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**Interventions**

*Articles testing the applied science and implementation of mindfulness-based interventions*


Shonin, E., Van Gordon, W., & Griffiths, M. D. (2014). **Cognitive behavioral therapy (CBT) and meditation awareness training (MAT) for the treatment of co-occurring schizophrenia and pathological gambling: A case study.** *International Journal of Mental Health and Addiction.* [link]


ASSOCIATIONS
Articles examining the correlation and mechanism between mindfulness and other variables


Martin, R., Prichard, I., Hutchinson, A. D., & Wilson, C. (2013). The role of body awareness and mindfulness in the relationship between exercise and eating behavior. Journal of Sport & Exercise Psychology, 35(6), 655-60. [link]


METHODS
Articles developing empirical procedures to advance the measurement and methodology of mindfulness


Melloni, M., Sedeño, L., Couto, B.,... Ibanez, A. (2013). Preliminary evidence about the effects of meditation on interoceptive
sensitivity and social cognition. *Behavioral and Brain Functions*, 9(47). [link]


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**REVIEWS**

Articles reviewing content areas of mindfulness or conducting meta-analyses of published research


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**TRIALS**

Research trials on mindfulness newly registered (DEC 2013) at Clinicaltrials.gov

Charite University, Berlin, Germany (C. M. Witt, PI). **Effectiveness of app-based relaxation for patients with chronic low back pain.** Trial# NCT02019498. [link]

Seoul National University Hospital. (J. S. Kwon, PI). **Effect of mindfulness based treatment for obsessive-compulsive disorder.** Trial# NCT02006199. [link]

University of Southern California (J. Briere, PI). **Reducing PTSD in hospitalized burn patients.** Trial# NCT02026037. [link]
Highlights

A summary of select studies from the issue, providing a snapshot of some of the latest research findings

Mindfulness-Based Cognitive Therapy (MBCT) is a well-established prophylactic treatment against relapse in major depressive disorder (MDD), but issues persist over which depressive patients benefit most, whether it is also beneficial in other mental disorders such as bipolar disorder, and which of its active ingredients are most effective.

Previous research suggests that MBCT may only prevent depressive relapse in a vulnerable subgroup of people with MDD. This group includes people with the most frequent episodes, earliest onsets, greatest levels of childhood adversity, and most persistent residual symptoms. In addition, prior research has not dismantled MBCT to discover whether its mindfulness training component is absolutely necessary for its effectiveness. Williams et al. [J Consult Clin Psychol.] addressed these issues by comparing MBCT with Cognitive Psychological Education (CPE), an 8-week group treatment which included MBCT’s cognitive educational component while excluding mindfulness training embedded in meditation practice.

The authors randomly assigned 274 currently remitted patients with a history of three or more episodes of MDD to either MBCT, CPE, or treatment-as-usual (TAU). At 12-month follow-up, roughly half of each group had suffered a relapse (as defined by meeting the full diagnostic criteria for MDD for at least a two week time period), and there were no significant differences in the relapse rates between the two treatment groups. Participants with higher residual symptoms at baseline and/or stronger histories of childhood trauma were significantly more likely to relapse. When the study compared participants with higher levels of childhood trauma to those with lower levels, the participants with higher levels benefited significantly more from MBCT than from TAU, with relapse rates of 41% (MBCT), 54% (CPE) and 65% (TAU) respectively. No significant differences between treatment groups emerged for participants with low levels of childhood trauma. These results further clarify those who benefit most from MBCT, and support the value of mindfulness training in the MBCT treatment package.

Patients with bipolar disorder display irregularities in their emotional processing even when they appear overtly asymptomatic. Howells et al. [Metab Brain Dis.] explored the impact of MBCT on biological markers of emotional processing irregularities in a cohort of stably remitted bipolar patients. Prior to receiving MBCT, 12 bipolar patients in remission were compared with 9 healthy controls. Both groups underwent a monitoring process of electrical activity of the brain (electroencephalography; EEG) and heart (electrocardiography; ECG) while completing tasks involving matching inanimate objects, matching facial expressions, and labeling emotions. The bipolar patients showed exaggerated negative event-related potentials (ERPs) on their EEGs at approximately 170 milliseconds after stimulus exposure (ERP N170) and higher heart rate variability high frequency (HRV-HF) peaks on their ECGs. Both differences were especially significant during the facial expression matching task, which may reflect impaired communication between the cerebral cortex and the amygdala during emotional processing. This functional impairment may limit the ability of bipolar patients to control their affective reactivity, rendering them vulnerable to relapse.

