICSW

7:30 – 8:30AM **Breakfast**

8:00 – 9:00AM **Registration**

9:00 – 4:00PM **Pre-Conference Institutes**

Psychology CEs awarded for this session: 6

Title: Teaching Mindful Yoga

Presenter(s): Patricia Bloom, MD, RTY, Lucia McBee, LCSW, MPH, CYI, and Kate Mitcheom, MSN, CNM, RTY

Abstract:

This Conference Institute is expected to benefit all MBSR teachers who feel uncertain about their skills in leading MBSR participants in Mindful Yoga. It will be taught by 3 MBSR teachers who are also yoga teachers, with experience in teaching diverse groups of students (teens, adults, older adults, cognitively impaired, therapeutic yoga).

Through experiential learning, participants will gain skills in teaching the MBSR curriculum yoga sequences. Additionally, instruction in yoga concepts such as alignment, lines of energy, practice at “the edge”, the integration phase of postures, and breathwork (pranayama) will enhance the ability of instructors to promote mindfulness.

Format: Instruction in yoga postures and teaching techniques by yoga teachers, interspersed with interactive discussions, practice in small groups, and practice teaching with feedback.

Outline:

Hour 1 Introductions/review of agenda, ground rules, and expectations

Yoga philosophy and spiritual texts as prequels to MBSR

Hours 2-3 MBSR Sequence OneYoga Poses

Demonstrations

Dyads with practice teaching and feedback

Large group discussion

Savasana

Hour 4 Lunch Break

Hour 5

Discussion of questions and concerns

Working with special populations

Pranayama

Hour 6 MBSR Sequence Two Yoga Poses
Demonstrations/adaptation to chair poses
Dyads with practice teaching and feedback

Hour 7 Wrap Up
Questions and Answers/sharing
Savasana

Learning Objectives:

1. By the end of the Institute, participants will: Explain the interrelationship between yoga concepts and mindfulness
2. Demonstrate use of learned yoga techniques in MBSR yoga sequences
3. Express a newfound sense of ease and enthusiasm for teaching yoga!

Title: Holding the Heart of MBSR: Reflection, Collaboration and Dialogue on Modification or Adaptation of the 8-Week Program

Presenter(s): Steven Hickman, Psy.D., Lynette Monteiro, PhD, and Allan Goldstein

Abstract:

As Mindfulness-Based programs grow exponentially, teachers of MBSR are frequently pulled to modify or adapt their programs to fit a particular setting or population. With no intention to supplant the original program, their intention is to address the specific presenting needs of each group. We have heard Jon Kabat-Zinn invite people to adapt or modify the MBSR program, as long as they don't call it MBSR. Thus, the issues and concerns (beyond the label) inherent in modification bear consideration, reflection and articulation. The implications of modification or adaptation are numerous and challenging, especially in terms of preserving the integrity of the original program in the novel forms. This institute aims to deepen and broaden exploration of the topic.

Relying upon our foundation of practice, reflection and dialogue, this institute intends to explore mindfully the challenges and opportunities inherent in the modification or adaptation of the original format of MBSR. The invitation to participants is to engage in an iterative process of dialogue. Beginning with individual reflection on issues of intention and purpose of modifications to MBSR, they will move into mindful dialogue to extend and deepen the discussion, ultimately brainstorming ways to support the continued dissemination of these programs. Simultaneously, they will attend to preserving the original heart and intention of MBSR. A practical aspect of this institute will be the formulation of a working group (composed primarily of attendees) that will further the momentum built during the day. The intent will be to produce a synopsis of the issues raised in a "living document" outlining key principles and considerations that can then be disseminated for further input from other MB practitioners.

Learning Objectives:

4. Identify and describe the forms and intentions of existing modifications to MBSR
5. Discuss and appreciate the ramifications of altering the existing program
6. Formulate and follow guidelines for modifying MBSR, preserving its integrity and intentions

Title: BEING A PSYCHOTHERAPIST AND MBSR TEACHER-HOW ONE INFLUENCES THE OTHER

Presenter(s): Elana Rosenbaum, MS, LICSW

Abstract:

Many psychotherapists are drawn to learning MBSR and teaching it. This presentation will look at what the psychotherapist brings to the table in being an MBSR teacher and how teaching MBSR influences their practice of psychotherapy. Though both modalities have the relief of suffering as their aim the methods to achieve this have differed. In this institute we will examine and discuss: what is being transferred from one modality to the other, essential qualities for teacher and therapist, assumptions and expectations, the use of self, transparency, the focus of attention, the process of inquiry and the use of silence. Discussion will draw on the experience of the participants and a senior MBSR teacher and psychotherapist. It will be experiential and interactive including reflections and guided meditations with objects of inquiry in dyads and group discussion to bring into awareness ways that practicing psychotherapy and MBSR infiltrate each other consciously and unconsciously.

Learning Objectives:

1. Identify, from the perspectives of MBSR teacher and psychotherapist, the role of expectations and goals.

2. Differentiate how the self is used in each modality
3. Summarize similarities and differences in the process of inquiry between both modalities

Title: Mindful Parenting in Mental Health: an institute for mindfulness trainers

Presenter(s): Kathleen Restifo, PhD, and Susan Bogels, PhD

Abstract:

Mindful Parenting is an 8 week program based on MBSR/MBCT for parents in mental health, either due to child or parent psychopathology. Mindfulness is taught in the context of the parenting experience. Parenting problems are viewed in the context of evolutionary psychology, and parenting, with all its warts, is seen as an ideal context to practice mindfulness and compassion. We target six mechanisms of change in the parent-child or partner relationship: 1) Reducing parental stress and resulting reactivity, 2) reducing parental preoccupation due to child or parental psychopathology, 3) improving parental executive functioning in parents with impulsivity, 4) breaking the intergenerational transmission of dysfunctional parental schemas and habits, 5) increasing self-compassion, and 6) improving marital functioning and co-parenting. Parents learn to replace automatic reacting to difficult parent-child interactions with deliberate responding, and become aware of old patterns from their youth in interactions with children or partners. Parents learn to bring compassion and kindness to themselves and their children during difficult interactions; to forgive themselves when they make mistakes, and to reconnect with their children after difficult interactions. Each of the 8 sessions will be explored in depth through a combination of lectures, interactive and experiential techniques. The leaders will role-play relevant mindful parenting exercises, so that participants can experience them directly. Inquiry skills will be developed through a combination of role-playing and didactic instruction. The following themes will be explored in detail:

1) Exploring reactive parenting, 2) Seeing my child with beginner's mind and self-compassion, 3) Watching the body during parenting stress, 4) Responding rather than reacting; 5) Dysfunctional parent-child patterns and the inner child; 6) Perspective taking, rupture and repair; 7) Acceptance, compassion and metta, partner support; 8) the future.

Learning Objectives:

1. This workshop is designed to help you apply parenting and developmental theory to mindfulness practices,
2. Observe and experience mindful parenting exercises
3. Discuss most effective ways to teach mindfulness to parents in mental health settings

Title: The Mindfulness-Based Stress Reduction for Teens (MBSR-T) Program: Foundation, Inquiry and Practice

Presenter(s): Gina Biegel, MA, LMFT

Abstract:

This institute provides an introduction to the foundation of the Mindfulness-Based Stress Reduction for Teens (MBSR-T) Program, started in 2004. After an overview of the MBSR-T program has been provided, inquiry and practice around key interventions and content will be provided experientially and intellectually to maximize understanding and utility for use with and for adolescents. This program was developed, and has been shown to be effective among adolescents in mental health, school and community settings. The MBSR-T, 8-week program has been demonstrated through research to be an evidenced-based intervention to reduce adolescent stress and the physical and psychological problems that result (Journal of Consulting and Clinical Psychology, 2009; Psychological Assessment 2011). Learning the foundation and core aspects of the MBSR-T curriculum, will be provided, however, time in this institute will be focused on immersion in teen-based practices to fully maximize the efficacy of using this program with this population. The intention of the institute is for those who want to fully engage experientially in the key practices that compose the MBSR-T program.

This institute is offered by MBSR-T creator Ms. Biegel who has been utilizing this program for the past 8 years with adolescents in a variety of settings with a multitude of clinical and non-clinical populations. Aside, from evidenced-based research, publications in the popular press and audio practices have been created to use with teens directly.

Learning Objectives:

4. Description of MBSR-T will be provided through discussing it's foundation, structure and basic elements.
5. To explore MBSR-T via experiential activities and an overview of the curriculum skills, exercises and tools to utilize with teens.
6. To explain the purpose and necessity of introducing and using mindfulness with teens in today's society and how to implement these skills with adolescents.

9:00AM-12:00PM

Pre-Conference Morning Workshops

Psychology CEs awarded for this session: 3

Title: BEING A MINDFUL RESEARCHER OR DOING RESEARCH ON MINDFULNESS? Employing Qualitative Research Methods with First-Person Experiences in Mindfulness

Presenter(s): Belinda Khong, PhD

Abstract:

BEING A MINDFUL RESEARCHER OR DOING RESEARCH ON MINDFULNESS?-Employing qualitative research methods with first-person experiences in mindfulness

The growing adoption of mindfulness-based programs and the increase in research on mindfulness pose some new challenges. One of these challenges relates to how researchers embody mindfulness when conducting research in this area? For example, is it congruent for participants in mindfulness-based programs to be encouraged to relate to their experiences subjectively, and then for attempts by researchers to measure their experiences objectively? Can mindfulness research be conducted in a way that is more sympathetic to the experiential quality of the practice?

Qualitative methodology, a process-oriented research method focuses on the meanings and significance that individuals attribute to their experiences. This methodology provides a valuable approach for appreciating first-person experiences, the process involved; why and how individuals benefit or not benefit from being mindful, and the impact of being mindful in all aspects of the individual's life.

The workshop format consists of a lecture, discussion and practice exercises. It examines the major qualitative research methodologies including Grounded Theory and Phenomenology; differences with quantitative research, and qualitative research studies. Participants will learn skills for using qualitative research methodology including interviewing techniques, data analysis, report writing, and publishing results.

The workshop is intended to give researchers, instructors, practitioners, practical skills for understanding and applying qualitative research methodologies. Researchers are encouraged to bring their research proposals for discussion in the workshop.

Learning Objectives:

1. Acquire practice skills and techniques for employing qualitative research methodologies
2. Apply qualitative research methods to mindfulness-based research and practices
3. Apply the research findings to refine the design of, and implementation of mindfulness-based programs

12:00 – 1:00PM

Lunch

1:00-4:00PM

Post-Conference Afternoon Workshops

Psychology CEs awarded for this session: 3

Title: Meeting Resistance: Teaching Mindfulness & Yoga to Challenging Youth Populations.

Presenter(s): Cator Shachoy, Chris McKenna and Sam Himelstein, PhD Clinical Psych

Abstract:

The richness of working with teens includes that they won't always do what you want them to. What happens then? If we are present, this can be a powerful opportunity for deepening of connection, trust, and authenticity between teens and adults. This workshop goes beyond the mindfulness for youth "sales pitch" to engage the real world realities of working with socio-economically & ethnically diverse youth as well as urban and high-risk populations. As the mindfulness movement expands its reach, new tools are needed for effective application in a broader range of environments. Workshop content focuses on a clearly outlined approach for meeting and transforming resistance and reactivity that can arise while facilitating yoga & mindfulness-based interventions with diverse youth populations. The goal of this workshop is to "close the gap" between scripted mindfulness curricula and the reality of working with youth and adolescents in the classroom, mental health, and other environments.

