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**INTerventions**

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


**ASSOCIATIONS**

Articles examining the correlation and mechanism between mindfulness and other variables


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David S. Black, PhD, MPH

Highlights by
Seth Segall, PhD

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American Mindfulness Research Association

MINDFULNESS RESEARCH MONTHLY

long-term meditation on gray matter atrophy. *Frontiers in Psychology.* [link]


METHODS

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


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**REVIEWS**

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


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**TRIALS**

*Research studies newly funded by the National Institutes of Health (DEC 2014)*

Veterans Affairs Medical Center San Francisco (T. Novakovic-Agopian, PI). Rehabilitation of executive function in veterans with PTSD and mild traumatic brain injury. Veterans Affairs project #5I01RX001111-02. [link]
The human brain starts atrophying in the third decade of life, losing an average of 5% of its volume in each succeeding decade. Any technique that can slow or reverse that trajectory might have important benefits in terms of maintaining brain structural integrity across the lifespan. Luders et al. [Frontiers in Psychology] compared magnetic resonance imaging (MRI) scans of the brains of long-term meditators and a control group to determine if the correlations between age and gray matter volume differed between groups. Gray matter is the part of the brain consisting primarily of neuronal cell bodies, dendrites, and glial cells, in contrast to cerebral white matter, which consists mostly of myelinated axons.

The authors measured the volume of whole-brain gray matter and specific region gray matter in the MRI scans of 50 meditators (mean age = 50) with an average of 19 years of Zen, Vipassana, or Shamatha meditation experience – practices similar to those used in mindfulness based interventions. They then compared the gray matter volumes of the meditators with those of 50 age-matched controls drawn from a MRI database of normal adults.

Age was significantly negatively correlated with whole brain gray matter volume for both controls (r = -0.77) and meditators (r = -0.58), but the slope was significantly steeper for controls, with meditators showing less of a relationship between age and atrophy. Differences between controls and meditators were apparent in the frontal, parietal, and temporal lobes, the midbrain, and the cerebellum.

There are a range of possible explanations for these results including enhanced dendritic and synaptic growth or reduced stress-related degradation in meditators, and pre-existing differences between people who choose to become long-term meditators and those who don’t. The findings of the study support previous results suggesting that meditation may slow normal brain atrophy associated with aging, but there was a lack of evidence to suggest that meditation might actually reverse such atrophy. Longitudinal research is needed to examine if these differences are actually caused by rather than correlated with meditation. Research is also needed to determine whether these brain differences are associated with meaningful differences in psychological functioning.

Most patients with mild to moderate psychological ailments are treated in primary care settings where treatment may involve medication and/or a limited number of therapy sessions, most likely using some form of cognitive behavioral therapy (CBT). Therapists can be scarce, however, and one-to-one clinical interventions can be costly. Sundquist et al. [British Journal of Psychiatry] explored whether a group-delivered mindfulness-based intervention (MBI) offered within a primary care setting might have equivalent outcomes to routine standard treatment.

The authors recruited 215 primary care patients from 16 different Swedish primary care settings. The patients had mild to moderate depressive, anxiety, and adjustment disorders and were seeking therapy. The patients were largely middle-aged, female, and well-educated. Participants were randomly assigned to either a MBI or routine standard care, mainly CBT. The MBI was an 8-week group treatment modeled after Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT) and delivered by primary care psychologists and social counselors who underwent a six-session training.

The three symptom rating scales were administered before and after the 8-week intervention period. Both treatment groups improved significantly on all three scales. There were no significant differences between the MBI and standard care groups over time. The MBI treatment response was dose dependent – patients attending 5 or fewer sessions improved on only one of the three anxiety and depression measures, while those attending 6-8 sessions improved on all three. The equivalence between the MBI and standard care groups persisted even when reanalyzed using only those standard care members receiving CBT.

The findings suggest that 8 sessions of a group-delivered MBI provide essentially the same symptomatic relief as an average of six sessions of individually-delivered CBT when delivered as usual within a primary care setting. There was no long-term follow-up, so it remains to be seen whether this equivalence persists over time.
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Events & Conferences

Mindfulness Research Meeting in Seattle

Research call - 2015 CMRP conference
Centre for Mindfulness Research and Practice Mindfulness in Society conference, 3 – 7 July 2015 Venue: Crowne Plaza, Chester, UK Call for research now open Deadline 13th February 2015 “A chance to refresh yourself, learn from others and share experiences.”
INFO: For details and registration: http://www.bangor.ac.uk/mindfulness/Conference2015.php

Mindfulness and Compassion Conference
Mindfulness and Compassion Conference 2015 in San Francisco. The Art and Science of Contemplative Practice conference will bring together internationally recognized academic scholars in the neurosciences, psychology, medicine, and education with seasoned Buddhist contemplatives. Date: June 3-6, 2015 Location: San Francisco State University.
INFO: Contact: info@mcc2015.org www.mcc2015.org

Introduction to MBCP Professional Retreat
This 6-day retreat is designed for those who are interested in learning about Mindfulness-Based Childbirth and Parenting (MBCP) or applying mindfulness to other settings. This retreat may be of interest to medical and mental health professionals seeking an introduction to mindfulness meditation and understanding its complementary relationship to obstetrics, midwifery, nursing, pediatrics, family medicine, and clinical psychology. 18-24 January 2015, Petaluma, CA 26 March - 1 April 2015, Vesseaux, France
INFO: Visit: www.mindfulbirthing.org

ADHD & Mindfulness Tele-Class
Join a 9-session tele-class to learn about and practice mindfulness for ADHD. The winter session will be held February 3 through March 31, 2015, on Tuesday evenings, from 7:30 to 9 pm Eastern. Classes include lecture, discussion and mindfulness exercises.
INFO: Register at www.lizahmann.com/mindfulness.html

Mindfulness-Based Inquiry Training
This 3-day training is for teachers of mindfulness-based interventions and mindfulness-based psychotherapists. This training intensive will provide participants the opportunity to develop an understanding of the theories, intentions and specific elements of mindful inquiry, as well to develop skill and confidence in facilitating the inquiry process. The training, facilitated by Diane Reibel, PhD, director of Jefferson’s Mindfulness Institute will be held on Thursday April 30th through Saturday May 2nd, 2015, in Philadelphia, PA.
INFO: For more information and registration visit: www.jefferson.edu/mindfulness (“professional training”)

Research & Education

Advanced teacher training in MYmind
Advanced teacher training for mental health practitioners in MYmind: a Mindfulness training for children with ADHD/Autism and their parents by prof. Dr. Susan Bögels and Dr. Joke Hellemans in Amsterdam. September 7th - 11th 2015.
INFO: Visit: http://www.uvamindsyou.nl/site/english-training/mindfulness-training-for-professionals Contact: info@uvamindsyou.nl

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JANUARY 2015

ANNOUNCEMENTS

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Online Community for Mindful Scientists

The Center for Mindfulness at UMASS Medical School is happy to announce the start of cfmHOME, a new online community dedicated to supporting mindfulness practitioners, teachers, and researchers. For scientists in particular, a dedicated room of HOME (the “Science Corner”) has been designed for exploring and sharing peer-level, cutting-edge conversation and information about timely topics such as mindfulness in basic scientific research, clinical trials/case studies, public presentation/perception, and applied medical practices.

INFO: www.cfmHOME.org

Books & Media

Transpersonal Development book

Transpersonal Development: Cultivating the Human Resources of Peace, Wisdom, Purpose and Oneness by Richard and Bonney Schaub was first used in a Federal Mind-Body Grant from the Veterans Administration. Expanded edition, step-by-step methods, patient and client outcomes, all described.

INFO: http://www.florencepress.com

Employment & Volunteer

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FEB 2015

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David S. Black, PhD, MPH

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AMERICAN MINDFULNESS RESEARCH ASSOCIATION

INTERVENTIONS

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


ASSOCIATIONS

Articles examining the correlation and mechanism between mindfulness and other variables


Patterson, P., McDonald, F. E. (2015). “Being mindful” does it help adolescents and young adults who have completed cancer treatment? *Journal of Pediatric Oncology Nursing.* [link]


**METHODS**

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


**REVIEWS**

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


**TRIALS**

Research studies newly funded by the National Institutes of Health (FEB 2015)

Stanford University (S. Mackey, PI). *Stanford CAM center for chronic back pain.* NIH/NCCAM project #3P01AT006651-04S1. [link]
Highlights

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

People are less able to control themselves after an act of self-restraint. One attempt at self-restraint may deplete the emotional resources needed to engage in self-restraint again on a subsequent try. Yousainy et al. [Consciousness and Cognition] explored whether mindfulness might lessen this effect by helping people to reduce aggressive responding after a prior act of self-control.

One hundred and ten participants (mean age = 20 years) were shown a six-minute video while irrelevant words flashed on the screen. Half of the participants were instructed to ignore the words (the self-restraint condition), while the other half did not have to ignore them. Then half of the participants in each condition listened to a mindfulness meditation audiotape (the mindfulness condition), while the other half listened to an educational tape. Afterward, participants engaged in a computerized contest against a simulated “opponent”. Each time participants lost, they received a noxious noise of predetermined loudness over their headphones. When the participants won, they could retaliate against the opponent by selecting a noxious sound of their own to deliver at different loudness intensities.

As a rule, the louder the opponent’s provocation, the louder the participant’s retaliation. Participants in the self-restraint condition chose significantly louder retaliations in response to provocations than did controls. Participants in the self-restraint condition who subsequently listened to the mindfulness tape delivered significantly lower intensity retaliations than their non-mindful self-restraint condition peers. These group differences existed for low and moderate noise intensities but disappeared for high intensity.

Findings from this study demonstrate that mindfulness induction can decrease some aggressive retaliation behavior following prior acts of self-restraint. Mindfulness may restore the emotional resources needed to maintain self-control, and thus may have an important role to play in anger management by helping people to mindfully respond to provocation rather than react with anger.

