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Tong, A. C., Lin, J. J., Cheung, V. Y.,...Chen, E. Y. (2015). **A low-intensity mindfulness-based intervention for mood symptoms in people with early psychosis: Development and pilot evaluation**. *Clinical Psychology & Psychotherapy.* [link]

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Ivey, G. (2015). **The mindfulness status of psychoanalytic psychotherapy**. *Psychoanalytic Psychotherapy.* [link]

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TRIALS

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Johnson VA Medical Center (K.T. Brady, PI). **Mindfulness based recovery in veterans with substance use disorders.** Veterans Affairs project #5I01RX001292-02. [link]

VA Medical Center San Francisco (T. Novakovic-Agopian, PI). **Rehabilitation of executive functioning in veterans with PTSD and mild TBI.** Veterans Affairs project #5I01RX001111-03. [link]

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HIGHLIGHTS

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

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.

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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.

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Events & Conferences

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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

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

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.

INFO: http://www.springer.com/gb/book/9783319185903#otherversion=9783319185910

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