This workshop is highly interactive; participants will have extensive time to analyze examples of resistance from their own work with youth and to role play responses to challenging behaviors.

2 hours – Shifting our view of challenging behavior; re-framing resistance in our work with youth. Opening meditation, presentation on resistance, interactive activity to identify core beliefs around resistance, discussion.

2 hours – Working with resistance internally; examining our relationship to conflict and discomfort. Guided meditation on recognizing discomfort and resistance, discussion/small group inquiry into “not wanting the experience we are having”, partnering exercises.

2 hours – Working with resistance externally: practical tools for responding to challenges. Presentation on assessing resistance and behavioral challenges during mindfulness classes, discussion on how to meet external disruptions appropriately, drawing boundaries vs. “being with”, and role play.

Learning Objectives:

1. Recognize different forms of resistance and reactivity in youth and in ourselves as mindfulness facilitators.
2. Apply effective tools to manage resistance, reactivity and other challenging behaviors that arise in teaching mindfulness to youth.
3. Assess what form of intervention is appropriate for different challenging youth behaviors.

**Thursday, March 29, 2012 – John and Tussi Kluge Research Symposium on Mindfulness
“Embodiment of Mindfulness: Neuroscience and Clinical Perspectives”**

Presenter(s):

Amishi Jha, PhD

Philippe Goldin, Ph.D.

Learning Objectives:

1. Examine the effects of mindfulness meditation training on attention and emotion regulation, and the basic mechanisms of these systems will be reviewed
2. Discuss a variety of neuroscience methods used to investigate the neural bases of mindfulness training including event-related potentials, oscillatory neuroelectric profiles, morphometric structural changes with MRI, and functional brain changes indexed by functional MRI
3. Provide an overview of the disorder-specific benefits of mindfulness training in the context of pain, depression, and social anxiety.

6:00 – 7:00 AM **Morning meditation**
Florence Meleo-Meyer, MS, MA

7:00 – 8:00AM **Registration**

7:00 – 8:00AM **Breakfast**

9:00AM-12:00PM **Morning Session**

Psychology CEs awarded for this session: 3

Title: How Does Mindfulness Training Work? Current Models and Mysteries

Presenter(s): Amishi Jha, PhD

Learning Objectives:

1. Summarize paradigms used to index attention and emotion-regulation from cognitive and affective neuroscience
2. Describe the theoretical distinctions between proactive and reactive executive control, emotion-regulation and their inter-relationships
3. Describe recent fMRI and EEG/ERP results of mindfulness training-related changes in cognitive-control of emotions

Title: Being Mindful of Pain: Neural Correlates of Mindfulness Meditation-Related Pain Relief

Presenter(s): Fadel Zeidan

Learning Objectives:

1. Analyze the brain mechanisms supporting the modulation of pain by mindfulness meditation.
2. Assess shared and unique brain mechanisms involved in the self-regulation of pain
3. Discuss the clinical utility of brief mindfulness-based mental training on pain and health outcomes

Title: Emotional Learning in Psychotherapy and Mindfulness Based Treatments: Same or Different?

Presenter(s): Zindel Segal, PhD

Learning Objectives:

1. Describe neural changes associated with mindfulness-based treatment for mental health disorders
2. Evaluate changes in emotional processing that accompany successful psychotherapeutic interventions
3. Summarize the differences and similarities in how metacognitive awareness of emotion is fostered in each modality

12:00-1:00PM

Lunch

1:30-4:30PM

Afternoon Session

Psychology CEs awarded for this session: 3

Title: Predicting the Treatment Effects of MBSR and CBT for Social Anxiety Disorder

Presenter(s): Philippe Goldin, PhD

Learning Objectives:

1. Describe MBSR and CBT related neural changes in attention and cognitive regulation
2. Identify moderators and mediators that predict MBSR and CBT treatment outcome in adults with social anxiety
3. Compare behavior and brain indicators of differential changes in attention and cognitive regulation during MBSR and CBT

Title: The Effects of Intensive Meditation on Perception, Attention, and Self-regulation

Presenter(s): Katherine MacLean

Learning Objectives:

1. Examine the effects of intensive meditation on visual perception and discuss how improvements in basic perception can support more complex behaviors such as concentration
2. Examine the relationship between improvements on a simple response-inhibition task and self-reported improvements in various psychological domains, and discuss the common theme of self-regulation as it applies to both simple behaviors and complex felt-experience.
3. Discuss the relationship between amount of daily meditation practice and a) initial training-related improvements and b) the long-term maintenance of these improvements after completion of formal training. The presenter will propose future directions for investigating the effects of meditation duration, frequency, and intensity on perceptual, behavioral and psychological outcomes.

4:30-6:30PM

Poster Session

Thursday evening, March 29, 2012- Investigating and Integrating Mindfulness in Medicine, Health Care, and Society–10th Annual International Scientific Conference for Clinicians, Researchers and Educators

6:15-7:15PM

Welcome reception

7:30-7:45PM

Opening remarks

7:45 – 9:00PM

Keynote Address

Psychology CEs awarded for this session: 1.5

Title: Emptying into Fullness: The On-Going Formation of MBSR Teachers

Presenter(s): Saki Santorelli

Abstract:

Saki Santorelli has been engaged in his own on-going education and formation and the education and formation of other MBSR teachers for three decades. He will use this address to reflect upon the nature of mindfulness-oriented professional education, its place within the larger domains of western psychology and education, and its critically important departure point from the world-view of these ways of knowing. He will address the potential of mindfulness to radically alter the ways we think about learning, teaching, and the relationships between patients and practitioners and students and teachers.

Learning Objectives:

1. Describe the unique role of mindfulness in professional education and training
2. Critique the role of mindfulness training in their lives as professionals
3. Reflect on the patient-practitioner or student-teacher relationship when viewed through the lens of mindfulness training.



Friday, March 30, 2012 - Investigating and Integrating Mindfulness in Medicine, Health Care, and Society – 9th Annual International Scientific Conference for Clinicians, Researchers and Educators

6:00-7:00AM

Meditation

Saki F. Santorelli, EdD, MA

7:00-8:00AM

Breakfast *Breakfast Roundtable discussion

Breakfast Roundtables

Psychology CEs awarded for this session: 1

Title: Integrating Mindfulness into Clinical Training and Research within the Clinical Psychology Profession

Presenter(s): Jean Kristeller, PhD, Philippe Goldin, PhD, Paul Salmon, PhD, Jeffrey Greeson, PhD, Michael Cole, PhD, Holly Hazlett-Stevens, PhD and Laura Monschau, PhD

Abstract:

Psychologists increasingly wish to incorporate a mindfulness approach into their clinical research and teaching. However, the typical training methods currently found within clinical psychology do not address certain capacities considered crucial to MBSR professional education. For example, one's own mindfulness meditation practice and self-awareness are rarely addressed. Four experienced mindfulness practitioners from the field of clinical psychology will share how they approach their clinical research and/or graduate-level teaching responsibilities, and two additional psychologists beginning such work will reflect on current challenges. This roundtable is designed to help attendees (1) structure their research labs, clinical teams, and graduate classes, and (2) explain the importance of personal mindfulness practice when conducting mindfulness-based clinical research and training future psychologists.

Learning Objectives:

4. Help attendees structure their research labs, clinical teams, and graduate classes
5. Help attendees explain the importance of personal mindfulness practice when conducting mindfulness-based clinical research
6. Help attendees train future psychologists from a mindfulness-based perspective

Title: Full Circle: Mindfulness Practice in Secular and Religious Settings

Presenter(s): Anne Benvenuti, PhD and Elizabeth Davenport, PhD

Abstract:

Psychologists, coaches, and health practitioners all teach mindfulness as a technique for improving life quality and performance. Clinical research has established the beneficial nature of the practice, outside of any intentions related to spiritual attainment. Perhaps now that mindfulness is fully accessible to the secular, it may also become a bridge between secular and religious perspectives, and amongst various religious perspectives.

The fact that mindfulness is not bound to beliefs or convictions makes it available not only to secular society but to a variety of religious contexts. We will share three instances of teaching mindfulness practice in religious settings, and share approaches to teaching mindfulness as a "content neutral" discipline for the inculcation of spiritual perspective in people who define themselves as "spiritual not religious."

Learning Objectives:

1. define "religious" and examine mindfulness in light of definition
2. distinguish between spiritual and religious
3. apply mindfulness instruction to secular, religious, and spiritual (not religious) settings

8:15-9:15AM

Break-out Sessions

Psychology CEs awarded for this session: 1

Presentation Dialogues

Title: Mindful Medical Practice for Medical Students and Residents: An invitation to exchange experiences

Presenter(s): Patricia, L. Dobkin, Ph.D., Tom Hutchinson, M.B., Qinyi Zhao

Abstract:

Training in medicine is arduous and inherently stressful. Distress and burnout are common and increase from the first year of medical school through residency. Our goals in offering the McGill Mindful Medical Practice course to trainees were: (1) promote wellness; (2) prevent burnout; (3) enhance communication skills; (4) positively influence patient care. Based on an MBSR model we modified the program to focus on clinical encounters using role plays and insight dialogue exercises. For medical students (n=45) we fit the course into an elective slot over 4 weeks (twice a week) in their final year. For the residents (n=12) classes were provided in the evening for 8 weeks. On-line pre- and post course testing assessed outcomes reflecting difficulties (stress, burnout) and wellness (well-being, self-compassion).

In the first 20 minutes, we will describe the program and present results. For medical students there were significant increases in mindfulness, self-compassion and decreases in stress; for residents there were significant increases in mindfulness and self-compassion and decreases in burnout.

Next, for 10 minutes we will invite participants to examine an issue we have been contemplating: When in a physician's career is it optimal to offer this course? With prevention in mind, earlier may seem better. Yet, students need to have a certain degree of maturity and have had sufficient patient contact to be ready for the course.

The final 30 minutes will address other key questions: Are there other formats we can adopt to offer this program (e.g., weekend retreats)? How can we impact the culture of medicine such that maintaining wellness is viewed as vital to the development of whole doctors? How can we overcome barriers to providing mindfulness to medical trainees?

We will draw upon the participants' experiences to address all of these questions.

Learning Objectives:

1. Describe the McGill Mindful Medical Practice course and its effect on trainees.
2. List the benefits and challenges of offering this program in the context of medical school and residency.
3. Identify other formats that may suit various curricula during students' progression through medical school, residency, and beyond.

Title: Wellness in High School: Introducing Mindfulness Training to Teachers, Administrators and Students

Presenter(s): Trish Broderick, Ph.D., Diane Reibel, Ph.D., Stacie Metz, Ph.D.

Abstract:

There is great interest in bringing the power of mindfulness into educational settings. Given current school structures, however, these efforts are challenging to implement in ways that increase the likelihood of sustainability. This presentation dialogue will address the implementation and assessment of a comprehensive mindfulness training program for teachers and students in a suburban public high school. We will present a model that includes a modified MBSR curriculum for teachers and school administrators, subsequent training in a developmentally appropriate curriculum for adolescents, and mentoring in teaching the curriculum to selected classes as part of a small pilot study.