Educators and administrators seek out school-based programs that help students develop self-awareness, self-regulation, relationship, and decision-making skills. Schonert-Reichl et al. [Developmental Psychology] evaluated a mindfulness-based social and emotional learning curriculum (MindUP) to see if it improved children’s cognitive control, well-being, prosocial behavior, and academic performance.

Ninety-nine British Columbian public school 4th and 5th graders had their classrooms randomly assigned to either the MindUP program or a routine social responsibility curriculum. The 4-month MindUP intervention included 3-minute mindfulness exercises (breathing and listening) repeated 3 times daily. It also included twelve 40-50 minute weekly lessons on mindfulness, perspective taking, optimism, empathy, gratitude, kindness, and community service. The control group followed the standard British Columbian public school curriculum. The children were assessed before and after the interventions on computerized tests of executive function, self-report measures of pro-sociality, and year-end math grades were also obtained from school records.

The MindUP children showed significantly greater improvement in executive function reaction time. They also showed significant moderate-sized improvements on self-report measures of empathy, perspective taking, optimism, emotional control, self-concept depressive symptoms, and mindfulness. In contrast, controls decreased over time on these self-report measures. MindUP children were significantly more likely to show moderate to large improvements on peer behavioral nominations for sharing, trustworthiness, helpfulness, and taking other’s points of view, while exhibiting significantly greater decreases in rule breaking and starting fights. There was also a trend towards higher math scores for MindUP participants relative to controls.

These results show that mindfulness training may provide added value to programs aimed at improving children's emotional and social competencies. Classroom interventions like MindUp offer the promise of making a meaningful contribution to children’s future academic and social success.
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**Events & Conferences**

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INFO: Contact: info@mcc2015.org www.mcc2015.org

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INFO: Programme, registration & research submission: [http://www.bangor.ac.uk/mindfulness/conference.php.en](http://www.bangor.ac.uk/mindfulness/conference.php.en)

**Deepening Our Practice**
INFO: Register at [http://www.mindfulnessandmore.com](http://www.mindfulnessandmore.com)

**II International Meeting on Mindfulness**
II International Meeting on Mindfulness Sao Paulo, Brazil, June 24-27, 2015
INFO: [http://www.mindfulnessmeeting.com](http://www.mindfulnessmeeting.com)

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INFO: For more information and registration visit: [www.jefferson.edu/mindfulness](http://www.jefferson.edu/mindfulness) (*professional training*)

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Transpersonal Development book

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INFO: http://www.florencepress.com

New Book! Mindfulness for Teachers

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INFO: Visit: http://books.wwnorton.com/books/Mindfulness-for-Teachers/

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**INTerventions**

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


ASSOCIATIONS

Articles examining the correlation and mechanism between mindfulness and other variables


Brennan, K., Barnhofer, T., Crane, C.,...Williams, J. M. (2015). Memory specificity and mindfulness jointly moderate the effect of reflective pondering on depressive symptoms in individuals with a history of recurrent depression. Journal of Abnormal Psychology. [link]


METHODS

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


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MINDFULNESS RESEARCH MONTHLY

MAR 2015

Vol. 6 - No. 3

training for medical students (medimind): Study protocol for a randomized controlled trial. Trials. [link]


Buddhist four immeasurables to mental health care. A comprehensive review. Journal of Religion and Health. [link]


None reported.


Buddhist four immeasurables to mental health care. A comprehensive review. Journal of Religion and Health. [link]


None reported.

REVIEWS
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Buddhist four immeasurables to mental health care. A comprehensive review. Journal of Religion and Health. [link]


None reported.

TRIALS
Research studies newly funded by the National Institutes of Health (FEB 2015)
Can mindfulness training increase real-life compassionate behavior? To address this question, Lem et al. [PLOS One] randomly assigned 69 college undergraduates to either a mindfulness meditation (MM) or cognitive skills (CS) program. Both programs were delivered over self-guided web-based smartphone apps. A total of 56 participants completed the three week long interventions. The MM participants engaged in 14 mindfulness meditation sessions lasting an average of 12 minutes each. The sessions did not include loving-kindness or compassion content. The CS participants engaged in 14 game-playing sessions designed to enhance memory, attention, speed, and problem solving.

After completing the intervention, participants were asked to visit a waiting area that contained three chairs, two of which were already occupied by alleged “participants,” who were actually researcher confederates (actors who played participants), and the third of which was to be occupied by the participant. As they sat waiting, another confederate entered with crutches and a walking boot, acting as if in pain. The seated confederates showed indifference to the newcomer. Researchers then observed whether or not the participants yielded their seats to the newcomer.

MM participants were more than twice as likely to yield their chairs than were CS participants (37% vs. 14%). This increase in compassionate behavior was not accompanied by an increased ability to judge other’s emotions; MM and CS participants did not differ on that variable.

The results support the ability of mindfulness training to help a person to act compassionately to others. Smartphone apps can potentially extend the benefits of mindfulness training to those who would otherwise lack access to and the time for more immersive programs. Future research can determine whether more immersive programs might result in larger benefits and help clarify the underlying mechanisms for enhancement of compassion through mindfulness training.

Half of adults aged 55 and over report some difficulty falling and/or staying asleep. Moderate sleep disturbances are often accompanied by daytime fatigue and disturbances in mood. Current treatments for sleep disturbances include medications which can have residual daytime effects and lead to dependency, and cognitive and behavioral treatments which can be costly and require access to skilled therapists. There is an ongoing need for novel treatments that are safe, effective, and accessible in the broader community.

In a randomized, controlled study, Black et al. [JAMA Internal Medicine] evaluated the Mindfulness Awareness Practices for Daily Living (MAPs) program as a treatment for moderate sleep disturbance in older adults. Individuals aged 55 and above were screened for the presence of moderate sleep disturbance and the absence of other diagnoses that could adversely affect sleep (e.g., sleep apnea, restless leg syndrome). Forty-nine participants (average age = 66 years) were randomly assigned to either MAPs or to Sleep Hygiene Education (SHE), an educational intervention designed to match MAPs in format, participant involvement, and participant expectations for sleep benefit. The programs were delivered in six two-hour group sessions that included home practice or study. MAPs participants practiced sitting, walking, movement, eating, and loving-kindness meditations. SHE participants were instructed in sleep education and sleep self-monitoring, relaxation techniques, and sleep hygiene strategies. Pittsburgh Sleep Quality Index scores served as the primary outcome measure. Self-report measures of depression, anxiety, stress, fatigue, and mindfulness (the Five Factor Mindfulness Questionnaire, or FFMQ) were also included.

MAPs participants showed a significant increase in mindfulness compared to SHE participants (Cohen’s $d = 0.76$). Sleep quality improved significantly more for MAPs participants ($d = 0.89$), and the MAPs participants’ improvements were correlated with their change in mindfulness skills ($r = 0.46$). MAPs participants also reported significantly less severe daytime fatigue ($d = 1.5$) and depression ($d = 0.68$) compared to SHE participants.

This is the first randomized, controlled study of a mindfulness-based intervention targeting sleep disturbance in an older adult population. Improvement in the mindfulness condition was large, clinically meaningful, and on a par with the typical effect sizes for both sleep medications and cognitive behavioral therapy. Future research can help determine whether this improvement is long lasting.
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INFO: For more information and registration visit: www.jefferson.edu/mindfulness ("professional training")

2015 Mindfulness Based Art Institute

Explore three stages of Mindfulness through Mindful Art practices. Vancouver Canada Course focus: cultivating social and emotional health, self-management skills, gratitude and compassion. Level 1: July 14; Level 2: July 16

INFO: For information or to register: http://www.truepnt.ca (programs) or truepnt@yahoo.ca

Koru Mindfulness Teacher Certification Training

Koru Mindfulness is the evidence-based mindfulness training program developed in the Duke University student counseling center specifically for college-age adults. Koru, now established at more than 30 universities nationwide, is a popular and practical program for introducing mindfulness to this sometimes-skeptical developmental stage. Certification training appropriate for those who work with young adults in any setting. Apply now for 2015 certification workshops in Boston, MA and Petaluna, CA.

INFO: http://korumindfulness.org/teacher-certification/benefits/
Research & Education

Advanced teacher training in MYmind

Advanced teacher training for mental health practitioners in MYmind: a Mindfulness training for children with ADHD/Autism and their parents by prof. Dr. Susan Bögels and Dr. Joke Hellemans in Amsterdam. September 7th - 11th 2015.

INFO: Visit: http://www.uvamindsyou.nl/site/english-training/mindfulness-training-for-professionals
Contact: info@uvamindsyou.nl

Brown University Contemplative Pedagogy Program

Educators attend a week of Brown Contemplative Studies courses, receive training in: first-person pedagogies; contemplative science and research, course design July 12 – July 18, 2015 Tuition: $600
APPLICATION: 1) CV, 2) Description of proposed contemplative pedagogy course
INFO: Send to: Contemplative_Studies@brown.edu Deadline: 5/1/15
http://www.contemplativesudies.org

Online Mindfulness Course April 2015

Mindfulness Without Meditation. One month course. Tutor: Padraig O'Morain, Mindfulness teacher, psychotherapist and author of "Mindfulness on the Go" and "Light Mind." Cost: €59.99 (approx US$70, UK£45)

INFO: Details and signup: http://www.padraigomorain.com

Books & Media

New Book! Mindfulness for Teachers

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INFO: http://amzn.com/0393708071

Connecting the Mindfulness Movement

Now there is a new way to easily connect and share across organizational and professional boundaries around the topic of mindfulness: TheMindfulness.NET is a non-profit, vertical network platform equipped with features as they are known on Facebook.