The bipolar patients were then retested after completing an 8-week MBCT program, and they showed significant reduction in their exaggerated ERP N170 responses and their elevated HRV-HF peaks compared to their initial baseline measures. There was no change in bipolar symptoms observed after MBCT, probably reflecting the fact that participants were in stable remission. While these results are supportive of MBCT’s promise in treating the emotional processing deficits of bipolar patients, caution is needed in interpreting results due to limitations in this pilot study, including its small sample size, lack of repeated measures for the control group, and the unknown effects of patient medication on the physiological measures assessed.
Events & Conferences

Mindful Practice CME Events
Two separate 4-day workshops designed to improve quality of care while improving clinicians’ own resilience and well-being. For physicians, health professionals, and medical educators. Course Directors: Ron Epstein, MD & Mick Krasner, MD of University of Rochester Medical Center Location: Chapin Mill Retreat Center, Batavia, NY Session 1: October 9-12, 2013 www.cvent.com/d/lcqb1 Session 2: May 7-10, 2014 - www.cvent.com/d/lcqbgb INFO: Call the URMC Center for Experiential Learning at 585-275-4392.

Clinical Meditation & Imagery
The Clinical Application of Meditation and Imagery. Approved Provider 45 CEU training. In our 30th year with hundreds of graduates across all of the health professions.
INFO: www.huntingtonmeditation.com

Mindful Practice Workshop
A 4-day, retreat-like workshop designed to improve the quality of care clinicians provide while improving their own resilience and well-being. Hosted by the Center for Experiential Learning of the University of Rochester Medical Center, the workshop offers an environment where participants involved in medical practice and education focus on developing the capacity for Mindful Practice- attentiveness, situational - and self-awareness, teamwork, and self-monitoring – even in stressful and demanding situations.
INFO: Date: May 7-10, 2014 Register at www.cvent.com/d/lcqbgb

Mindfulness and Neuroscience Conference
Centre for Mindfulness Research and Practice, University of Bangor, Wales, UK 11 - 15 April 2014 Including “State of the Field and Recommendations for Future Research” 14 & 15 April Call for research abstract submissions now open. Deadline 15 January 2014. Presentations covering a wide range of topics with Professor Alfred Kaszniak, Dr Philippe Goldin, Dr Peter Malinowski & Dr Dusana Dorjee. An opportunity for: researchers to communicate their latest research findings Mindfulness practitioners interested in understanding more about how the practice shapes the brain See conference website for full info on presentations, call for papers, fees and programme.
INFO: www.cmrpconference.com

Zaragoza (Spain) Mindfulness Conference 2014
1st International Meeting on Mindfulness will be held in Zaragoza (Spain) on 11-14 June 2014. There will be keynote lecturers such as Ronald Siegel from Harvard University and Ronald Epstein from the University of Rochester, USA. Round table discussions on neurobiology, neuroimaging, the usefulness of new technologies and the role of Mindfulness in companies, education and in the treatment of somatic and psychiatric disorders. There will be workshops on ACT, positive psychology, relationship with Buddhism. The Latin American Network on Mindfulness will be presented. Date: 11-14 June 2014 Place: Zaragoza, Spain.
INFO: www.webmindfulness.com Email: mindfulness@unizar.es

Research & Education

Free Online Prison Volunteer Training
INFO: www.lionheart.org/volunteertraining/

Employment

Professional Mindfulness Opportunities for Psychiatrists
Part time paid positions for psychiatrists providing individual and group mindfulness based psychotherapy and medication management in Northern California.
INFO: Contact MDCv@cpsych.com www.communitypsychiatry.com

PhD Position Mindfulness Research
Prof. Jochen Reb, Singapore Management University, is looking for one or more full-time PhD students passionate to conduct research on mindfulness at the workplace. Application deadline is coming up soon on 31 January 2014!
INFO: For more info, visit http://business.smu.edu.sg/programmes/

Social/Behavioral Psychology Postdoctoral Fellow
Richard Davidson and the Center for Investigating Healthy Minds (CIHM) at the Waisman Center, University of Wisconsin-Madison, seek a Postdoc to lead innovative research initiatives to measure the impact of programs/ interventions aimed at improving wellbeing via two collaborations: the Wisconsin School of Business (worksite interventions), and a non-profit organization (transformative learning methodology). Role will develop/validate web-based assessment measures, conduct experience sampling, analyze/ publish results, manage research team. Expected duration 3y, renewal based on funding and performance. Ph.D. in Developmental, Social, Organizational or Behavioral Psychology or related field required.
INFO: Questions/ application cover letter and CV to: Megan Aley, maley@wisc.edu, (608) 263-6321

Contact MDcv@cpsych.com Questions/ application cover letter and CV to: Megan Aley, maley@wisc.edu, (608) 263-6321