Teacher and student outcome data on mindfulness, somatic symptoms, and emotion regulation will be reviewed. Process evaluation measures that are used as training tools for teachers will be discussed.

In addition to investigating the potential of mindfulness training to reduce stress, enhance attention and promote wellbeing in teachers, administrators and adolescents with special education needs, this project addresses the feasibility of training classroom teachers, counselors and administrators in program delivery. Group dialogue will explore ways of delivering mindfulness training to teachers and students so as to foster a mindful school culture. Discussion will also address how to adapt curricula for specific school populations.

Learning Objectives:

1. Review a methodology for introducing mindfulness to teachers, administrators and students in a public secondary school setting.
2. Verbalize the major objectives of mindfulness curricula for teachers and adolescents.
3. Discuss issues related to training school personnel to implement a mindfulness program.

Title: Cultural Considerations to Foster Receptivity to Mindfulness Training

Presenter(s): Paul Salmon, Ph.D., Susan Bauer-Wu, Ph.D., R.N., Lauren Vines, M.S.

Abstract:

Mindfulness-Based Stress Reduction (MBSR) and other mindfulness-based interventions (MBIs) are being implemented in increasingly broad contexts, including various clinical, educational, corporate, and research settings throughout the United States and abroad. This diversified evolution requires skillful use of language, with awareness of indigenous socio-cultural and religious perspectives, to foster receptivity to mindfulness-based practices.

As new mindfulness applications develop, a balance is needed between maintaining fidelity to the original intentions and principles of the MBSR program and honoring the needs and values of the recipients of the program. It is vital to maintain openness to the many contextual factors that influence this or any other interpersonal process.

The purpose of this Presentation Dialogue is to explore issues related to skillful languaging and interpersonal approaches by using examples from our work in different contexts—psychotherapy, medical, military, and higher education—and in the Southern region of the U.S., an area steeped in deeply held Christian traditions and other historical cultural issues. This will set the stage for participant sharing of their experiences in teaching MBSR and other MBIs that relate to cultural sensitivity and language barriers.

Learning Objectives:

1. Discuss the role that language, interpersonal skills, and sensitivity to socio-cultural factors play in fostering receptivity to mindfulness practices.
2. Describe examples of cultural and language barriers associated with teaching MBSR and other MBIs
3. Explain ways to facilitate teaching mindfulness, taking into account the challenges posed by cultural and language barriers.

Research Forums

Title: Mindfulness-Based Cognitive Therapy:simulation modelling in support of planning for service delivery

Presenter(s): Graham Meadows, M.D., FRANZCP

Abstract:

Objective. Mindfulness Based Cognitive Therapy (MBCT) has demonstrated effectiveness in prevention of depressive relapse and is included in guideline based practice such as that endorsed by the National Institute for Health and Clinical Excellence in the UK. However delivery of an intervention is dependent on enabling factors other than adherence to clinical guidelines. Service delivery systems including training, resources and referral pathways all need to be constructed and maintained in order for all those who might benefit from the intervention to have the opportunity to receive it. We describe here an approach to assist healthcare management decision makers in enabling the provision of MBCT. **Methods.** Taking estimates from a real-world effectiveness study including transition probabilities and distributions we are building a model for outcomes of interest of MBCT. Using discrete event simulation we are setting a range of scenarios for implementation of MBCT programs including estimating possible effects on prevalence and employer perspectives on economic outcomes achievable. **Results.** The model includes population based estimates of incidence rates for the target population for MBCT (13 per 10,000 annually for Canada). Also included are elements of the service delivery system and the anticipated effect of increasing volume of service on population prevalence. In this body of work we already have shown that the sustained delivery of MBCT is optimised when the population is above 200,000 and this new modelling will provide for more detailed projections. **Conclusions.** While MBCT is grounded in experiential change through application of ancient meditative practices in the modern world, it has to compete against many other spends for the healthcare dollar. Constructive engagement with state-of-the-art health economic models can be in the interest of the population who might gain from the intervention and the providers wishing to demonstrate support for their work.

Learning Objectives:

1. Describe the key features of simulation modelling for health care decision support
2. Discuss application of the technique for the specific case of MBCT

3. Critique implications of this work provision of MBCT in your own local service setting

Title: How does Mindfulness-Based Stress Reduction improve psychological functioning in cancer patients?

Presenter(s): Laura Labelle, M.Sc

Abstract:

OBJECTIVE: This longitudinal waitlist controlled study assessed whether enhanced mindfulness and emotion regulation account for the psychological benefits of participating MBSR, in cancer patients. **METHODS:** Patients were recruited from the MBSR program waitlist and were either registered for immediate participation (n=135), or were waiting for the next program (n=76). Participants completed questionnaires pre-, mid- and post-MBSR or waiting period. Hierarchical linear modeling was employed to assess changes over time as a function of condition (MBSR vs. waitlist). Linear regression and bootstrapping analyses were applied to test mediation, followed by cross-lagged correlations to determine temporal precedence of change in mediators relative to outcome variables. **RESULTS:** Compared to the waitlist group, MBSR participants showed decreased symptoms of stress and mood disturbance, increased mindfulness as well as decreased worry, rumination and experiential avoidance. Results of multiple mediation analyses showed that: 1) mindfulness and emotion regulation variables mediate the effects of MBSR on symptoms of stress and mood disturbance, 2) mindfulness mediates the effects of MBSR on rumination, worry and experiential avoidance, and 3) changes in emotion regulation variables account for the association between increased mindfulness and reduced symptoms of stress and mood disturbance. Cross-lagged correlations did not demonstrate temporal precedence of change in mediators. **CONCLUSIONS:** Results support the hypothesis that increased mindfulness through MBSR leads to improved emotion regulation, which in turn leads to reduced symptoms of stress and mood disturbance. Determining the timing of MBSR-related change in mindfulness and its sequelae will permit stronger conclusions regarding mechanisms of MBSR.

Learning Objectives:

1. Summarize the literature on mindfulness and emotion regulation as mediators of improvements due to MBSR
2. Evaluate a mediation model explaining how MBSR may improve psychological functioning in cancer patients
3. Situate findings in the context of recent efforts to determine mechanisms of mindfulness

Title: Measuring Efficacy and Sustainability of a Mindfulness-Based In-Class Intervention

Presenter(s): Randima Fernando, MS

Abstract:

This research forum will describe the methodology, results, and lessons learned from large two pilot studies (409 and 942 children respectively, randomized by classroom) on the Mindful Schools in-class intervention for children. Because these studies are two of the largest involving children and mindfulness, attendees will learn several key lessons: how to design effective studies at low cost, how to choose meaningful measures, what the effect of mindfulness was on the children, and how all this information can help attendees plan their future studies.

Learning Objectives:

1. Create an effective design and list of measures for a mindfulness study involving children.
2. Describe observed effects and lessons learned from studies involving 409 and 942 student subjects.
3. Discuss shortcomings and methods to improve future studies, enabling a larger number of effective studies to take place.

9:30-10:30AM

Break-out Sessions

Psychology CEs awarded for this session: 1

Presentation Dialogues

Title: Commonalities, peculiarities and fidelity: how does a mindful researcher design and evaluate mindfulness training programs for three different populations?

Presenter(s): Kaveh Monshat MPsyMed MBBS BSc(Med)Hons FRANZCPsych

Abstract:

This session will aim to illustrate and discuss the challenges involved in maintaining authenticity and integrity of mindfulness training programs while adapting and evaluating them in three disparate groups: adult hospital out-patients with chronic bowel disorders, elderly patients awaiting joint replacement surgery for debilitating osteoarthritis and healthy young people drawn from the community.

It may be argued that there is no need to “adapt” a program such as MBSR for a specific population. A teacher proceeding from a mindful stance, in responding to participants’ moment to moment experience, would ideally have the flexibility to meet unique needs of the group. Nonetheless, a prior understanding of challenges faced by a particular population, perhaps grounded in the teacher’s own clinical experience of working with them, may be helpful. Besides sensitizing teachers to subtle difficulties participants may have, it may help tailor and thus enrich homiletic elements. This balance of flexibility and tailoring presents a challenge for methodological rigour in research, which the researchers’ own mindfulness practice is critical in meeting. A complicating factor is institutional pressure to develop a “unique product” and involve staff, regardless of personal mindfulness practice, in program evaluation.

A brief literature review will be followed by results from three pilot trials. Qualitative data, including video recordings, individual interviews and focus groups, will be discussed in terms of how it informs program design and what peculiarities there may be in different populations’ experience. Challenges faced in program development and evaluation will be discussed in light of the above as well as “On being a mindful researcher”, an online discussion maintained for over a year. A facilitated group discussion in the second half will provide an opportunity to learn from attendees’ experiences of authentic program development and evaluation.

Learning Objectives:

1. List core aspects of a mindfulness training program that are critical to its integrity, independent of the audience, and contrast with aspects that may be beneficially tailored to a unique population. [Test question:] What are core and modifiable aspects of a mindfulness training program?
2. Design a research study in a way that reflects mindfulness principles. [Test question:] What are key features of research design that allow it to be consistent with the principles of mindfulness?
3. Describe the rationale for all members of a research team investigating a mindfulness based intervention having a personal mindfulness practise. [Test question:] What are the key reasons why researchers of mindfulness based interventions must have a personal mindfulness practise of their own?

Title: Mindfulness in Participatory Medicine: Context, Research and Clinical Evidence for the Relevance of Mindfulness-Based Stress Reduction (MBSR) On-the-Ground

Presenter(s): Brant Rogers MS, RYT, Zeynep Sunbay-Bilgen MS, Michael Christopher Ph.D.

Abstract:

We will explore the context, research and clinical evidence for the practice of mindfulness as a cornerstone of Participatory Medicine. Active individual self-care is at the root of this emerging field. Studies of MBSR document its ability to enhance self-care resulting in significant improvements in the well-being of patients with a host of diagnoses. Local MBSR programs can document parallel clinical results and share these with doctors, therapists and potential MBSR participants thereby enhancing the participatory practice of medicine on-the-ground.

Our MBSR program followed an empirical clinical approach to measuring participants’ results over 4 years. We documented significant improvements in participants’ health using a family medicine-based measure providing sub-scores of physical, social, and mental health (The Duke Health Profile). Coupled with a test measuring personal self-care, we established the clinical effectiveness of this local MBSR program. In turn we were able to communicate this personally to local doctors, therapists and potential participants as a way of inviting a more participatory form of medicine. This increased mutual referrals with clinicians and encouraged an acknowledgement of the value of this form of learning individual self-care for potential MBSR participants.

We detail this approach, share the results, and discuss them in the context of Participatory Medicine. Collaborative discussion will invite attendees’ to share their experiences of encouraging participation among doctors, therapists, teachers and patients locally.

Time will be spent in these areas: 1) Defining Participatory Medicine and summarizing MBSR’s relevance - 15 minutes. 2) Reviewing an example of an empirical clinical approach illustrating a local MBSR program’s value for enhancing participatory medical practice - 15 minutes. 3) Collaborative discussion about ways MBSR enhances Participatory Medicine and how it can foster participation in care - 30 minutes.

Learning Objectives:

1. Describe and evaluate the relevance of mindfulness practice to the emerging field of Participatory Medicine.

2. Define and assess the research and clinical evidence that demonstrates how MBSR enhances active participation in personal health care.
3. Demonstrate how a local MBSR program's empirical clinical approach can enhance a participatory way of practicing medicine among local doctors, therapists and patients.