INFO: Check it out: https://themindfulness.net

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**INTERVENTIONS**

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

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Falsafi, N., Leopard, L. (2015). Pilot study use of mindfulness, self-compassion, and yoga practices with low-income and/or uninsured patients with depression and/or anxiety. *Journal of Holistic Nursing.* ([link](#))


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**Editor**

David S. Black, PhD, MPH

**Highlights by**

Seth Segall, PhD


Schirda, B., Nicholas, J. A., Prakash, R. S. (2015). Examining trait mindfulness, emotion...
dysregulation, and quality of life in multiple sclerosis. *Health Psychology.* [link]


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**METHODS**

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


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**REVIEWS**

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


Van Gordon, W., Shonin, E, Griffiths, M. D. (2015). *Towards a second generation of mindfulness-
based interventions. The Australian and New Zealand Journal of Psychiatry. [link]


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**TRIALS**

Research studies newly funded by the National Institutes of Health (MARCH 2015)

Johns Hopkins University (E.M. Sibinga, PI). Improving treatment adherence in HIV-positive youth through mindfulness training. NIH/NCCIH project #5R01AT007888-03. [link]

Oregon Health & Science University (M. Fried-Oken, PI). Clinic interactions of a brain-computer interface for communication. NIH/NIDCD project #2R01DC009834-06A1. [link]

Ralph H Johnson VA Medical Center (K.T. Brady, PI). Mindfulness-based recovery in veterans with substance use disorders. Veteran Affairs project #1101RX001292-01A2. [link]

UMASS Medical School, Worcester (J. Brewer PI). Mobile mindfulness for smoking cessation. NIH/NCI project #5R21CA184254-02. [link]

Wake Forest University (F. Zeidan, PI). Brain mechanisms supporting mindfulness-based pain relief. NIH/NCCIH project #SK99AT008238-02. [link]

University of North Carolina Chapel Hill (D.L. Penn, PI). Targeting stress reactivity in schizophrenia: Integrated coping awareness therapy. NIH/NIMH project #5R21MH100250-02. [link]
Highlights

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

Multiple Sclerosis (MS) is an autoimmune disease that damages the integrity of nerve cells in the brain and spinal cord resulting in a variety of sensory and motor deficits and often leading to mobility impairment, pain, and fatigue. MS patients frequently suffer from depression and anxiety, and there is some evidence that stress may play a role in precipitating tissue damage. MS can manifest as either a relapsing and remitting disease with symptoms that wax and wane, or as a progressive disease with a degenerative course.

**Bogosian et al. [Multiple Sclerosis Journal]** completed a pilot study of the effectiveness of a mindfulness-based intervention (MBI) for reducing distress in patients with progressive MS. The intervention, adapted from Mindfulness-Based Cognitive Therapy (MBCT) and tailored to the specific needs of MS patients, was delivered via eight teleconferenced one-hour group sessions. Meditations were kept brief (10-20 minutes) and the mindful movement component was eliminated. Forty British patients with progressive MS were randomly assigned to either the MBI or a waitlist control. They completed a variety of self-report measures at baseline, immediate post-intervention, and three-month follow-up. The cohort was 90% Caucasian and 55% female (average age = 53 years).

The MBI participants reported significantly lower rates of distress at immediate post-intervention (moderate effect size) and three-month follow-up (large effect size) compared to the waitlist controls. They also reported significantly greater reductions in depression and the psychological impact of their MS (moderate to large effect sizes) at both assessment points. Anxiety was significantly lower (moderate effect size) at three month follow-up, but not at post-intervention. Group differences in physical symptoms (e.g., pain and fatigue) tended to be non-significant except for pain at three-months (less for MBI participants, moderate effect size) and the physical impact of MS (less for MBI participants, small effect size) at post-intervention. The cumulative cost of care was lower for MBI participants as compared to controls by an average of $3,400, but the difference was not statistically significant.

The pilot study demonstrated the ability of a teleconference-delivered MBI to reduce mental distress in progressive MS patients. MBIs may be a cost effective way of reducing the cumulative consumption of health care services. The study was limited by its lack of both an active control group and a measure to quantify changes in mindfulness.

Cancer survivors often suffer from mental distress, and there is a growing interest in evidence-based integrative approaches that address survivor’s psychological, social, and spiritual needs. **Dobos et al. [Supportive Care in Cancer]** tracked the emotional well-being of 117 cancer survivors referred to an 11-week Mindfulness-Based Day Care (MBDC) offered at a clinic in Essen, Germany. Participants were assessed before, immediately after, and three months following treatment on a variety of self-report questionnaires. The clinic, which combined Mindfulness-Based Stress Reduction (MBSR) with relaxation, cognitive restructuring, diet, exercise, and naturopathic interventions, met once weekly for six hours over the 11 week period. Participants were mostly female (91%) and mostly breast cancer survivors (65%) (average age = 54 years).

Over the course of the study, the cancer survivors reported significant improvements in their physical, emotional, role, social, and cognitive quality of life, and significant decreases in their depression, anxiety, fatigue, pain, and insomnia. The magnitude of improvements ranged from an 8% improvement in physical quality of life to a 34% decrease in depression. They also reported significantly greater life and health satisfaction, greater mindfulness (on the Freiburg Mindfulness Inventory) and improved adaptive coping, including spiritual and religious coping.

The study documented a significant improvement in the quality of life and mental well being of the cancer survivors attending the MBDC clinic. Since it lacked a control arm, no definitive inference can be made as to whether the improvements were due to participation in the program or confounding factors such as the passage of time. Effect sizes were not reported, so it is challenging to evaluate the clinical significance of the improvements. Lastly, the combination of so many different therapeutic modalities may have improved the MBDC’s effectiveness, but makes it harder to tease out the program’s active ingredients.
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Events & Conferences

Mindfulness and Compassion Conference

Mindfulness and Compassion Conference 2015 in San Francisco. The Art and Science of Contemplative Practice conference will bring together internationally recognized academic scholars in the neurosciences, psychology, medicine, and education with seasoned Buddhist contemplatives. Date: June 3-6, 2015 Location: San Francisco State University.
INFO: Contact: info@mcc2015.org www.mcc2015.org

Mindfulness in Society conference, UK

Hosted in July 2015 by Bangor University’s Centre for Mindfulness Research and Practice, this 5 day conference will integrate the science and practice of mindfulness. Leading experts will combine workshops with research and keynote speeches with a full practice day led by Professor Mark Williams. Topics for the popular ‘all day’ events include: the role of mindfulness in compassionate living, transforming suffering, the workplace, birthing, pain & long-term health conditions and exploring cutting edge neuroscience. Location: Chester, UK.
INFO: Programme, registration & research submission: http://www.bangor.ac.uk/mindfulness/conference.php.en

Deepening Our Practice

INFO: Register at http://www.mindfulnessandmore.com

II International Meeting on Mindfulness

II International Meeting on Mindfulness Sao Paulo, Brazil, June 24-27, 2015
INFO: http://www.mindfulnessmeeting.com

Koru Mindfulness Teacher Certification Training

Koru Mindfulness is the evidence-based mindfulness training program developed in the Duke University student counseling center specifically for college-age adults. Koru, now established at more than 30 universities nationwide, is a popular and practical program for introducing mindfulness to this sometimes-skeptical developmental stage. Certification training appropriate for those who work with young adults in any setting. Apply now for 2015 certification workshops in Boston, MA and Petaluma, CA.
INFO: Visit: http://korumindfulness.org/teacher-certification/benefits/

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INFO: Search this event's name at http://www.ticketleap.com for registration information.

Research & Education

Brown University Contemplative Pedagogy Program

Educators attend a week of Brown Contemplative Studies courses, receive training in: first-person pedagogies; contemplative science and research, course design July 12 – July 18, 2015 Tuition: $600 APPLICATION:
1) CV, 2) Description of proposed contemplative pedagogy course
INFO: Send to: Contemplative_Studies@brown.edu Deadline: 5/1/15 http://www.contemplativestudies.org

Continued...
Cultivating Emotional Balance Teacher Training

The fifth Cultivating Emotional Balance Teacher Training (CEBTT), led by B. Alan Wallace, Ph.D and Eve Ekman, Ph.D, will take place in Australia from June 23 – July 28, 2015. There are still a few spaces available.

INFO: For more info or to request an application: retreats@sbinstitution.com

Bangor University Mindfulness Postgraduate Programme

The Centre for Mindfulness Research and Practice at Bangor University (UK) is now open for student applications for two courses in 2015/2016: Masters in Mindfulness-Based approaches and Postgraduate Diploma in Teaching Mindfulness-Based courses. Our established postgraduate programmes are designed to provide experiential learning and theoretical knowledge of mindfulness-based approaches. The deadline for postgraduate applications is 30th April 2015. We are also holding an open day in Bangor on 17th April 2015 for prospective students or anyone who wishes to learn about the work at CMRP. All are welcome.

INFO: Visit: http://www.bangor.ac.uk/mindfulness/

Books & Media

New Book! Mindfulness for Teachers

Mindfulness for Teachers by University of Virginia Associate Professor Patricia Jennings is based upon the author’s extensive experience as a mindfulness practitioner, teacher, teacher educator and scientist. Drawing upon basic and applied research in the fields of neuroscience, psychology and education, the book offers valuable information about how mindfulness can help teachers manage the stressful demands of the classroom, cultivate an exceptional learning environment, and revitalize teaching and learning.

INFO: Visit: http://books.wwnorton.com/books/Mindfulness-for-Teachers/

Transpersonal Development book

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New Book by Sasha Loring

RELIEF: Release Stress and Harmful Habits and Awaken Your Best Self. An evidence based guide to updating how your brain and body communicate, leading to improved health and wellbeing. Learn to reduce reactivity to stressors and to re-orient your body for greater ease.


Employment & Volunteer

Mindfulness Post Doctoral Research Fellow

The Cambridge Health Alliance Center for Mindfulness and Compassion is seeking a post-doctoral research fellow to serve as a program manager for a system transformation project that seeks to integrate mindfulness into CHA’s primary care patient-centered medical homes throughout metro-north Boston.

Keyword: Mindfulness
**MINDFULNESS RESEARCH MONTHLY**

**MAY 2015**

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David S. Black, PhD, MPH

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**Interventions**

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Sriwilai, K., Charoensukmongkol, P. (2015). Face it, don’t Facebook it: Impacts of social media addiction on mindfulness, coping strategies and the consequence on emotional exhaustion. Stress and Health. [link]

**METHODS**

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


Harris, A. H., Pearce, S., Aslan, L. (2015). A qualitative study on the introduction of mindfulness based relapse prevention (MBRP) into a therapeutic community for substance abusers. Therapeutic Communities. [link]


**REVIEWS**

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


**TRIALS**

Research studies newly funded by the National Institutes of Health (APRIL 2015)


University of Iowa (S. Lutgendorf, PI). *Development of a web based group intervention to support ovarian cancer survivors.* NIH/NCI project #1R03CA184306-01A1. [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 an eight-week group psychosocial intervention combining mindfulness training with cognitive therapy elements to reduce the risk of relapse and remission in major depressive illness. Prior research demonstrates that MBCT reduces relapse and recurrence in patients with three or more depressive episodes, but MBCT’s efficacy relative to conventional antidepressant therapy has never been tested. This is important because many patients would prefer not to take medication if an effective alternative were available. Kuyken et al. [The Lancet] directly compared MBCT to pharmacotherapy in a randomized, controlled, single-blind clinical trial.

The researchers randomly assigned 424 primarily Caucasian, middle-aged British men and women with a history of three or more major depressive episodes and who were currently receiving maintenance antidepressant therapy to a continued maintenance antidepressant therapy (ADM) condition or a MBCT with support for tapering or discontinuing medication (MBCT-TS) condition. MBCT-TS patients were supported for reducing or stopping their medication in the sixth week of the MBCT protocol. ADM patients were encouraged to continue their medication throughout the two-year study. Eighty-seven percent of MBCT-TS patients discontinued or tapered their medication, while 76% of the ADM patients continued their medication. Participants were assessed at baseline and five times over 24 months for signs of depressive relapse and recurrence and other illness-related outcomes using clinical interviews and self-report measures.

There was no significant difference in relapse or recurrence between the treatments: 44% of the MBCT-TS group relapsed, and 47% of the ADM group relapsed. Both rates are lower than those typically found for patients with multiple prior depressive episodes. There were also no significant differences between treatments in residual symptoms, depression-free days, medical comorbidity, quality of life, adverse events, or fiscal costs of illness and treatment. MBCT-TS was more effective for patients with a history of childhood physical or sexual abuse, whereas ADM was more effective for patients without abuse histories.

The study shows MBCT to be an effective psychosocial alternative to antidepressant maintenance therapy, especially for patients with adverse childhood histories. This may benefit patients who are distressed by medication side effects and would prefer a non-pharmacological intervention to help them manage their depressive thoughts and emotions.

Rising health care costs threaten to strain federal, state, and family budgets. Can helping patients become more proactive in their health care help to contain costs? Knight et al. [Mindfulness] investigated whether MBSR produces long-term health cost savings through stress reduction and enhanced personal responsibility for well-being.

The researchers examined physician visit and laboratory utilization data for 1,730 Canadians (75% female, mean age = 45) who had taken an MBSR course at a Toronto health center. Data was obtained from the Ontario Health Insurance Program (OHIP) administrative database. MBSR participant healthcare utilization was compared with similar utilization data from three comparison cohorts also drawn from the OHIP database and matched on variables such as age, sex, illness severity and complexity of care. The data were analyzed at one and two years prior to MBSR involvement and at one and two years after participation.

MBSR participants were heavy service utilizers prior to starting MBSR, generating more than twice the costs and nearly twice the medical visits of the matched comparison groups. In the year after MBSR, participants showed a decrease in costs (between $244 to $279 per person), physician visits, and laboratory usage, while the cost for the comparison groups increased ($3 to $18 per person). Most of these differences vanished when the data were analyzed for the full two years after MBSR, except for slightly lower laboratory utilization in the MBSR group.

The study shows decreased healthcare utilization costs in the first year after people participate in MBSR. The study is limited by a lack of random assignment and the non-inclusion of data for inpatient stays, emergency room visits, and medication.
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INFO: Search this event's name at http://www.ticketleap.com for registration information.

Research & Education

Health-Care Choices Study: Participants Needed

Researchers from Bishop's University in Canada need participants to complete an online research survey examining how health-care attitudes are related to health-care choices. Participation is anonymous and participants will have a chance to win one of two $50 online bookstore vouchers.
INFO: Visit http://www.ubishops.ca/HealthCareStudy

Books & Media

Transpersonal Development book

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**Highlights** by Seth Segall, PhD

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**Interventions**

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


**Associations**

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


de Castro, J. M. (2015). Meditation has stronger relationships with mindfulness, kundalini, and
mystical experiences than yoga or prayer. *Consciousness and Cognition.* [link]

Ho, N. S., Sun, D., Ting, K. H., ...Lee, T. M. (2015). Mindfulness trait predicts neurophysiological reactivity associated with negativity bias: An ERP study. [link]


**METHODS**

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


Reviews

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


Perlman, A. (2015). Informed mindfulness as the foundation for leadership. Explore. [link]


Trials

Research studies newly funded by the National Institutes of Health (MAY 2015)

RLR VA Medical Center (L. Davis, PI). Effects of a mindfulness-based cognitive-behavioral conjoint therapy on PTSD and RE. VA project #5101RX000273-04. [link]

University of Pittsburg (K. Mctigue & N. Morone, PIs). Minding goals: An internet-assisted mind-body behavior program for blood pressure control. NIH/NHLBI project # 1R34HL123500-01A1. [link]
Eating is often an enjoyable experience, and at times we eat more for pleasure (“hedonic eating”) than to provide nutrition or reduce hunger. Since pleasure occurs in response to the brain’s release of endogenous opioids (morphine-like neurotransmitters manufactured in the brain), the opioid system plays an important role in hedonic eating. This activity can be measured indirectly by administering naltrexone, an opioid-blocking drug that triggers cortisol secretion and sensations of nausea. Prior research has shown that overweight women with larger cortisol or nausea responses to naltrexone are more prone to binge and emotional eating and less likely to gain weight during a mindfulness-based overeating intervention. Mason et al. [Appetite] sought to replicate and extend these findings in a large-scale randomized, controlled study of weight-loss programs with and without a mindfulness component.

Eighty-eight obese women (mean age = 47, mean BMI = 36 kg/m²) were randomly assigned to five-month diet-and-exercise-based weight-loss programs with included either a mindfulness component (based on MBSR and MB-EAT) or an active control component that included cognitive-behavioral techniques and progressive muscle relaxation. Both programs involved sixteen 2 to 2.5 hour-long group sessions and one all-day session.

Prior to randomization, participants were assessed for their naltrexone-induced salivary cortisol and nausea responses. Participants self-rated their food addiction, binge-eating, and reward-based, mindful, and emotional eating before and after treatment.

Participants’ naltrexone-induced cortisol responses were significantly correlated positively with reward-based eating and food addiction, and negatively with mindful eating. Participants with the largest cortisol responses in the mindfulness group showed significantly greater reduction in food addiction symptoms than participants with the largest cortisol responses in the control group. Women who experienced naltrexone-induced nausea reported a statistically greater reduction of food addiction symptoms in the mindfulness condition than in the control condition. They also trended towards greater weight loss, losing an average of 10 lbs., whereas their control peers lost only an average of 4 lbs.

The study supports the use of naltrexone reactivity as a biomarker for hedonic eating, and supports the hypothesis that obese female hedonic eaters may derive greater benefit in terms of weight loss and reduced addictive eating from eating programs with a mindfulness component.

Parkinson’s Disease (PD) is a neurological disorder affecting movement, cognition, and mood. It is caused by the loss of dopamine-secreting neurons deep within the brain. It is primarily managed with medication, but psychological factors like stress and depression can exacerbate its symptoms, and 40% of American PD patients turn to complementary and integrative medicine for help. Pickut et al. [Parkinson’s Disease] conducted a randomized, controlled exploratory study of whether a mindfulness-based intervention (MBI) can help reduce the disability and suffering associated with PD.

Thirty cognitively intact men and women with PD (mean age = 62) were randomly assigned to either an eight-week MBI closely following the MBSR protocol, or a treatment-as-usual control. Participants completed the Five Facet Mindfulness Questionnaire (FFMQ) and rated their PD symptoms, depression, and quality of life at baseline and at eight-weeks. Their motor symptoms (e.g., tremor, rigidity, agility, gait) were rated by movement disorder specialists who were blind to treatment assignment.

The MBI participants showed a significant 20% decease in their objectively rated motor symptoms and a significant 13% increase on the FFMQ “Observe” scale. There were no significant group differences in self-rated depression or quality of life.

This is one of the first studies to explore the efficacy of a MBI in PD patients, and it supports the use of a MBI as a complementary treatment option. It is unclear whether the clinically meaningful decrease in motor symptoms seen in this study was due to either stress reduction, the MBI-induced grey matter growth seen in previous MBI research with PD patients, or the placebo effect. The study is limited by its small sample size and lack of active controls.
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INFO: http://amzn.com/0393708071

Mindfulness for Carers (Caregivers)

Written specifically for carers and caregivers from parents, family or relatives to nurses, physicians or other healthcare professionals, this simple step-by-step guide will appeal to those who have little time or knowledge of the subject. It offers a fresh and novel approach as a way of managing a demanding and exhausting role and preventing burnout and fatigue. A good quality audio download of different meditation practices is included.

INFO: Purchase at http://www.amazon.com/dp/1849056544

Research & Education

Grants for Mindfulness Teachers and Researchers

The American Mindfulness Research Association (AMRA) is now accepting applications for its Professional Development Award program. This competitive award provides $500 stipends to promising researchers and teachers for their commitment to the field. Application deadline is July 20, 2015.

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Buddha in Dairyland

The new book, Buddha in Dairyland: A Psychologist, a Monk, and the Roots of a Silent Revolution, is available at Amazon. A true account of how the migration of Tibetan Buddhism to America, and White House negotiations, sowed the seeds for the mindfulness revolution.