Title: Can software support mindfulness? The experience in two corporate organizations

Presenter(s): Hector Bolanos, MA

Abstract:

In today's economy, most office workers face heavy workloads, constant deadlines, meetings, phone calls, etc. The traditional coping mechanism is to work continuously and for long hours. However, by going without short breaks during the day to rest and re-center, office workers suffer a heavy toll, not only in terms of their physical, mental and emotional well-being but also in terms of lower overall performance and productivity. In addition, the "mental" nature of office work makes it particularly hard to cultivate mindfulness and remain present during the day. To address this issue, a software application called "Just A Moment" has been developed, which prompts the user to take very short breaks during the day to breathe deeply, stretch, practice a mindfulness exercise, etc. The application also offers important opportunities as a follow-up tool for MBSR training programs and thus support long-term behavioural change. The purpose of this session is to present pilot data from the implementation of Just A Moment within corporate environments, using survey data and qualitative user feedback from two companies. After the first 30 minutes of formal presentation about the application and survey results, the remaining 30 minutes will be devoted to audience participation in discussion of the issues of: customisation capabilities by users and mindfulness trainers; limitations; and areas of future development. The overall goal of this presentation is to stimulate creative thinking about ways in which everyday technology and software in particular, can support MBSR training programs and also help to reach a larger audience previously unfamiliar with mindfulness practice.

Learning Objectives:

1. Analyze the usefulness of a mindfulness software application within a corporate organization
2. Describe the key MBSR elements in "Just A Moment"
3. Discuss and explore important issues surrounding software as an aid to mindfulness practice

Research Forums

Title: Introducing the DARE study, a multisite study of MBCT with two year follow up and including health economic evaluation

Presenter(s): Graham Meadows, MD, FRANZCP

Abstract:

Objective. Depression Awareness Recovery Effectiveness ('DARE') is a large effectiveness study of Mindfulness Based Cognitive Therapy (MBCT) in Victoria, Australia. It was optimised towards policy-applied considerations. It included delivery of MBCT by clinicians recruited from local services and trained using locally developed resources. The findings provide for further examination of the effectiveness of MBCT, of health economic properties and of findings regarding subgroups. This presentation aims briefly to introduce this study, giving an overview of key results including findings regarding recurrent Major Depressive Episode (MDE) and health economic evaluations. **Methods.** 204 eligible participants from multiple sites all received an active self monitoring package related to early recognition and response to MDE. Stratified randomisation allocated 50% into receiving MBCT. Treatment fidelity was systematically assessed. Two year follow up with measures of depressive recurrence and information on health care use and employment provides for health economic evaluation. **Results.** Preliminary analyses show overall odds of relapse through 2 years at 0.7 for the MBCT group with mean reduction in time spent in depression of 46 days through the two years for the MBCT group.

There is a gradient in significance and strength of findings related to attendance at numbers of sessions. Further analyses currently under way include cost effectiveness and cost utility analyses and will include fuller assessment of indicators of depression as an endpoint. **Conclusions.** Findings lend support to the generalisability of the value of MBCT as a treatment and will provide important information on the health economic considerations that are relevant to policy to support delivery of MBCT as a widely available intervention.

Learning Objectives:

1. Describe key features of the DARE study
2. Explain the health economic evaluation in this study

3. Critique policy implications of this work for MBCT delivery

Title: A Randomized Controlled Pilot Study of Mindfulness-Based Stress Reduction for Patients with Persistent Cancer-Related Fatigue

Presenter(s): Kathleen Beck-Coon, MD, Linda Brown, PhD, Shelley Johns, PsyD, HSPP

Abstract:

Objectives: Cancer-related fatigue (CRF) is one of the most common, distressing, debilitating, and persistent symptoms associated with cancer treatment. Discovery of its etiology has been elusive, and evidence-based treatments are lacking. This study was designed to examine the effects of modified Mindfulness-Based Stress Reduction (MBSR) on the severity of CRF and its perceived interference with functioning, depression, anxiety, and sleep disturbance and to evaluate the feasibility and acceptability of MBSR for those with persistent CRF.

Methods: A heterogeneous sample of 35 cancer survivors (94% women; mean age 57 years; 77% breast cancer; all had completed active cancer treatment > 9 months prior) with clinically-significant CRF was randomly assigned to a 7-week MBSR intervention group or wait-list control group. Participants in the intervention group received training in mindfulness meditation, yoga, and didactic information on self-regulatory responses to stress as in standard MBSR; however, modifications were made to accommodate fatigued patients. Modifications included a reduced number of classes, shorter classes, fatigue-related psycho-education, and shorter home practice recordings.

Results: Compared to participants in the control group, participants in the MBSR-CRF group reported significant decreases in fatigue severity ($d = -1.53$) and interference ($d = -1.43$), depression ($d = -1.30$), anxiety ($d = -0.47$), and sleep disturbance ($d = -0.74$) immediately after the intervention. These results were maintained or strengthened at 1-month and 6-month follow-up. Overall, MBSR was feasible and acceptable to patients, as evidenced by 90% attendance across all 7 sessions for both groups and 91% retention through 6-month follow-up.

Conclusions: These findings provide the basis for a larger, more rigorous trial of this promising treatment approach to persistent CRF and other cancer-related symptoms.

Learning Objectives:

1. Describe the rationale for using mindfulness training to reduce the interference of fatigue in the life of cancer patients.
2. Assess modifications to standard MBSR intended to make the intervention more feasible and acceptable to fatigued cancer patients.
3. Review and discuss study results, comparing outcomes of MBSR participants with a wait-list control group post-intervention and at 1-month and 6-month follow-up.

Title: Mindfulness Therapy for Bodily Distress Syndrome

Presenter(s): Lone Overby Fjorback MD, psychiatrist, ph.d.-student

Abstract:

Background

Functional somatic syndromes (FSS) such as fibromyalgia, irritable bowel syndrome, and chronic fatigue syndrome are major public health issues for which effective treatment is rarely delivered. Bodily symptoms which cannot be explained by physical disease form one of the most expensive categories of healthcare expenditure and leads to high societal costs.

Bodily Distress Syndrome (BDS) is a new empirical defined definition unifying various FSS under one diagnostic label.

Objective

To conduct a feasibility and efficacy trial of Mindfulness Therapy in BDS.

Methods

120 patients were randomized to either Mindfulness Therapy (MBSR and CBT for FSS) or to an active control group Individual Treatment (short-term psychotherapy and specialist medical care). Primary outcome measure was physical health (SF-36 Physical Component Summary). The follow-up period was 1 year.

Results

The majority of patients were women out of work without an education, 91% rated high patient satisfaction. In the mindfulness group 88% completed treatment, 92% reported that they were meditating at the end of treatment, and 58% were still engaged in meditating 1 year post after.

Both groups registered significant improvements across time, but no significant between-group differences were found. For primary outcome the mindfulness group changed at the end of treatment and this change was still present 1 year after, whereas the Individual Treatment group did not change until 1 year after. The change scores were on average half standard deviation which is a clinical significant change, 40% changed 1 standard deviation.

Conclusion

Findings from this mindfulness study suggest that even a chronic, severe and socially marginalized population are willing to participate and engage in a treatment which requires high patient involvement. The changes are clinical important.

Learning Objectives:

1. Recognize differences between acute and chronic stress
2. Describe and use the Bodily Distress Syndrome concept
3. Assess the Mindfulness Therapy manual

11:00-12:30

Keynote

Psychology CEs awarded for this session: 1

Title: Mindfulness Based Cognitive Therapy Comes of Age

Presenter(s): Zindel Segal, PhD

Abstract:

If the past decade has witnessed the establishment of Mindfulness Based Cognitive Therapy's broad appeal and effectiveness, the question of how exactly this multi-modal treatment achieves its benefits remains largely unanswered. It is still fair to ask, for example, about the relative contribution of cognitive therapy principles versus mindfulness practice to the benefits patients report. Clarifying mechanisms of action is of more than academic interest, as it will likely inform the approach taken to training the next generation of MBCT practitioners. In addition, a focus on mechanisms can only enhance efforts to address the largest obstacle faced by patients interested in this form of care, namely limited access.

In response to this challenge, efforts aimed at disseminating mindfulness-based treatments more generally, have been under way for the past 5 years. The goal here has been to render these in-person treatments into internet compatible formats that would enable their delivery via live videoconferencing, interactive websites, or mobile applications. These developments will be reviewed and evaluated. The need to conceptualize mindfulness-based interventions in terms of their active ingredients, before the inexorable migration to the web begins, will be emphasized.

Learning Objectives:

1. Evaluate the evidence base for MBCT in Mood Disorders.
2. Summarize new developments in disseminating mindfulness based treatments
3. Appraise the mechanisms thought to foster treatment efficacy.

12:45 – 1:45 p.m.

Lunch

2:00-3:30

Keynote

Psychology CEs awarded for this session: 1

Title: Growing teachers in a time of growing interest in mindfulness: investigating the challenge of mindfulness-based teaching competency

Presenter(s): Rebecca Crane MA

4:00-5:00PM

Break-out Sessions

Psychology CEs awarded for this session: 1

Presentation Dialogues

Title: Mindfulness Education in Medical School

Presenter(s): H. Mason Hedberg, MD

Abstract:

This presentation-dialogue reviews the benefits and challenges associated with integrating mindfulness into medical education. Participants will evaluate evidence related to existing programs and will explore novel approaches to communicate mindfulness philosophy.

In medicine, burnout is defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness. Burnout affects up to 40% of medical students and contributes to depression, suicidal ideation, unprofessional behavior, and increasing physician attrition rates. Recent publications demonstrate that mindfulness is an effective intervention to prevent and treat burnout, and also increases physician empathy, improves health outcomes, and might even reduce medical errors. However, medical school's pace and intensity can present difficulties to students interested in cultivating mindfulness. For example, the non-judgmental awareness of mindfulness can seem difficult to reconcile with the scrutiny and clinical discernment of a physician. Despite, and perhaps in light of these difficulties, medicine and mindfulness may complement one another; the medical culture of life-long-learning wed to a contemplative practice can encourage each pursuit to flourish.

In this session we will review current approaches to teaching mindfulness in medical schools, consider their limitations, and postulate effective alternatives. We will also analyze visual aids intended to concisely communicate mindfulness philosophy, and will discuss their utility as teaching aids for busy individuals such as medical students.

Timeline:

- Consider existing programs – 15 min
- Merging mindfulness and medicine – 15 min
- Discussion of teaching aids – 30 min

Questions:

- Is mindfulness currently required in any US medical schools?
- How does medical education can make mindfulness cultivation difficult for a medical student?
- How does mindfulness practice benefit clinicians?