INFO: Purchase at http://www.amazon.com/dp/B00VUEE5GU

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**REVIEWS**

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**TRIALS**

Research studies newly funded by the National Institutes of Health (JUN 2015)

Kent State University (D. Fresco, PI). *Mindfulness based stress reduction for high blood pressure: A two-site RCT. NIH/NHLBI project #5R01HL119977-02.* [link]
Does mindfulness reduce stress by altering brain function? The amygdala—a small, almond-shaped structure located in the brain’s limbic system—is known to play a key role in the stress response. Previous research has shown that increased connectivity (the degree to which brain structures inter-coordinate) between the amygdala and other limbic and cortical structures is associated with greater stress levels. In two separate studies, Taren et al. [Social Cognitive and Affective Neuroscience] investigated how the amygdala’s connectivity with nearby brain structures correlates with stress, and whether that connectivity changes in response to a mindfulness-based intervention (MBI). In doing so, the researchers aimed to identify one of the main brain pathways underlying the effect of mindfulness practice on stress levels.

In an initial study, 130 healthy men and women self-reported perceived stress levels and underwent functional magnetic resonance imaging (fMRI) to assess the resting functional connectivity between the amygdala and nearby brain structures. In a second randomized, controlled, single-blind study, 35 unemployed adults with moderate-to-high levels of perceived stress were assigned to either a three-day intensive residential mindfulness retreat modeled after MBSR which included the body scan, sitting and walking meditation, and mindful eating and yoga, or a three-day intensive relaxation retreat which included walking, stretching, and didactics. Amygdala connectivity was assessed by fMRI before and after each intervention. Four months later, hair samples were taken and assayed for stress hormone (cortisone and cortisol) levels over the post-intervention period.

This study demonstrated that participants with higher levels of perceived stress had significantly greater degrees of connectivity between the right side of the amygdala and the subgenual anterior cingulate cortex (ACC) — a brain structure implicated in mood and affect disorders. The randomized, controlled study showed that MBI participants, in comparison to controls, significantly decreased their amygdala-ACC connectivity. The greater the decrease in connectivity, the less cortisone and cortisol was found in hair samples four months later, strengthening the case for amygdala connectivity as a useful stress biomarker that can be modified through MBIs.

This study adds a crucial piece to our knowledge of the observable brain changes underlying the reported benefits of mindfulness practices.

More than two-thirds of the U.S. population is overweight or obese. While much of the accountability for obesity can be placed on dietary patterns and food access, Camilleri et al. [PLOS ONE] investigated whether there might also be a link between dispositional mindfulness and weight. People who generally tend to be mindful might also be more attentive to and aware of hunger and satiety cues that help determine what and how much food they consume.

The researchers drew data from 63,628 French men and women participating in a 10-year, web-based, NutriNet-Santé study on eating, weight, and health who also completed the Five Facet Mindfulness Questionnaire (FFMQ). Participants submitted annual data on their height and weight. Body Mass Index (BMI) scores of 25-30 kg/m² were considered overweight, and BMIs over 30 kg/m² were considered obese. Participants also completed questionnaires on a variety of other demographic and health variables.

Higher mindfulness was associated with being older, more active, better educated, more likely to be an ex-smoker, and more likely to make use of various relaxation techniques. Women who were more mindful were significantly less likely to be overweight or obese, and had significantly lower BMIs (mean BMI for lowest FFMQ quartile = 24.1 kg/m²; mean BMI for highest FFMQ quartile = 23.5 kg/m²). Mindful men were not less likely to be overweight, but were significantly less likely to be obese. In women, the FFMQ Observing, Describing, Acting with Awareness, and Non-Reactivity subscales were all inversely correlated with overweight and obesity. In men, only the FFMQ Observing and Non-Reactivity subscales correlated inversely with overweight or obesity.

This large study identifies a small yet significant inverse relationship between dispositional mindfulness and obesity in both men and women. Although other behavioral and environmental factors feed most of the obesity epidemic, mindfulness in daily life has a small, yet possibly important, effect when considering its influence on the population at large.
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**Joogal Kids Meditation in Motion**

New research shows that practices of movement and mindfulness decrease stress, anxiety and depression in children, while improving emotional regulation, focus and social skill Joogal Kids focuses on this. It is a fun method that improves concentration, emotional balance and a better kind of life. It is a way to strengthen their body, mind and soul while learning universal values through play and meditation. Devora Benchimol created this method after working 30 years with kids in body expression and 12 in meditation and mindfulness with them. Joogal Kids has their own system to train teachers.

**INFO:** [http://www.joogalkids.org](http://www.joogalkids.org) devora@joogalkids.org

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**Mindful Medical Practice: Clinical Narratives**

Patricia Dobkin’s new book, forwarded by Ron Epstein, showcases how mindfulness enhances clinician-patient relationships while adding depth and meaning to their work. Each chapter, authored by physicians or allied professionals, provides therapeutic insights across a broad spectrum of specialties and settings in five countries.


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


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

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Chesin, M. S., Jeglic, E. L. (2015). Factors associated with recurrent suicidal ideation among racially and ethnically diverse college students with a history of suicide attempt: The role of mindfulness. *Archives of Suicide Research.* [link]


palliative care professionals seeking mindfulness training: Prevalence and vulnerability. Palliative Medicine. [link]


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


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Research studies newly funded by the National Institutes of Health (JUL 2015)

Chicago State University (A. El-Alfy, PI). Urban mindfulness and addictions research. NIH/NIDA project #5R24DA036410-03. [link]

Colorado State University (L. Shomaker, PI). Depression and insulin resistance in adolescents. NIH/NICHD project #5R00HD069516-05. [link]

Miriam Hospital (M. Carey, PI). Mindfulness training to improve ART adherence and reduce risk behavior among persons living with HIV. NIH/NCCIH project #1R34AT008930-01. [link]

Northern Illinois University (J. Crouch, PI). Reactions to prolonged infant crying in parents at risk for child physical abuse.

NIH/NICHD project #1R15HD080041-01A1. [link]

Pacific University (M. Christopher, PI). A pilot trial of mindfulness-based resilience training among police officers. NIH /NCCIH project #1R21AT008854-01. [link]

University of Iowa (F. Abboud, PI). Does anxiety cause vascular dysfunction through inflammation and SNS activation? NIH/NHLBI project #5P01HL014388-42. [link]

University of New Mexico (M. Pearson, PI). Psychological and neural mechanisms of mindfulness and cognitive retraining. NIH/NIAAA project #1R21AA023661-01. [link]

University of Wisconsin-Madison (R. Davidson, PI). Neural and behavioral correlates of the impact of meditation. NIH/NCCIH project #5P01AT004952-08. [link]

Wake Forest University (R. Wells, PI). Mindfulness and mechanisms of pain processing in adults with migrains. NIH/NCCIH project #1K23AT008406-01A1. [link]

Wayne State University (A. Cano, PI). Preliminary test of an integrative intervention to alleviate chronic pain and IMP. NIH/NCCIH project #5R21AT007939-02. [link]
The high emotional demands of public school teaching can contribute to impaired teacher morale, professional burnout, and the fact that 40-50% of teachers quit teaching within their first five years on the job. Prior research supports the efficacy of mindfulness-based interventions (MBIs) in improving teacher well-being and reducing burnout, but what processes underlie their effectiveness? In a randomized, controlled trial, Taylor et al. [Mindfulness] tested how a MBI affected teachers’ emotional regulation, forgiveness, and compassion, and whether these factors contributed, in turn, to reducing stress.

The researchers randomly assigned a predominantly female cohort of 59 Canadian elementary and secondary school teachers to either a Stress Management and Relaxation Training (SMART) program or a wait-list control. The 9-week SMART program shared components with MBSR (the body scan, sitting, walking, movement and eating meditations) and included specific training in emotional regulation, forgiveness and loving-kindness. Participants completed self-report measures before and after training and at four-month follow-up. Participants were also interviewed after training about job stress and attitudes towards difficult students and colleagues. The teachers found the SMART program “quite helpful.” SMART program teachers showed significant and large declines in occupational stress compared to controls, a difference that remained marginally significant at four month follow-up. In post-training interviews, SMART participants used significantly fewer negative emotional words than controls when discussing work stressors, and used significantly more positive emotional words than controls when describing challenging students. SMART participants also showed significant and moderately sized improvements on measures of emotional regulation efficacy and dispositional forgiveness compared to controls. Dispositional forgiveness was significantly associated with decreased stress.

This study extends previous findings supporting the efficacy of MBIs in reducing teacher stress, and clarifies distinct processes contributing to their potential efficacy. It is limited by its small sample size, lack of active controls and lack of in-classroom behavioral measures.

Adolescence is a time of rapid growth in young people’s capacity to self-regulate their emotions and maintain focus on goals, as well as a time of rapid brain development. In a longitudinal study, Friedel et al. [Developmental Cognitive Neuroscience] explored the relationship between changes in brain areas previously linked to mindfulness and the development of the tendency to be mindful of experience (dispositional mindfulness) in adolescents. The researchers studied the prefrontal cortex (an area involved in goal directed behavior and emotional regulation) and the insula (an area involved in the awareness of internal bodily states). As adolescents mature, their cerebral cortices tend to thin out as neurons are selectively pruned and circuits become more efficient. The researchers predicted that a higher degree of cortical thinning would correlate with higher levels of dispositional mindfulness.

The researchers analyzed the magnetic resonance images (MRIs) of 82 male and female adolescents who were scanned at ages 16 and 19, and also completed the Mindfulness Attention and Awareness Scale (MAAS) at age 19. The participants were also assessed on measures of temperament and intelligence. Dispositional mindfulness was positively correlated with measures of cognitive reappraisal, attention, and inhibitory control, and negatively correlated with frustration, aggression, and depressed mood. The researchers analyzed possible relationships between cortical thinning and dispositional mindfulness in twenty regions of the prefrontal and insular cortex. Prefrontal cortical thinning proved unrelated to dispositional mindfulness, but was correlated with IQ. There was a significant correlation between a lesser degree of left anterior insular thinning and greater dispositional mindfulness. Although not predicted, this finding partially accords with prior cross-sectional research showing a relationship between greater insular thickness and mindfulness and meditation practice in adults.

This is the first longitudinal study exploring the linkage between brain development and dispositional mindfulness in adolescence. It suggests that while greater prefrontal cortical thinning is related to higher general intelligence, reduced insular cortical thinning is related to greater dispositional mindfulness.
AUGUST 2015

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


Highlights!

Journal of Evidence-based Complementary & Alternative Medicine. [link]


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Articles examining the correlation and mechanism between mindfulness and other variables


Gao, Y., Shi, L. (2015). **Mindfulness, physical activity and avoidance of secondhand smoke: A
study of college students in shanghai. International Journal of Environmental Research and Public Health. [link]


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increases pain threshold and accelerates modulation of response to tonic pain in an experimental study. Pain Medicine. [link]

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


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**TRIALS**

Research studies newly funded by the National Institutes of Health (AUG 2015)

COG Analytics, LLC (J. Obermayer, PI). Mobile mindfulness based smoking cessation. NIH/NCI project #R43CA195849-01. [link]

Rush University Medical Center (J. Burns, PI). Mechanisms of psychosocial chronic pain treatments. NIH/NINR project #R01NR013910-03. [link]

University of Massachusetts Amherst (S. Bernecker, PI). Crowdsourcing mental health with a web-based peer-delivered intervention. NIH/NIMH project #5F31MH103927-02. [link]

University of Michigan (Q. Epstein-Ngo, PI). Remote therapy for alcohol and dating aggression in non-college emerging adults. NIH/NIAAA project #1K23AA022641-01A1. [link]

University of Utah (E. Garland, PI). Targeting military opioid misuse with mindfulness-oriented recovery enhancement. NIH/NIDA project #5R34DA037005-03. [link]
Highlights
A summary of select studies from the issue, providing a snapshot of some of the latest research findings

Nearly a quarter of veterans returning from combat deployment suffer from post-traumatic stress disorder (PTSD). While the Veterans Administration treats many of these veterans with prolonged exposure or cognitive processing therapy, dropout rates remain high (30-44%) and up to half of those receiving therapy fail to improve. There is a need for new therapies that are well tolerated and effective. Polusny et al. [JAMA] tested the impact of MBSR compared to Present-Centered Group Therapy (PCGT) on PTSD symptoms in a randomized, controlled trial.

Participants were 116 mostly Caucasian, male, and predominantly Vietnam era veterans with PTSD who were recruited from the Minneapolis VA Medical Center and randomly assigned to either MBSR or PCGT, a group treatment focused on resolving current life problems. Participants completed checklists assessing PTSD symptoms, depression, quality of life, and mindfulness (FFMQ) at baseline and again at 3, 6, 9, and 17 weeks. Additionally, participants were interviewed by clinicians before and after treatment and again at two-month follow-up to obtain independent evaluations of diagnoses and symptom severity.

Dropout rates were lower than previously observed with either prolonged exposure or cognitive processing therapy, but the dropout rate was significantly higher for MBSR (22%) than for PCGT (7%). Self-rated PTSD severity improved for both groups from baseline to two-month follow-up, but the average improvement was significantly greater for MBSR (9 points) than PCGT (3 points) participants (Cohen’s d=.40). Clinician symptom ratings showed significantly greater improvement for MBSR participants (Cohen’s d=.41). MBSR participants also reported significantly greater improvements in mindfulness and quality of life. Increases in mindfulness were significantly associated with improvements in PTSD (r=-.46), depressive symptoms (r=-.44), and quality of life (r=-.42). Using a 10-point improvement as the cut-off for a clinically meaningful effect, more MBSR (49%) participants improved than PCGT (28%) participants.

This experimental study demonstrates MBSR to have a modest but clinically meaningful impact on PTSD symptoms when compared to a more conventional group therapy. The relatively low dropout rate suggests that MBSR may also be better tolerated than other frequently used PTSD treatments for veterans. Study limitations include fewer treatment hours for controls (13.5 hours) than MBSR participants (26.5 hours) and a relatively short follow-up period.

Skilled athletes must retain focus and maintain bodily awareness while resisting distractions. Using functional magnetic resonance imaging (fMRI), Haase et al. [Frontiers in Behavioral Neuroscience]
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explored whether a Mindful Performance Enhancement, Awareness, and Knowledge (mPEAK) intervention improved elite athletes’ bodily awareness and examined the underlying brain patterns associated with improved awareness.

Seven young adult, male members of the USA BMX cycling team underwent fMRI scans before and after participating in a 7-week mPEAK intervention. The intervention included traditional mindfulness practices along with didactic presentations on topics such as mindfulness, mind-wandering, self-compassion, and self-criticism. Athletes were assessed before and after training on measures of bodily awareness, emotional awareness, and mindfulness (FFMQ).

Following mPEAK training, the athletes significantly improved their abilities to identify feelings (Cohen’s d = 1.1), self-regulate distress by attending to the body (Cohen’s d = 1.5), trust bodily sensations (Cohen’s d = 1.0), and describe emotions (Cohen’s d = 0.8). Right insula and left anterior cingulate cortex (ACC) activation increased after mPEAK training during the time periods when athletes were anticipating restricted airflow. The magnitude of increased ACC activation during anticipation periods correlated with increases in the ability to describe emotions (ρ = .78).

There was also a negative association between increased insula activation during periods of recovery from restricted breathing and the ability to identify feelings (ρ = -.76). Decreased functional connectivity was observed following mPEAK training between the right medial frontal cortex and ACC and the posterior cingulate cortex, a brain structure associated with mind-wandering and self-referential thinking.

This pilot study suggests that an adapted mindfulness-based training is associated with greater attention to bodily sensations, feelings, and increased neural processing while anticipating and recovering from the distractions associated with restricted breathing. Future research is needed to clarify whether this increased bodily focus translates into improved athletic performance. The study is limited by a small sample size and the absence of a control group.

During fMRI scanning, athletes engaged in a computer-assisted attentional focus task while breathing through a mouthpiece that could variably restrict airflow making breathing more labored and effortful. At various times during the task they were given visual cues about the likelihood of future airflow restriction, so that the fMRI measured the brain changes associated with anticipating, experiencing, and recovering from restricted airflow.
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PRELIMINARY RANDOMIZED CONTROLLED TRIAL
Behavior Therapy. [link]


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Halland, E., de Vibe, M., Solhaug, I., Bjørndal, A. (2015). Mindfulness training improves problem-focused coping in psychology and medical students: Results from a randomized controlled trial. College Student Journal. [link]


Halland, E., de Vibe, M., Solhaug, I., Bjørndal, A. (2015). Mindfulness training improves problem-focused coping in psychology and medical students: Results from a randomized controlled trial. College Student Journal. [link]


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Mindfulness during resting state and their relation with well-being. *Social Neuroscience.* [link]


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Bibeau, M., Dionne, F., Leblanc, J. (2015). Can compassion meditation contribute to the
development of psychotherapists’ empathy? A review. Mindfulness. [link]
Hickman, S. D. (2015). This is the hour: A call for reflection and introspection in the field of mindfulness. Mindfulness. [link]

TRIALS
Research studies newly funded by the National Institutes of Health (SEP 2015)

Brown University (E. Loucks, PI). Mindfulness influences on self-regulation: mental and physical health implications. NIH/NCCIH project #1UH2AT009145-01. [link]
Carnegie-Mellon University (J. D. Creswell, PI). Mindfulness meditation training in lonely older adults. NIH/NCCIH project #1R01AT008685-01. [link]
Duke University (H. A. Williams, PI). Mindfulness-based intervention for pain catastrophizing in sickle cell disease. NIH/NIH project #5F31NR014954-02. [link]
Johns Hopkins University (M. Rosen, PI). Simulation for building leadership capacity for patient safety. NIH/AHRQ project #5R18HS023159-02. [link]
Medical University of South Carolina (T. K. Killeen, PI). Mindfulness meditation for the treatment of women with PTSD and SUD. NIH/NIDA project #1R01DA040968-01. [link]
University of Denver (K. A. Bender, PI). Randomized clinical trial: substance use victimization in homeless youth. NIH/NIDA project #1R15DA039355-01. [link]
University of Southern California (H. Amaro, PI). Neural mechanisms in women’s treatment and early recovery. NIH/NIDA project #1R01DA038648-01A1. [link]
**Highlights**

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

**Epileptic disorders** are neurological disorders characterized by recurrent seizures. About 30% of people with epilepsy are drug resistant, meaning that despite trials of at least two different anti-epileptic medications, they are unable to rid themselves of seizures. Because people with epilepsy are prone to depression and anxiety, and because stress plays a significant role in provoking seizures, people with epilepsy may benefit from mindfulness-based interventions (MBIs).

In a randomized, controlled study, Tang, et al. [*Neurology*] tested the impact of a MBI on quality of life, seizure frequency, and cognition in drug-resistant epileptics. The researchers recruited 60 drug-resistant epileptics (53% female, average age = 35) from neurology practices in Hong Kong, and randomly assigned them to either a 6-week MBI program that included social support or a 6-week program of social support (SS) alone. Both interventions provided didactic information about epilepsy along with the opportunity to share experiences related to seizures and their management. The MBI also offered practice in the body scan, mindful breathing, listening, and eating, and non-judgmental awareness of thoughts.

Both interventions were offered in four 2.5-hour biweekly classes, and in addition, MBI participants were encouraged to practice mindfulness for 45 minutes per day at home. Participants kept daily diaries of seizure frequency for 6 weeks prior to the intervention and during a 6-week post-intervention follow-up. They also completed a battery of self-report and cognitive measures at baseline and post-intervention.

Both groups showed significant improvement on a 100-point Quality of Life (QOL) scale, but a significantly greater percentage of MBI participants (37%) showed clinically meaningful QOL improvement (a 12-point or greater increase) compared to SS participants (13%). Both groups significantly reduced their symptoms of depression and anxiety, but MBI participants reduced their symptoms significantly more (anxiety partial $\eta^2 = 0.11$; depression partial $\eta^2 = 0.67$). These between-group differences were large enough to be clinically meaningful for anxiety, but not for depression.