Learning Objectives:

1. Overview existing mindfulness programs in medical education
2. Analyze the challenges and opportunities which arise when merging mindfulness and medical education
3. Explore and discuss modalities for presenting the theory and practice of mindfulness to medical students

Title: Merging Paths: Mindfulness and the Medical Malpractice Insurer

Presenter(s): Michael Krasner, MD, Marjorie Thomas, MPA, ARM, RPLU, FASHRM, Gerri Donohue, MS, RN, ARM, FASHRM

Abstract:

As risk managers for a large medical liability insurer in New York State, we recognize the wide-reaching impact of burnout on today's physicians and on the care of their patients. In 2010-2011 we developed a risk-reduction educational program for our insured physicians to address these concerns, designed after the Mindful Communication intervention reported in the Journal of the American Medical Association in September, 2009, that demonstrated improvements in burnout and patient-centered qualities among a group of primary care physicians. In collaboration with its lead investigator, we designed Mindful Practice in Modern Medicine, enrolling over 6000 physicians since it was launched in April 2011. The educational goals and objectives, described in detail below, include sharing with participants the content and process of creating this intervention, thereby stimulating ideas about similar ways to creatively bring the power of mindfulness into their professional and personal lives.

In this Presentation-Dialogue, we will review the development of the program from its inception to the implementation of both live and on-line versions (20 minutes). This will include brief demonstrations of the contents of the two versions, highlighting the challenges encountered and solutions discovered to these two different modes of presentation. We will then discuss the responses of the participants, presenting both qualitative and quantitative results (10 minutes).

A facilitated discussion (30 minutes) will focus on challenges and opportunities encountered, the relevance of mindfulness in patient safety and quality of care in medicine, and ways to address medical professionals' needs for self-care. Finally, the audience is invited to share their experiences and questions in bringing mindfulness-based interventions into established institutional settings like the world of medical risk management.

Learning Objectives:

1. Describe the development and collaborative process used to adapt the concepts from a year-long mindful communication program to a 3 hour workshop/online program on mindfulness.
2. Explain the experiential learning design employed in the 3 hour workshop and on-line program to educate the participants in mindfulness strategies.
3. Discuss the survey data collected from the participants of the program.

Title: Examining the Effectiveness of Mindfulness for Treating Children with ASD and ADHD

Presenter(s): Bernadette Evans-Smith, PhD

Abstract:

Goals: Participants will learn about the contents of a 10-week Mindfulness Based and Stress Reduction (MBSR) group intervention designed for children who have self-regulation challenges. Session goals include providing participants with potential techniques and outcome measures for MBSR intervention, critiquing the contents of the intervention, and evaluating preliminary data from a pilot program involving children (8-12 years old) with autism spectrum disorders (ASD) and attention deficit/hyperactivity disorders (ADHD).

Objectives: Participants will determine the utility of this intervention for their professional use; consider modifications conducive to the populations they serve; evaluate ways to generalize treatment effects; and assess the possibility of empirical evaluation in the workplace.

This session is important for those working with children who have attention, emotion, and behavior regulation problems, whether in clinical or research applications as it provides a platform for delivery and assessment of MBSR.

Content (Time):

1. Brief summary of MBSR intervention studies that assess the effectiveness of MBSR when treating children with attention, emotion, and behavior dysregulation, such as those with ADHD. (3 min)
2. Brief summary of neuroscience research supporting the use of mindfulness for inducing brain-based changes in neuronal networks that are identified as mechanisms for self-regulation. (2 min)
3. Facilitator training and content of group intervention (17 min)
4. Methods used to encourage skill generalization (3 min)
5. Outcome measures used to assess aspects of regulation (3 min)
6. Brief summary of overall pilot study findings (2 min)

Participation involves dialogue about process of implementation, sharing clinical impressions and creative ideas for adapting intervention at their workplace, and discussing expansion of the pilot study.

Learning Objectives:

1. Identify details and critique this MBSR group intervention
2. Identify methods for generalizing skills
3. Evaluate outcome measures for self-regulation

Research Forums

Title: Findings from the DARE study, a multisite study of MBCT with two year follow up, focusing on subgroups and time course

Presenter(s): Frances Shawyer, BBSc; PhD

Abstract:

Objective. Depression Awareness Recovery Effectiveness ('DARE') is a large effectiveness study of Mindfulness Based Cognitive Therapy (MBCT) in Victoria, Australia. The large size and diversity of recruitment into the research makes it possible to examine effectiveness of MBCT in subgroups and through long term follow up. In this presentation we aim to present important findings regarding subgroups and changes in effect through time. Methods. 204 eligible participants from multiple sites all received an active self monitoring package related to early recognition and response to MDE. Stratified randomisation allocated 50% into receiving MBCT. Baseline measures that also were stratification variables in randomisation include use of antidepressants and site of referral. Two year follow up was approximately 87%. Results. Strong findings regarding protective effect of MBCT was found for people with more than 3 and less than 10 prior episodes of Major Depressive Disorder, for people who had been in remission for at least a year prior to treatment, for people in secondary care and where significant experience of pain was not a feature of baseline presentation. Protective effects were stronger in year 1 than year 2. Antidepressant use at baseline and good compliance with the course of treatment was associated with a wide differential in recurrence rates, favouring combined treatment. Conclusions. MBCT, when actively and fully complied with, has protective effects across a wide range of baseline characteristics including showing effectiveness in combination with antidepressants. This is important since therapeutic guidelines often suggest continued antidepressant treatment for many people otherwise eligible for MBCT. Findings point towards further work regarding experimental confirmation of who can benefit most from the intervention.

Learning Objectives:

1. Describe findings for effectiveness of MBCT in multiple subgroups
2. Critique implications of this work in relation to eligibility for MBCT treatment
3. Discuss development of guidelines for combined use of antidepressants and MBCT in depression prevention

Title: Mindfulness Training Ameliorates IBS by Promoting Non-Reactivity and Reduced Affective Processing of Pain Sensations

Presenter(s): Eric Garland, Ph.D.

Abstract:

Background: Irritable bowel syndrome (IBS) is a prevalent functional disorder characterized by abdominal pain and hypervigilance to gastrointestinal sensations. Mindfulness, which promotes nonjudgmental attention to emotional and sensory experience, may target the underlying cognitive and affective mechanisms of IBS. We tested this hypothesis in a randomized controlled trial of mindfulness training for IBS.

Methods: 75 IBS patients were randomized to 8 weeks of mindfulness training or a support group. IBS severity and quality of life were primary study endpoints. Multivariate path analysis explored therapeutic mediators of MT.

Results: Mindfulness training led to clinically and statistically significant improvements in IBS severity and quality of life. Multivariate path analysis revealed that the effects of MT on IBS symptoms were mediated by statistically significant changes in nonreactivity, sensory processing of pain, visceral hypersensitivity, and pain catastrophizing.

Discussion: Mindfulness appears to ameliorate the symptoms of IBS by promoting nonreactivity to gut-focused anxiety and decreased catastrophic appraisals of the significance of abdominal sensations coupled with a refocusing of attention onto interoceptive data with less emotional interference. By learning to mindfully disengage from negative cognitive appraisals of visceral sensations and re-orient attention to the sensory quality of interoceptive experience, IBS patients may come to appraise such sensations as innocuous and eminently manageable.

Learning Objectives:

1. Summarize the cognitive, affective, and psychophysiological mechanisms implicated in IBS
2. Evaluate the therapeutic effects of mindfulness training on IBS symptoms and IBS-related quality of life
3. Identify therapeutic mediators of mindfulness training

Title: Virtually Yours: Mindfulness Training via the Virtual World of Second Life

Presenter(s): Steve Hickman, Psy.D., Jacquelyn Ford Morie, MFA, PhD and Valerie Berg Rice, MS, MHA, PhD, CPE. OPTR/L, FAOTA

Abstract:

Stress is considerable among military service members due to high operational tempo, multiple deployments, family separations, and exposure to war. Yet, only a third of those in need seek mental health services (Tanielian & Jaycox, 2008). Reasons for not seeking assistance include; 1) stigma attached to mental health services and, 2) no access to care due to veterans in rural areas and active duty assignments where sufficient mental health professionals are unavailable. Offering MBSR training over the Virtual World of Second Life offers the promise of anonymous interactions, as well as the ability to access training from any location that offers internet capability. Unlike virtual reality (e.g. video games), Virtual Worlds are highly interactive, have a large social component, occur in real time, and encourage collaboration. Second Life is a web-based three-dimensional, virtual world where users socialize, connect and create using free voice, text chat and in-world tools. This presentation builds on the presentation given last year at this conference by reporting new findings identified during pilot testing. Specifically, this presentation will explore the human factors considerations associated with teaching over Second Life that may impact training effectiveness, including technical competence, training and usability, as well as social, cultural, and trust issues specific to Virtual World interactions. This presentation will include a short video describing the training process, screen shots, and focused issues of concern identified during pilot testing, with ideas for remediation. The presentation will include three speakers: a technology expert, an MBSR instructor, and a human factors engineer research scientist, each speaking from his or her own perspective. The presentation format will include 45 minutes of formal presentation, followed by 15 minutes devoted to audience participation and answering of questions.

Learning Objectives:

1. Summarize the basic process of building a space and method to teach MBSR in a virtual world.
2. Describe key components of MBSR in Second Life and contrast them to traditional in-person MBSR training.
3. Recognize social, cultural, and trust issues that differ in an MBSR class offered in a Virtual World, and how they may impact training effectiveness.

6:30 – 7:30PM

Cocktail reception

7:30-11:30PM

A Gala Evening and Auction

7:40PM

Opening Remarks

Saturday, March 31, 2012-

Investigating and Integrating Mindfulness in Medicine, Health Care, and Society – 10th Annual International Scientific Conference for Clinicians, Researchers and Educators

6:00 – 7:00 a.m.

Meditation

Jon Kabat-Zinn, PhD

7:00 – 8:00 a.m.

Breakfast **Breakfast Roundtable discussion*

Breakfast Roundtables

Psychology CEs awarded for this session: 1

Title: Conducting High Quality Randomized Trials of MBSR: What Can We Learn from Each Other?

Presenter(s): Dan Cherkin, PhD

Abstract:

The number of RCTs evaluating MBSR for various conditions has grown rapidly over the past 5 years. Because this field of research is still in its infancy, those of us conducting MBSR research have a lot to learn from each other. This informal roundtable discussion will provide a forum for MBSR researchers conducting clinical trials to learn about other current and planned RCTs of MBSR, share experiences and advice about how to address key conceptual and methodological issues, and to establish relationships with others conducting similar research.

Learning Objectives:

1. Identify current and planned RCTs of MBSR
2. Analyze how others have addressed key conceptual and methodological issues associated with RCTs of MBSR
3. Identify and collaborate with other researchers conducting RCTs of MBSR

Title: Bringing Mindfulness into the Workplace

Presenter(s): Christopher Lyddy, BA, MCP

Abstract:

Professional and organizational mindfulness training is growing rapidly. However, there is no theoretical or practical consensus on how to integrate mindfulness within an organization. Developing this understanding is important, as mindfulness and organizational literature suggest that the workplace may inhibit mindfulness through cognitive, social, and physical mechanisms.

This roundtable will provide an opportunity to discuss research and practice around integrating mindfulness into professional work. Topics may include job-related challenges facing professionals attempting to be mindful, training approaches, the role of organizational social and physical contexts, how managers view the costs and benefits of mindfulness, and more.

Learning Objectives:

1. Discussing potential challenges around integrating mindfulness into the workplace
2. Sharing and formulating training approaches for overcoming potential challenges
3. Identifying features of organizational contexts that support and inhibit mindfulness

8:30-10:00 a.m.