The MBI participants reduced their seizure frequency (partial $\eta^2 = 0.31$) by a significantly greater percent (40%) than did SS participants (19%). The researchers also measured the participants’ ability to recall a list of unrelated words after a time delay and after hearing a list of interfering words. MBI participants significantly improved more on this measure, both after delay (partial $\eta^2 = 0.31$) and interference (partial $\eta^2 = 0.10$). Mindfulness may have increased their ability to attend to and retain verbal information, or the increase may be due to improved neurological functioning given their decreased seizure frequency.

This randomized, controlled study demonstrates that a standardized six-week mindfulness training improves short-term seizure control and quality of life in a drug-resistant epileptic population better than a social support program alone. Reduced emotional reactivity to seizure symptoms may be instrumental in both reducing seizure frequency and improving emotional well-being.
The basic mindfulness instruction to “attend to the present moment without judgment” seems straightforward, but novices are often unsure whether they are practicing mindfulness “correctly.” There are no existing objective behavioral markers of mindfulness, and descriptions of what mindfulness “feels like” are often metaphorical (e.g., “spacious” or “intimate”) and hard to interpret.

This lends a hit-or-miss quality to training, and has led some to wonder whether neurofeedback (a form of biofeedback that uses electroencephalogram (EEG) data to alter brain rhythms) might be a useful way to support mindfulness practice. Previous research has identified a group of EEG parameters (e.g., the appearance of alpha frequencies, increasing alpha amplitude, and a gradual shift towards lower alpha and theta frequencies) that accompany the meditative state. Neurofeedback devices that help meditators achieve these EEG patterns may help assist in cultivating mindfulness.

Sas & Chopra [Personal and Ubiquitous Computing] developed a wearable mindfulness neurofeedback device (MeditAid) and tested it with novice and experienced meditators. The MeditAid prototype includes a wearable, wireless headset to record scalp EEGs and software to translate EEG patterns into auditory feedback. The auditory feedback is delivered as either monaural beats (sounds of differing frequencies presented to both ears simultaneously) or binaural beats (sounds of differing frequencies presented to each ear separately) through headphones. Each method produces a rhythmic pattern of beats that corresponds to the user’s EEG frequency.

The difference between monaural and binaural beats is that monaural beat perception is a function of the mechanics of the inner ear, whereas binaural beat perception is a function of the integrative activity of the brain. Listeners hear lower monaural and binaural beat frequencies as having a lower pitch. MeditAid users move their EEGs toward slower, more “mindful” brain rhythms by attempting to lower the pitch of the beats. The beats do more than just provide feedback, however. They also stimulate the brain to match and echo their frequencies, a phenomenon known as “entrainment.”

The researchers recruited 16 participants (62% female, average age = 41) with a range of from 1 month to 40 years of meditation experience. Those with over 8 years of experience were designated “experienced;” those with less were deemed “novices.” Participants used the MeditAid device under three different conditions: without auditory feedback, with monaural beads, and with binaural beats. The deepest meditative level attained under each condition was assessed by EEG, and participants were interviewed and asked to rate how “still” their minds were under each condition.

All of the participants achieved significantly “deeper” EEG levels with binaural feedback than with either no feedback or monaural feedback ($\eta^2=0.80$). Experienced meditators achieved significantly “deeper” EEG levels than novices ($\eta^2=0.44$), but binaural feedback was of significantly more benefit to novices ($\eta^2=0.26$). EEG levels were significantly associated (correlations ranged from 0.51 to 0.55) with subjective judgments of the percentage of time participants experienced their minds as being “still.” Participants reported significantly greater “stillness” with binaural beats than either monaural or no beats ($\eta^2=0.38$). While participants rated the prototype as “useful,” some complained of physical discomfort or found the beats distracting.

This study demonstrates neurofeedback’s potential value in cultivating mindfulness. Neurofeedback increases lower alpha and theta rhythms, and binaural beat feedback is more effective for novices. More research is needed, however, to determine the degree to which lower alpha and theta rhythms mirror the subjective experience of mindfulness.
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Articles testing the applied science and implementation of mindfulness-based interventions


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Pradhan, B., Parikh, T., Makani, R., Sahoo, M. (2015). Ketamine, transcranial magnetic stimulation, and depression specific yoga and mindfulness based cognitive therapy in management of treatment resistant depression: Review and some data on efficacy. Depression Research and Treatment. [link]


TRIALS

Research studies newly funded by the National Institutes of Health (OCT 2015)

Johnson VA Medical Center (K.T. Brady, PI). Mindfulness based recovery in veterans with substance use disorders. Veterans Affairs project #5101RX001292-02. [link]

VA Medical Center San Francisco (T. Novakovic-Agopian, PI). Rehabilitation of executive functioning in veterans with PTSD and mild TBI. Veterans Affairs project #5101RX001111-03. [link]
Employee psychological distress negatively affects workplace productivity, absenteeism, and disability. Employers, therefore, have a financial stake in their employee’s levels of distress and emotional well-being. Mindfulness-based interventions (MBIs) may have the potential to reduce job stress and improve employee psychological health in ways that benefit both employee and employer.

Huang et al. [PloS One] investigated the potential of a MBI to reduce emotional distress and job strain in a randomized controlled trial of factory employees with previously identified poor mental health.

The researchers screened almost 3,000 employees at two Taiwanese factories using self-report measures of psychological distress (anxiety, depression, sleep disturbance, relationship problems, and somatic concerns) and job strain (job demandingness and lack of personal control on the job), and then invited those workers with the highest distress and strain levels to participate in an 8-week MBI based on the Mindfulness-Based Stress Reduction program.

A sample of 144 employees (59% male, predominantly college educated and “white-collar,” average age = 42) agreed to participate and were randomly assigned to either the MBI or a wait-list control. Participants were assessed on the original screening measures and on measures of prolonged fatigue and perceived stress (how unpredictable, uncontrollable, and overloaded they found their lives) at mid-intervention, post-intervention, and 4-week and 8-week follow-up. The intervention groups met during paid work hours, and 78% of the participants successfully completed the program. At program’s end, MBI participants had significantly greater improvements over time in levels of psychological distress (6.3 vs. 1.4 mean change in scores), prolonged fatigue (9.6 vs. 2.0), and perceived stress (2.5 vs. 0.9) compared to controls. Those group differences persisted at 4-week and 8-week follow-up. The MBI did not significantly improve the participants’ sense of job control or job demandingness once age, gender, and education were included as covariates.

The findings demonstrate that psychologically distressed employees who participated in a MBI program offered during regular paid work hours showed reduced anxiety, depression, stress, and fatigue. Interestingly, improvement in psychological distress was uncoupled from any changes in their perceptions of job control and demands; meaning, the MBI helped employees deal more skillfully with their emotions even while reports of job demand remained unchanged. Future studies could benefit from employing active controls and tailoring MBSR content more specifically to workplace concerns.

Depending on the arena of combat in which they were deployed, up to 31% of all veterans suffer from posttraumatic stress disorder (PTSD). The symptoms of PTSD include hyperarousal, emotional numbing, flashbacks, and nightmares coupled with avoidance of the cues that trigger them. Veterans are also at increased risk for co-morbid depression, substance abuse, relationship difficulties, and medical illness. While the Department of Defense and the Veterans Administration employ several empirically-supported PTSD treatments, less than 30% of those who start treatment complete it, and up to 60% of those who complete treatment fail to obtain significant symptom relief.
There is a growing interest in exploring mindfulness-based interventions (MBIs) as integrative treatments for PTSD. MBIs are multidimensional interventions, however, and there is a lack of knowledge as to the relative benefit of their various intervention components (e.g., the body scan, breath awareness) on symptoms. Colgan et al. [Mindfulness] examined the efficacy of two stand-alone MBSR components (the body scan and mindful breathing) in a randomized controlled trial of veterans with PTSD.

The researchers randomly assigned 102 predominantly male (96%), middle-aged (average age = 52), Caucasian (77%) combat veterans with chronic PTSD to one of four treatment groups: two “mindful” conditions — either the Body Scan or Mindful Breathing, and two “non-mindful” control conditions — either Slow Breathing or Sitting Quietly. The groups met for six one-hour sessions over a six-week period. Each group session included 20 minutes of practice in the designated technique along with reviews of home practice and, for the mindfulness groups only, discussions of the principles of mindfulness.

The Slow Breathing condition learned how to reduce their respiration rate through biofeedback, and the Sitting Quietly group sat quietly while listening to a neutral content book on tape. All participants were assessed before and after treatment on self-report measures of depression symptoms, mindfulness (the Five Facet Mindfulness Questionnaire), and a PTSD symptom self-report checklist.

The changes in outcome measures over time did not differ significantly between the different groups. Since this was an exploratory study, the researchers examined the pattern of significant individual pre-post and between group comparisons to see how closely they conformed to their hypotheses. The Body Scan group showed a significant increase in levels of overall mindfulness (Cohen’s d=0.44) and Acting with Awareness (d=0.68) from pre- to post-assessment. At post-intervention, the Mindful Breathing group reported higher levels of overall mindfulness than the Slow Breathing (d=0.55) and Sitting Quietly (d=0.83) groups.

Depression scores decreased for the Body Scan (d=0.65) and Mindful Breathing (d=0.41) groups, and at post-intervention, the Body Scan group reported lower depression scores than the Slow Breathing group (d=0.74). There were significant decreases in PTSD symptoms for the Body Scan group (d=0.47), the Mindful Breathing group (d=0.47), and the Sitting Quietly group (d=0.43). The finding for the Sitting Quietly control was surprising since it was not conceived of as a credible active treatment. In the Body Scan group, improvements in Acting with Awareness were significantly correlated with decreased depression (r=0.53), while within the Mindful Breathing group, increases in Describing (r=0.42) and Non-reactivity (r=0.45) were significantly correlated with decreased PTSD symptoms.

These findings only partially support the hypotheses that stand-alone mindfulness practices can increase mindfulness and reduce PTSD and depressive symptoms, and that increased mindfulness is associated with clinical improvement. The study also suggests that stand-alone mindfulness components may be less powerful in inducing change than fully integrated multi-component programs.

These results need to be interpreted with caution, however. The lack of overall significant differences in changes to the outcome measures over time between groups coupled with the large number of individual pre-post and between group comparisons increases the risk of spurious findings. The small sample size per treatment group also increases the risk of failing to detect actual differences.
## Events & Conferences

**Mindful Mental Health Professionals**

If you are a Mental Health Professional (Masters’ level or higher) with an ongoing mindfulness practice for at least 2 months, please take 15-20 minutes to fill out the following anonymous survey. After survey completion, sign up to receive a useful electronic booklet on mindfulness.

INFO: Complete the survey here: [https://mnsu.co1.qualtrics.com/SE/?SID=SV_3DeCdiP55wKEknj](https://mnsu.co1.qualtrics.com/SE/?SID=SV_3DeCdiP55wKEknj)

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## Research & Education

**Interoceptive Awareness: Professional Training**

Mindful Awareness in Body-oriented Therapy (MABT), is an evidence-based protocol designed to teach interoceptive awareness and related mindfulness-based practice for emotion regulation. Developed by Dr. Cynthia Price at University of WA, this approach is delivered individually and particularly useful for individuals who are disconnected from their bodies due to stress, pain, trauma. An intensive 5-day course, January 11-15 2016, in Seattle WA for somatic practitioners (bodyworkers, mindfulness and yoga teachers, and body psychotherapists).

INFO: [http://www.cmbaware.org](http://www.cmbaware.org)

## Books & Media

**New Book! Mindfulness for Teachers**

Based upon the author's extensive experience as a mindfulness practitioner, teacher, teacher educator and scientist, this book offers valuable research-based information about how mindfulness can help teachers manage the stressful demands of the classroom, cultivate an exceptional learning environment, and revitalize teaching and learning.

INFO: [http://amzn.com/0393708071](http://amzn.com/0393708071)

## Buddhist Foundations of Mindfulness

Edited by Edo Shonin, William Van Gordon and Nirbhay Singh, the volume deepens contemporary understanding of mindfulness by exploring it in context of the traditional Buddhist teachings. The volume also examines how mindfulness can be more meaningfully incorporated into research and applied settings.


## Employment & Volunteer

**Post Doc Fellow Needed UofCalgary**

We are looking for a postdoctoral fellow in the area of Integrative Oncology, under Dr. Linda E. Carlson, Professor at University of Calgary and holder of the Enbridge Research Chair in Psychosocial Oncology as study coordinator for the research study Preference-Based Multi-Site Randomized Comparative Effectiveness Trial (CET) of Mindfulness-Based Cancer Recovery (MBCR) vs. Tai Chi/Qigong (TCQ) in Cancer Survivors.

INFO: Contact Linda E. Carlson to apply or for more information: lcarlso@ucalgary.ca
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**Editor-in-Chief**
David S. Black, PhD, MPH

**Highlights by**
Seth Segall, PhD

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**INTerventions**

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


meditating mothers of preschool children. *Journal of Child and Family Studies.* [link]


**METHODS**

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


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**REVIEWS**

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


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**TRIALS**

Research studies newly funded by the National Institutes of Health (NOV 2015)

Mount Sinai School of Medicine (J. Weiss, PI). Effects of mindfulness training on chronic inflammation in HIV-infected adults. NIH/NCCIH project 1R21AT008540-01A1. [link]

Northwestern University (D. Victorson, PI). Reducing the effects of active surveillance stress, uncertainty and rumination through engagement in mindfulness education. NIH/NCI project 1R01CA193331-01A1. [link]
**Highlights**

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

Pain is a common and often complex medical complaint. Previous studies demonstrate the possible pain-reducing effects of mindfulness-based interventions, but little is known about how these interventions actually work. Is mindful awareness their “active ingredient,” or is it slowed breathing, or even just the expectancy of a benefit?

Zeidan et al. [Journal of Neuroscience] compared the changes in pain sensitivity resulting from a genuine mindfulness intervention with the changes resulting from a sham mindfulness intervention and two other control conditions. Participants rated their subjective pain in response to an unpleasant heat stimulus while undergoing functional Magnetic Resonance Imaging (fMRI). They also completed the Freiburg Mindfulness Inventory prior to initial training and at the end of their final fMRI session.

A racially diverse cohort of 75 healthy, meditation-naive young adult men and women were randomly assigned to either mindfulness meditation, a sham mindfulness meditation, placebo conditioning, or listening to an audio book. Genuine mindfulness meditation training consisted of four 20-minute sessions involving a breath-focused sitting meditation along with didactic instruction in non-judgmental attention.

Sham meditation training involved four 20-minute sessions of alleged “mindfulness meditation” that consisted of merely sitting upright and taking a deep breath every few minutes without any didactic instruction. Placebo conditioning involved four 20-minute conditioning sessions in which an alleged “analgesic cream” (in actuality, only petrolatum jelly) was applied to the skin and participants were exposed to a series of heat stimuli that were covertly and progressively lowered in temperature over the course of the sessions. Control participants listen to four 20-minute audio recordings from a book.

In a separate final assessment session after training completion, all the participants underwent fMRI scanning while exposed to an unpleasant heat stimulus. This was done both before and after using the techniques (e.g., real or sham meditation or placebo) they had trained on. Participants rated their pain intensity and unpleasantness in response to the heat stimulus on a 10-point scale.

Mindfulness meditation produced significantly greater decreases in pain intensity (-27%) than sham meditation (-8%) or placebo (-11%), as well as significantly greater decreases in pain unpleasantness (-44%) than sham meditation (-27%) or placebo (-13%). The control group, in contrast, experienced increased pain intensity (+14%) and unpleasantness (+18%).

Mindfulness meditators increased their mindfulness scores by 16%, a significantly greater increase than either the controls (2%), sham meditators (.03%) or the placebo (3%).

Brain imaging results showed that mindfulness participants had significantly greater left dorsolateral prefrontal cortex, thalamus, and periaqueductal gray matter deactivation and significantly greater anterior cingulate cortex, bilateral anterior insula, and putamen activation than controls, sham meditators, and placebo users. These differences reflect a deactivation of low-level sensory and pain processing areas, and increased activation of areas related to the cognitive control of pain. Mindfulness meditation also significantly reduced global cerebral blood flow (-21%) compared to sham meditation (-
Highlights!

Editor

Announcements!

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Seth Segall
American Mindfulness Research Association

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7%), placebo (-2%) or the control condition (-4%). Sham meditation pain reduction was significantly correlated with lowered respiration rate, whereas mindfulness pain relief was not, suggesting that sham meditation reduces pain via the relaxation response, whereas mindfulness meditation reduces pain via cognitive control.

This elegantly designed study demonstrates that mindfulness-based acute pain reduction is both greater than and distinct from placebo-based or relaxation-based acute pain reduction. Mindfulness meditation’s unique, distinctive pattern of brain activation strengthens the case that mindfulness itself is an active ingredient over and above any relaxation or expectancy components.

Working memory capacity is a measure of one’s ability to temporarily hold information in mind while completing a cognitive task. There seems to be some conceptual overlap between the focused attention required for working memory and the moment-to-moment attention that is an integral part of mindfulness. Working memory plays crucial roles in learning, cognitive development, reasoning, comprehension, and academic performance, and any intervention that can improve working memory is of great interest to specialists in child development. In a randomized, controlled study, Quach, et al. [Journal of Adolescent Health] investigated whether an MBI can improve working memory in adolescents.

The 186 participants, primarily Hispanic and Asian junior high students (62% female; average age = 13) from predominantly low-income households, were randomly assigned to either mindfulness meditation, hatha yoga, or a wait-list control. The active intervention participants learned and practiced either mindfulness meditation or hatha yoga during eight 45-minute twice-a-week training sessions, while control participants attended their regular physical education classes. Mindfulness meditation training was based on a truncated, modified Mindfulness Based Stress Reduction (MBSR) curriculum that excluded hatha yoga. Hatha yoga training included an emphasis on non-judgmental attention to body posture and movement. Both interventions encouraged 15-30 minutes of daily home practice.

Before and after the inventions, participants completed a computerized test of working memory requiring them to memorize series of visually presented letters while simultaneously solving arithmetic equations. Working memory capacity was measured by the total number of letters participants recalled in their correct order within each presentational set, yielding a working memory score that could range from 0 to 75. Participants also completed self-report measures of perceived stress and anxiety along with the Child Acceptance and Mindfulness Measure (CAMM), a self-report measure of nonjudgmental acceptance of internal experience.

Mindfulness meditation participants showed significant improvements in objectively assessed working memory scores (partial η²= .24), whereas hatha yoga (partial η²= .11) and control participants (partial η²= .01) did not show significant improvements. Mindfulness participants increased their average working memory capacity by 29%, whereas yoga participants increased theirs by only 11% and control group scores declined by 5%. Although all groups improved over time on measures of perceived stress and anxiety, there were no differences in improvement between groups. The CAMM results were discarded due to low internal consistency.

This study shows that mindfulness meditation significantly improved an objective measure of working memory in a sample of low-income, predominantly minority adolescents. Follow-up studies have the opportunity employ an alternative measure of mindfulness, explore whether the mindfulness-facilitated increase in working memory persists over time, and examine whether it impacts school performance.
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Events & Conferences

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Research & Education

CEB Teacher Training in Spain
Cultivating Emotional Balance Teacher Training (CEBTT) next fall from October 17th November 20th, 2016 at Fundación Sakya in Pedrequer (Alicante), Spain, led by Dr. Alan Wallace and Eve Ekman, Ph.D.

INFO: More info or to apply, email ceb.info@cultivatingemotionalbalance.org

Books & Media

New Book! Mindfulness for Teachers
Based upon the author's extensive experience as a mindfulness practitioner, teacher, teacher educator and scientist, this book offers valuable research-based information about how mindfulness can help teachers manage the stressful demands of the classroom, cultivate an exceptional learning environment, and revitalize teaching and learning.

INFO: http://amzn.com/0393708071

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