Keynote

Psychology CEs awarded for this session: 1.5

Title: Mindfulness-Based Cancer Recovery: The story of an emerging research program

Presenter(s): Linda Carlson, PhD

Abstract:

The Mindfulness-Based Cancer Recovery (MBCR) program at the Tom Baker Cancer Centre in Calgary, Canada began in 1996, and has been offered continuously to patients and support people since that time. Based heavily on MBSR, our program has been adapted over the years to meet the needs of our population. Our group has conducted a series of research studies on the program beginning with pre-post observational studies and randomized waitlist controlled trials spanning outcomes such as mood

disturbance, stress symptoms, sleep quality, fatigue, post-traumatic growth and spirituality, and biomarkers such as blood pressure, salivary cortisol and intracellular cytokines. More recently we completed a 5-year multi-site randomized controlled trial comparing the effects of MBSR to Supportive-Expressive Group Therapy and a one-day Stress Management Seminar on psychological and biological outcomes in breast cancer survivors (the MINDSET trial). A description of MBSR and the history of the program will be provided, followed by presentation of preliminary results of the MINDSET trial.

Learning Objectives:

1. describe the content of the MBSR program
2. evaluate the suitability of various study designs and outcome measures for different phases of research program development
3. apply results of the MINDSET trial in designing future research

10:30-11:30 AM

Break-out Sessions

Psychology CEs awarded for this session: 1.5

Presentation Dialogues

Title: Teaching Mindful Yoga for Non-Yoga Teachers and Clinicians: Part 1, Context and Intentions

Presenter(s): Paul Salmon, Ph.D., Brant Rogers, M.S.,

Abstract:

Mindful yoga as taught in an MBSR course springs from a broad heritage of movement practices associated with many cultural, social, philosophical, and religious traditions. In part 1 of this two-part Presentation Dialog, we will trace and illustrate (through participatory involvement) the evolution of yoga up to the introduction of MBSR and explore current clinical and research-based applications in healthcare.

We introduce the concept of 'mindful movement' to encourage clinicians and MBSR teachers to bridge the gap between our intrinsic capacity for deliberate, and potentially therapeutic, movement – often simple and commonplace -- and formal yoga practice. Although movement in MBSR is rooted in hatha yoga, we propose 'mindful movement' as a more inclusive practice framework for developing somatic awareness and encouraging healthful activity. Mindful movement – as formally practiced in mindful yoga -- offers a way to become grounded in moment-by-moment direct physical experience as a way to greater self-understanding and effective self-care.

Stress, anxiety, depression, trauma, and chronic pain are but a few of the many clinical entities with physical manifestations that may benefit from movement-based practices within this framework. This can help overcome disuse atrophy associated with illness and life in a largely sedentary culture. This session will provide a background for Part 2, through the use of didactic materials and discussion, along with invited participatory activities adaptable for all levels of physical mobility.

Learning Objectives:

1. Explore the diverse historical and cultural roots of modern yoga as embodied in MBSR.
2. Examine the concept of 'mindful movement' and its role in MBSR as 'mindful yoga'.
3. Define applications of mindful movement in clinical health care.

Title: Mindfulness-Based Cognitive-Behavioral Couples Therapy for PTSD

Presenter(s): Louanne Davis Psy.D., Brandi Luedtke Psy.D.,

Abstract:

The goal of this presentation is to demonstrate the potential usefulness of mindfulness as clinical intervention for veterans who have PTSD and are engaged in cognitive-behavioral couples therapy with committed partners. Research has shown that as PTSD symptoms worsen, so does relationship satisfaction. On the other hand, a supportive relationship is one of the most significant factors in the recovery of those who have PTSD. This presentation will seek to encourage participants to consider how to successfully adapt and implement mindfulness in a manualized couples intervention that is designed to treat PTSD while also enhancing relationship functioning. The presentation will involve a 15-minute theoretical presentation of how mindfulness practice might be expected to ameliorate PTSD symptoms as well as relationship conflict/distress. The next 15 minute section will overview how mindfulness was integrated within the treatment manual for cognitive-behavioral couples therapy for PTSD and relationship functioning. The first 15-minute discussion segment will briefly present a case vignette from our current research study which is developing and testing this mindfulness-based intervention in order to generate discussion about some of the barriers to

mindfulness practice within this patient population. The final 15 minutes will entertain questions to include: What are creative ways for couples to experience mindfulness so that they understand its purpose and are motivated to engage in the practice? How can mindfulness be practiced creatively and meaningfully in the context of the demanding schedules typical of Veterans and their partners post-deployment.

Learning Objectives:

1. Identify how mindfulness practice can address symptoms of PTSD and enhance relationship functioning from a theoretical perspective.
2. Summarize how mindfulness can be integrated into an existing manualized couples therapy for veterans who have PTSD and their committed partners.
3. Discuss the potential barriers to mindfulness practice in this population and potential creative solutions.

Research Forums

Title: Mindfulness Meditation and Anxiety Disorders: Effects on Emotion, Attention, and Brain Responses

Presenter(s): Elizabeth Hoge, MD, Britta Holzel, PhD, Philippe Goldin, PhD

Abstract:

Mindfulness meditation has shown promise as a potential treatment for those suffering from anxiety disorders such as generalized anxiety (GAD) and social anxiety disorder (SAD). This symposium will present two randomized controlled trials with active control groups to investigate underlying mechanisms. In the first study, adults with GAD were randomized to Mindfulness-Based Stress Reduction (MBSR) or a Stress Management Education (SME) class. Compared to SME, MBSR resulted in a trend toward a greater reduction of anxiety and depression symptoms. Among women, MBSR participants had significantly larger decreases in trait anxiety, state anxiety and overall worry. Attentional bias, measured with a homophone task, was improved significantly following MBSR, but not SME. A subset of this sample underwent functional magnetic resonance imaging (fMRI) pre- and post-interventions and changes in brain activation were compared between the two groups while viewing pictures with emotional facial expressions. We will present changes in brain activation attributable to the MBSR intervention, and discuss how they might relate to enhanced emotion regulation. The second study examined the neural correlates of attentional emotion regulation of negative self-beliefs using fMRI in a trial in which 56 patients with generalized SAD were randomly assigned to MBSR or a comparison aerobic exercise (AE) stress reduction program. Compared to AE, MBSR yielded greater reductions in negative emotion when implementing regulation, and increases in attention-related parietal cortical regions. Meditation practice was associated with decreases in negative emotion and social anxiety symptom severity, and increases in attention-related bilateral parietal cortex neural responses when implementing attention regulation of negative self-beliefs. Changes in attention regulation during MBSR may be an important factor in explaining how mindfulness meditation training benefits patients with anxiety disorders.

Learning Objectives:

1. List symptoms associated with anxiety disorders that benefit from MBSR
2. Discuss the relationship between enhancements in attention regulation following MBSR and improvements of anxiety symptoms
3. Compare the effects of MBSR and an active control intervention on anxiety symptoms

Title: Altered resting state functional connectivity and fluid intelligence in long-term mindfulness and yoga practitioners

Presenter(s): Sara Lazar PhD, Tim Gard MA

Abstract:

Normal aging is associated with a slow decline of neural structure, function, and cognitive performance. Evidence suggests that yoga and meditation can slow these declines, though neural mechanisms underlying these benefits are unknown. We investigated differences in fluid intelligence and resting state neural function between older experienced Kripalu yogis (N=16), Insight (mindfulness) meditators (N=16), and matched controls (N=15). Graph theory-based analyses were used to assess group differences in topological properties of whole-brain functional networks. Yoga and meditation practitioners showed no significant decline in fluid intelligence with age while the controls exhibited expected age-related declines. Meditators had higher normalized clustering and path length than controls, and these metrics positively correlated with fluid intelligence. Furthermore, both yogis and meditators had greater connectivity in basal ganglia circuits, including higher degree centrality in right caudate. These data suggest that contemplative practices can alter resting state brain connectivity and that these changes influence cognitive functioning.

Learning Objectives:

1. Identify brain structures that are common to Insight meditation and Kripalu Yoga.

2. Discuss the impact of aging on brain function, and how yoga and meditation can alter the effects of aging.
3. Describe resting state networks and how they are impacted by yoga and meditation.

11:45 – 12:45PM

Lunch

12:45 – 3:45PM

Workshops

Psychology CEs awarded for this session:

Title: The science and practice of compassion cultivation meditation training

Presenter(s): Philippe Goldin, PhD, and Margaret Cullen, MFT

Abstract:

There is an increasing interest in understanding how to integrate different compassion practices into training for healthy adults and clinical treatments for individuals suffering from different forms of psychological disorders and medical diseases. Scientific investigations of compassion meditation training have begun to elucidate the influence of compassion on psychological functioning and well-being. Delivering compassion meditation training to a wide array of individuals across the life span and rigorously examining its impact is important for understanding who will benefit and what will reliably change with training. The goals of this workshop are (a) to provide experiential training in selected compassion practices included in our Compassion Cultivation Training (CCT) program, and (b) to present results from our recent randomized controlled trial study of CCT in 129 community participants. Specifically, we will describe how CCT impacts compassion, clinical symptoms, emotion regulation strategies, and well-being. We will also provide evidence for moderators (i.e., features of participants that predict who will benefit from this form of compassion training) and mediators (i.e., what changes during training predict the degree of improvement from pre- to post-CCT).

CCT is a systematic nine-week program consisting of 6 steps: 1. settling and focusing the mind; 2. loving-kindness and compassion for a loved one; 3. loving-kindness and compassion for oneself; 4. establishing the basis for compassion toward others by embracing shared common humanity and appreciating the deep interconnectedness of self and others; 5. compassion toward others, including all beings; and 6. active compassion practice which involves imagining taking away others' pain and sorrow and offering to them one's own happiness, joy, and everything that is good. The final class presents a complete and integrated daily compassion meditation practice.

Learning Objectives:

1. Apply compassion practices in your teaching and clinical interventions.
2. Describe the empirical effects of compassion meditation training on subcomponents of compassion, clinical symptoms, emotion regulation, and well-being.
3. Critique the usefulness and application of different types of compassion meditation practices.

Title: Mindfulness-based Education in K-12 Public Schools- "Educating from the Heart"

Presenter(s): Auriel Gray, MACP,CYT, Ferris Urbanowski, MACP, Marilyn Neagley (author)

Abstract:

Workshop title: Mindfulness-based Education in K-12 Public Schools, "Educating from the Heart". The workshop is based on the outcomes of a district-wide, mindfulness-based Wellness and Resilience Program located in South Burlington, Vermont. In its third year, 130 educators have participated in the training and implementation. The program has ongoing support in mindfulness skills, has compiled research data for three years, and is now developing a "training of trainers" program to enable greater outreach. Anyone who is interested in bringing mindfulness-based education to public schools would be interested in this workshop. It will cover how the program began, how it "looks" in the classroom, what the evaluations have revealed and how the program can be sustained.

Skills discussed will be in three broad areas: organization, education, (both training of the educators and bringing the training into the classroom) and mindfulness, as they apply to this program. The format for the day will correspond to the learning objectives:

- 1) Introductions and discussion of why participants chose this workshop and what they hope to learn.
- 2) Description of program origins and overview
- 3) Explanation of training content and classroom implementation

4) Discussion of evaluation results and future sustainability

The workshop format will consist of a lecture styled presentation supported by media and interactive dialogue. The book, "Educating from the Heart", a series of writings by educators, co-edited by workshop presenter Marilyn Neagley (and Aostre N. Johnson Ed.D) will be available to participants at half price or 14.00.

Learning Objectives:

4. Describe the origins and overview of the program
5. Explain training content and classroom implementation
6. Discuss evaluation results and future sustainability

Title: Mindfulness in Community: Living Our Practice Together

Presenter(s): Lawrence J. Ladden, PhD, Diane Reibel, PhD., Susan D. Wiley, MD

Abstract:

This workshop will share a model for developing a local community or sangha of MBSR teachers and is intended for teachers who wish to do the same. As we practice together, we lift each other up, inspiring each other, working toward a greater sense of ease and authenticity for all of our members. This process of co-creation is a mirror to the process that takes place in MBSR groups which adds yet another layer of value to our exploration. First, we will describe our group development during our nine year history. Second, we will practice functional subgrouping - the communication method we use to develop resonance and empathy. By first joining others on similarities in content, tone, and depth, members learn to attend to both their own experience as well as the group context. Using our own practice as a foundation, we extend the field of awareness to include the group. Doing so suspends the group automatic pilot of habitual group behavior fueled by the tendency to take ourselves and others just personally. The third activity will be in small groups led by members of our sangha. The goals of this segment will be to recognize both strengths and challenges in participants' established MBSR teacher communities and identify practical steps for building new communities. Insights gained in smaller groups will be shared and organized with the large group. The intended workshop outcome is to create conditions to allow our greater mindfulness community to discover practical new ways of supporting and caring for one another and our teaching of meditation. The design of this workshop expresses a collaborative effort which benefited greatly from the contributions of dedicated sangha members.* Attendance is consenting to work experientially in the large group.

Learning Objectives:

1. Describe and demonstrate the delicate balance of effective group leadership which creates both the necessary structure as well as adequate space for spontaneous co-creation.
2. Demonstrate how the use of sub-grouping creates a container for the open sharing of similarities and differences which, through interpersonal "alchemy" transforms apparent conflict into impersonal group heterogeneity.
3. List practical "how-to's" for creating and supporting participants' own mindfulness teacher's Sangha.

Title: Teaching in the Fire: Working with our own pain, crises, and stressors in the midst of teaching Mindfulness Based Interventions.

Presenter(s): Beth Mulligan, PA-C, Adrienne Beatie, MFT

Abstract:

Audience: Participants currently teaching MBSR or other Mindfulness Based Interventions will benefit.

This experiential workshop will look at the personal challenges we face in our lives and how we work with them in the context of being an MBSR teacher; when they arise within the class setting, and even experienced within the conference itself. We will enhance skills of self inquiry and somatic experiencing, drawing deeply on our own MBSR inquiry skills. We will look at: where we take refuge, where, how and when we seek support, examine the effects of 'role stress', being able to be both teacher and practitioner and remain authentic. We will offer and practice loving kindness for ourselves and others.

Format will include: 20 minute presentation by the leaders, sharing their own experiences and emphasizing the safety of the container this workshop offers; selected readings; 20 minute guided meditation, grounding participants in the present moment, and leading into an exercise encouraging a personal recall of a difficult time within the context of teaching, and how it was worked with; followed by small & large group sharing (20mins each) Partner Yoga : 20 minutes - taught in the context of seeking appropriate support, boundaries, and how we feel about giving and receiving. Processing this experience in dyads (15 minutes). Discussion on

seeking support – how we create and sustain sangha in the context of MBSR teaching; the importance of acknowledging ‘role stress’ as defined in Full Catastrophe Living (20 -30 minutes). Loving Kindness meditation, discussion and closing remarks, 35 minutes.

Learning Objectives:

1. Apply Mindful Self-inquiry to working with personal difficulties in the midst of teaching Mindfulness-Based Interventions.
2. Recognize boundaries and limits in certain situations and ways to find appropriate balance, listing effective ways to take care of ourselves while caring for
3. Discuss the Impact of ‘Role Stress’ while examining ways to remain authentic and whole. Access personalized anchors that can be used in times of stress/chaos

12:45-1:45

Break-out Sessions

Psychology CEs awarded for this session: 1

Presentation Dialogue

Title: Teaching Mindful Yoga for Non-Yoga Teachers and Clinicians: Part 2, Principles and Methods

Presenter(s): Brant Rogers, M.S., Paul Salmon, Ph.D.

Abstract:

In part 2 of this Presentation Dialog, we will explore basic principles of mindful movement and experience how to incorporate them into teaching MBSR. Building on the foundation established in part 1, we will focus on ways in which MBSR teachers and clinicians who are not necessarily yoga instructors can safely and meaningfully incorporate mindful movement into the course.

Starting with the premise that movement is a widely shared, basic human capacity, we will begin by illustrating how even very simple and functional movements such as standing, sitting, and walking, not only benefit from mindful attention but can be an effective way of learning mindfulness. We will explore ‘mindful movement’ as a mode of learning to be “embodied” in everyday life, rather than divorced or "disembodied" from the physical experience of being alive.

We will then move to a more detailed consideration of yoga in MBSR, with an emphasis on internalizing the practice as a prelude to teaching others. Experiential exercises will be offered to illustrate relevant postural and biomechanical principles, and how these are embodied in specific postures and movement sequences. Functional aspects of yoga practice will be pointed out, to enhance the connection to daily life, and the experience of movement one intrinsically brings to teaching MBSR. Consideration will be given to adapting mindful movement patterns to individual variations in physical capabilities, which are typically highly pronounced in MBSR classes. This part of the Presentation Dialog will place more emphasis on experiential practice, adaptable for all levels of physical mobility.

Learning Objectives:

1. Define foundational principles and practical applications of mindful movement as taught and practiced in MBSR
2. Compare and contrast mindful yoga in MBSR with other forms of yoga.
3. Describe physical and biomechanical aspects of MBSR-based yoga and how they are relevant to varying physical abilities of course participants.

Title: A mindfulness-based approach to addressing rehabilitation issues in schizophrenia

Presenter(s): Louanne Davis, Psy.D., Sarah Long, MA

Abstract:

Despite wishing to participate in vocational rehabilitation, many individuals with schizophrenia have patterns of relating to their thoughts and feelings in ways that amplify distress and ultimately interfere with effective functioning, i.e. work performance and persistence. The goal of this presentation describes our efforts to adapt Mindfulness-Based Stress Reduction (MBSR) to assist persons with schizophrenia spectrum disorders to overcome dysfunctional reaction patterns and thereby meet vocational goals. The presentation seeks to engage participants in dialogue about how mindfulness may assist individual who have schizophrenia overcome barriers to work (15 minutes) and how MBSR might be adapted so that mindfulness skills can be taught effectively in the presence of residual positive symptoms (hallucinations and delusions) and cognitive deficits (e.g. impaired memory and reduced processing speed) that are common in the stable phase of illness (25 minutes). This program, the Mindfulness Intervention for

Rehabilitation and Recovery in Schizophrenia (MIRRORS), involves a curriculum of 16 group sessions that is intended as an adjunct to work therapy programs. Participants attend classes twice weekly and are exposed to the curriculum twice over a period of 4 months while actively engaging in at least 20 hours a week of work. The development of MIRRORS began in previous pilot work which we further refined over a 1-year period through a process of continuous evaluation and revision while working with three cohorts of individuals who have schizophrenia or schizoaffective disorder. We will present a case from the final cohort that illustrates how persons with severe mental illness might benefit from this intervention through descriptions of pre-post changes in self-report measures of mindfulness, supervisor evaluations and hours worked as well as feedback from participant interviews (20 minutes).

Learning Objectives:

1. Describe how mindfulness practice can address barriers to successful work functioning in persons who have schizophrenia from a theoretical perspective.
2. Discuss how MBSR can be adapted for successful implementation with persons in a stable phase of schizophrenia.
3. Identify ways that individuals who have schizophrenia can benefit from MBSR.

Research Forum

Title: Mindfulness-Based Stress Reduction Among Middle-aged and Older Family Caregivers of Persons with Dementia: Results at 8 Weeks Post-Intervention

Presenter(s): Róisín O'Donnell, M.A.

Abstract:

This pilot study sought to ascertain whether Mindfulness-Based Stress Reduction (MBSR) is an effective intervention for a population of middle-aged and older family caregivers of persons with dementia and other neurocognitive disorders by comparing it with a similarly structured intervention that focused on Progressive Muscle Relaxation (PMR). Twenty-eight family caregivers (CG; mean age = 71.32) of older relatives with neurocognitive disorders were randomly assigned into either the MBSR or PMR groups. Groups did not differ on age, gender (26 female, 2 male), or level of education. Baseline to post-intervention and 8 weeks post-intervention physiological and self-report measures were collected.

Both MBSR and PMR groups reported decreases in symptoms of depression, however, a significant interaction was seen between group and depression symptoms pre- and post-intervention $F(1,23) = 6.24, p=.02$ for MBSR only.

Both MBSR and PMR groups showed decreases in salivary cortisol at time points 1 and 2 (awakening and 30 minutes post-awakening) over two $F(1,22)=5.59, p=.03$ and three $F(2,38)=10.47, p<.001$ assessments.

Natural log-transformed data showed overall decreases in systolic blood pressure from baseline to post-intervention $F(1,22)=9.49, p<.01$ and 8-week follow-up $F(2,38)=10.81, p<.001$ for both groups.

For the primary outcome measure of depression symptoms, results suggest that MBSR is advantageous for family caregivers, and for the perceived stress measure, both interventions are beneficial. Levels of mindfulness and self-compassion improved for both groups. Both groups decreased levels of cortisol and systolic blood pressure. These preliminary data encourage further studies of MBSR as an intervention for family caregivers of persons with neurocognitive disorders.

Learning Objectives:

1. Recruitment strategies for MBSR with older dementia caregivers
2. Designing a stress test for dementia caregivers
3. Implications for future research with dementia caregivers

Title: An exploratory study into the effectiveness of fidelity scales in the delivery of Mindfulness-Based Cognitive Therapy as part of the Depression Awareness Recovery Effectiveness (DARE) Program in Australia

Presenter(s): Phuong-Tu Prowse, (BSc; GDip Ed.Psych; MPsych)

Abstract:

Objective: The use of fidelity scales provides an objective and structured way to assess clinicians' delivery of interventions and program developments and to give feedback. The four objectives of this research were to: assess the fidelity of clinicians trained in

Australia; compare the fidelity of Australian-trained clinicians to overseas-based clinicians trained directly by the developers of the treatment; critique whether fidelity was a function of clinicians' meditation experience; and discuss the existing opportunities to enhance the fidelity scale. Methods: Seven clinicians from a professional training program developed in Australia were selected to implement MBCT as part of the Depression Awareness Recovery Effectiveness (DARE) trial. Eleven groups were run totalling 88 sessions. Participants were randomly assigned to MBCT and control groups and sessions were videotaped with the participants' permission. The fidelity of 22 randomly-selected sessions was independently assessed using the MBCT Adherence Scale (MBCT-AS). Results: Preliminary results suggest there is a high level of treatment adherence to the MBCT protocol amongst Australian-trained instructors. The MBCT-AS continues to be a useful tool for program monitoring and does provide corrective feedback for MBCT interventions. Conclusion: The study supports comparable fidelity levels between Australian-trained MBCT clinicians and overseas clinicians trained by the developers of MBCT. Several opportunities are identified to strengthen the existing MBCT Fidelity Scale.

Learning Objectives:

1. Analyse the strengths and weaknesses of the existing fidelity scale
2. Compare the approach to professional MBCT training in Australia to training programs conducted elsewhere
3. Recognise the opportunities to significantly enhance the fidelity scale to provide a more holistic measure of instructors' performance

2:00-3:00PM

Break-out Sessions

Psychology CEs awarded for this session: 1

Title: The efficacy of mindfulness-based cognitive therapy (MBCT) in recurrent depressed patients with and without a current depressive episode, a randomized controlled trial.

Presenter(s): Fabio Giommi, PhD and Anne Speckens, Prof.

Abstract:

The aim of this RCT study (accepted for publication in Psychological Medicine on 6.09.2011) is to examine the efficacy of mindfulness-based cognitive therapy (MBCT) in addition to treatment as usual (TAU) for recurrent depressive patients with and without a current depressive episode.

Method: A randomized controlled trial comparing MBCT + TAU (N=102) with TAU alone (N=103). The study population consisted of patients with three or more previous depressive episodes. Primary outcome measure was post-treatment depressive symptoms according to the Hamilton Rating Scale for Depression (HRSD). Secondary outcome measures included the Beck Depression Inventory (BDI), rumination, worry and mindfulness skills. Group comparisons were carried out with linear mixed modeling, controlling for intra-group correlations. Additional mediation analyses were performed. Comparisons were made between patients with and without a current depressive episode.

Results: Patients in the MBCT +TAU group reported less depressive symptoms, worry and rumination and increased levels of mindfulness skills compared to patients receiving TAU alone. MBCT resulted in a comparable reduction of depressive symptoms for patients with and without a current depressive episode. Additional analyses suggest that the reduction of depressive symptoms was mediated by decreased levels of rumination and worry.

Conclusions: The study findings suggest that MBCT is as effective for patients with recurrent depression who are currently depressed as for patients who are in remission. Directions towards a better understanding of the mechanisms of action of MBCT are given, although future research is needed to support these hypotheses.

In addition, in the final part of the presentation we will discuss some of the results of a second related study ""An investigation of the role of attention in MBCT for recurrently depressed patients"" accepted for publication in the Journal of Experimental Psychopathology.

Learning Objectives:

1. Analyze the results of this large RCT trial
2. Explore the finding that MBCT resulted in a reduction of symptoms also for patients with a current depressive episode.
3. Analyze the mediation (study 1) and neuropsychological (study 2) focusing on the mechanisms of action of MBCT

Presentation Dialogue

Title: MBSR and HIV + clients: “I can change. I love myself.”

Presenter(s): Vani Gandhi, MD, Lucia McBee, LCSW, MPH, CYI, Danielle Beiling, MPH Candidate

Abstract:

Poverty and marginalization increase the likelihood of stress and stress related illnesses. MBSR has demonstrated efficacy in reducing stress and increasing stress coping ability. Might MBSR also improve health related behaviors in high-risk populations? Anecdotal evidence from 10 years of an ongoing MBSR program for patients with HIV suggests that skills learned may lead to healthier decision making as well as improvements in disease indicators. This forum will review teaching and programmatic adaptations of the MBSR format specific to reaching individuals with serious chronic illnesses, multiple psychological and medical comorbidities, and histories of substance abuse in an inner city clinic. Facing poverty, racial bias, homophobia, and a stigmatizing illness, this is a population for whom intervention simplicity and accessibility is critical for participant success. Engagement of the larger clinic staff and peer mentors has proven an essential component of ongoing success. For MBSR teachers, addressing internal bias and assumptions has also proven key. Implications for other marginalized communities will be explored with forum participants, including recruitment, funding, teacher reimbursement, and staff support. The importance of widening the MBSR circle to include high risk and underserved populations is clear, the means and approaches are less clear. Discussion will include the use of research and quality indicators as rationale for program support. Using a collaborative process, presenters will engage attendees, building community and collective knowledge.

Learning Objectives:

1. Describe five specific external and internal challenges to teaching MBSR in an inner city HIV clinic.
2. Explain three ways in which MBSR might be adapted to meet the needs of a vulnerable population with multiple needs.
3. Detail two ways of incorporating ideas discussed in this session into their own MBSR teaching.

Title: Exploring the Ethical Space of the Mindfulness-Based Interventions

Presenter(s): Donald McCown, MAMS, MSS, PhD

Abstract:

Mindfulness-based interventions (MBI), in their emphasis on meditation, as well as their group nature, differ greatly in philosophy of the “clinician” role and “patient” identity from other clinical modalities, making potential for ethical dilemmas as significant possibility across the many disciplines involved — medicine, nursing, clinical psychology, social work, counseling, pastoral care programs, and occupational therapy, to name a few. As the MBIs mature and professional training is more widely distributed, it will be useful to consider the ethical dimension in its full particularity. A focused look at an ethical space created through the pedagogy of mindfulness itself, may be a valuable starting point for transformative conversations within and among the disciplines.

In the proposed session, a tentative model of the ethical space will be presented in order to organize and catalyze participant dialogue around key topics such as clinician competence, the nature of the clinician-patient relationship, and potential conflicts with professional roles and ethical codes.

The ethical space can be conceived with a background that defines the characteristics of the ideal environment for teaching and learning the practice of mindfulness. The background’s four characteristics — relationality, embodiment, contingency, and spiritual pluralism — make sharing the practice possible. The foreground comprises three essential characteristics of the sharing relationship itself, the ethical “non-foundations” — non-pathologizing, non-hierarchical, and non-instrumental — which are held by the teacher and experienced and grown into by the learner. It will be suggested that establishment of this ethical space of sharing in the MBI group or dyad is, in fact, identical with the cultivation of a central virtue — perhaps defined in the Western tradition by Aristotle as friendship or in the Buddhist tradition as metta — that is transformative for self and other.

Learning Objectives:

1. Critique a model of ethics derived from the pedagogy of the mindfulness-based interventions
2. Discuss the ethical issues surrounding training and competence of teachers in the mindfulness-based interventions
3. Describe the ethical dilemmas inherent in the uniqueness of the MBIs, in clinician-patient relationships, and in conflicts with professional roles and ethical codes

Research Forum

Title: Mindfulness & Modification Therapy for Behavioral Dysregulation: Results From Pilot Trials Targeting Substance Misuse and Aggression

Presenter(s): Peggilee Wupperman, PhD

Abstract:

Objective: Increasing evidence suggests that deficits in mindfulness (awareness, attentiveness, and acceptance of the present moment) play a role in a range of disorders involving behavioral dysregulation. This paper describes a transdiagnostic psychotherapy (Mindfulness & Modification Therapy; MMT) developed to target behavioral dysregulation. The primary goals of MMT are to help clients: a) become aware of urges, habitual reactions, and distressing emotions/thoughts at low-levels of intensity – while easier to regulate, b) learn to experience and tolerate these urges/emotions without feeling the need to immediately act upon them, and c) learn and practice skills for regulating these urges/emotions in order to engage in valued behavior. Methods: Two open-treatment pilot-trials investigated the feasibility, acceptability, and pre-post effects of MMT targeting individuals referred for alcohol abuse/dependence and aggression. Results: Prepost comparisons revealed significant decreases in alcohol use, drug use, and aggression. In addition, the retention rate was 93% (12-week version) and 84% (20-week version). Conclusion: Preliminary evidence suggests that MMT is a feasible and acceptable treatment that decreases dysregulated behaviors such as substance use and aggression, while also potentially increasing retention.

Learning Objectives:

1. Describe the basic components of a transdiagnostic therapy for behavioral dysregulation
2. Display knowledge of the evidence behind such a therapy
3. Discuss the advantages and disadvantages of implementing a transdiagnostic mindfulness therapy

4:15 – 5:45PM

Keynote

Psychology CEs awarded for this session: 1.5

Title: convergence of scientific and extra-scientific factors

Presenter(s): Richard Davidson, PhD

Abstract:

This talk will present an overview of the convergence of scientific and extra-scientific factors that have permitted the emergence of a new hybrid discipline—contemplative neuroscience. Included among these factors are developments in our understanding of neuroplasticity and epigenetics, the development of modern methods for interrogating human brain function, the publications of basic research on meditation in top-tier mainstream scientific journals, the active involvement of the Dalai Lama and the Mind & Life Institute in the promotion of this work, and the presence of several high profile research centers focused on this work at major research universities in the U.S. and abroad. The talk will summarize some of the key findings that have emerged and will showcase future challenges, both methodological and conceptual, that must be faced as this work matures.

Learning Objectives:

1. Identify the key brain systems important for emotion regulation and attention
2. Identify the key brain systems important for emotion regulation and attention
3. Identify different forms of meditation and how they impact different behavioral and brain systems

4:15-5:00PM

Closing Remarks

Psychology CEs awarded for this session: .25

Saki F. Santorelli, EdD, MA

Sunday, April 1, 2012 - Post-Conference Institutes

6:30-7:30AM

Morning meditation

Melissa Blacker, MA, Jon Kabat-Zinn, PhD, Florence Meleo-Meyer, MS, MA and Saki

Santorelli, EdD, MA

7:30 – 8:30AM

Breakfast

8:00 – 9:00AM

Registration

9:00 – 4:00AM

Post-Conference Institutes

Psychology CEs awarded for this session: 6

Title: Shoulder to Shoulder

Presenter(s): Melissa Blacker, MA, Florence Meleo-Meyer, MS, MA, Saki Santorelli, EdD, MA, Jon Kabat-Zinn, PhD, Bob Stahl, PhD

Abstract:

For 10 years this conference has been a converging point for meditation and science, clinical care and academic and professional education. Through all these domains, the deep seam of mindfulness runs like a vein of pure gold.

Still, as mindfulness becomes more popular, professionally credible and institutionally driven, it is all too easy to forget this gold and relegate the deep wells of daily practice, extended retreats and direct experience to the back burner of our lives and career aspirations. Case in point: Right now, within segments of the larger MBI (mindfulness-based interventions) community, serious doubt about the need for a personal mindfulness practice among professionals using mindfulness-based approaches and interventions is a topic of debate.

Our decision to dedicate the final day of this annual conference to the direct experience of mindfulness affirms the view that without a substantive and embodied foundation in practice, professionals intent on teaching others about mindfulness run the danger of favoring ideas about mindfulness over the actual lived experience of being awake. To be aware of life expressing itself somatically, cognitively and affectively and to realize straight from the heart that we are more than we think, are foundational responsibilities for anyone who has been drawn to the work of integrating mindfulness more fully and effectively into medicine, health care, and the larger society.

Sitting shoulder to shoulder, the day is an invitation to affirm and embody unambiguously the emptiness and fullness we are and from which everything we do pours forth and shapes the world.

Learning Objectives:

1. Identify a range of mindfulness meditation practices used in MBSR,
2. Define the foundational principles of mindfulness and MBSR,
3. Recognize the importance of mindfulness practice for providers utilizing mindfulness approaches and interventions,
4. Describe key elements of formal and informal mindfulness practices,
5. Ascertain the ways that formal and informal mindfulness practices inform the application of mindfulness in health care and educational settings,
6. Synthesize and apply key principles of mindfulness in your professional discipline or field.