

Contents

60 New Cites p1

20 Interventions

19 Associations

8 Methods

9 Reviews

4 Trials

Highlights p5

Editor-in-Chief

David S. Black, PhD, MPH

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Seth Segall, PhD

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INTERVENTIONS

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

Burnett-Zeigler, I. E., Satyshur, M. D., Hong, S.,...Wisner, K. L. (2016). **MBSR adapted for depressed disadvantaged women in an urban federally qualified health center.** *Complementary Therapies in Clinical Practice.* [\[link\]](#)

Caroline, C., Meeten, F., Whiting, S. (2016). **"I had a sort of epiphany!" An exploratory study of group MBCT for older people with depression.** *Aging & Mental Health.* [\[link\]](#)

Chambers, S. K., Occhipinti, S., Foley, E.,...Berry, M., . . . Smith, D. P. (2016). **MBCT in advanced prostate cancer: A randomized controlled trial.** *Journal of Clinical Oncology.* [\[link\]](#)

Course-Choi, J., Saville, H., Derakshan, N. (2016). **The effects of adaptive working memory training and mindfulness meditation training on processing efficiency and worry in high worriers.** *Behaviour Research and Therapy.* [\[link\]](#)

Greenberg, J., Shapero, B. G., Mischoulon, D., Lazar, S. W. (2016). **MBCT for depressed individuals improves suppression of irrelevant mental-sets.** *European Archives of Psychiatry and Clinical Neuroscience.* [\[link\]](#)

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Kiani, B., Hadianfard, H., Mitchell, J. T. (2016). **The impact of mindfulness meditation training on executive functions and emotion dysregulation in an Iranian sample of female adolescents with elevated**

attention-deficit/hyperactivity disorder symptoms. *Australian Journal of Psychology.* [\[link\]](#)

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Levoy, E., Lazaridou, A., Brewer, J., Fulwiler, C. (2016). **An exploratory study of MBSR for emotional eating.** *Appetite.* [\[link\]](#)

Maddock, A., Hevey, D., Eidenmueller, K. (2016). **Mindfulness training as a clinical intervention with homeless adults: A pilot study.** *International Journal of Mental Health and Addiction.* [\[link\]](#)

Pinto-Gouveia, J., Carvalho, S. A., Palmeira, L.,...Costa, J. (2016). **Incorporating psychoeducation, mindfulness and self-compassion in a new programme for binge eating (befree): Exploring processes of change.** *Journal of Health Psychology.* [\[link\]](#)

Rahl, H. A., Lindsay, E. K., Pacilio, L. E.,...Creswell, J. D. (2016). **Brief mindfulness meditation training reduces mind wandering: The critical role of acceptance.** *Emotion.* [\[link\]](#)

Spitzer, E., Pakenham, K. I. (2016). **Evaluation of a brief community-based mindfulness intervention for people with multiple sclerosis: A pilot study.** *Clinical Psychologist.* [\[link\]](#)

Su, I. W., Wu, F. W., Liang, K. C.,...Chou, T. L. (2016). **Pain perception can be modulated by mindfulness training: A resting-state fMRI study.** *Frontiers in Human Neuroscience.* [\[link\]](#)

Tam, B. W., Lo, D. R., Seah, D. W.,...Chee, C. S. (2016). **Developing and validating a localised, self-training mindfulness programme for older Singaporean adults:**

Contents

60 New Cites p1

20 Interventions

19 Associations

8 Methods

9 Reviews

4 Trials

Highlights p5

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Effects on cognitive functioning and implications on healthcare. *Singapore Medical Journal.* [\[link\]](#)

Thomas, J. T. (2016). **Brief mindfulness training in the social work practice classroom.** *Social Work Education.* [\[link\]](#)

Vidic, Z., Martin, M. S., Oxhandler, R. (2016). **Mindfulness intervention with a US women's NCAA division I basketball team: Impact on stress, athletic coping skills and perceptions of intervention.** *The Sport Psychologist.* [\[link\]](#)

Whitesman, S., Mash, R. (2016). **Examining the effects of a mindfulness-based distance learning professional training module on personal and professional functioning: A qualitative study.** *BMC Medical Education.* [\[link\]](#)

Worthen, D., Luiselli, J. K. (2016). **Attitudes and opinions of female high school athletes about sports-focused mindfulness training and practices.** *Journal of Clinical Sport Psychology.* [\[link\]](#)

Yao, Y. W., Chen, P. R., Chiang-Shan, R. L.,...Fang, X. Y. (2017). **Combined reality therapy and mindfulness meditation decrease intertemporal decisional impulsivity in young adults with internet gaming disorder.** *Computers in Human Behavior.* [\[link\]](#)

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Articles examining the correlates and mechanisms of mindfulness

Baroni, D., Nerini, A., Matera, C., Stefanile, C. (2016). **Mindfulness and emotional distress: The mediating role of psychological well-being.** *Current Psychology.* [\[link\]](#)

Braeken, M. A., Jones, A., Otte, R. A.,...Van den Bergh, B. R. (2016). **Potential benefits of mindfulness during pregnancy on maternal autonomic nervous system function and infant development.** *Psychophysiology.* [\[link\]](#)

Brandmeyer, T., Delorme, A. (2016). **Reduced mind wandering in experienced meditators and associated EEG correlates.** *Experimental Brain Research.* [\[link\]](#)

Buitron, V., Hill, R. M., Pettit, J. W. (2016). **Mindfulness moderates the association between perceived burdensomeness and suicide ideation in adults with elevated depressive symptoms.** *Suicide & Life-threatening Behavior.* [\[link\]](#)

Campbell, R., Vansteenkiste, M., Delesie, L.,...Mariman, A. (2016). **The role of basic psychological need satisfaction, sleep, and mindfulness in the health-related quality of life of people living with HIV.** *Journal of Health Psychology.* [\[link\]](#)

Christie, A. M., Atkins, P. B., Donald, J. N. (2016). **The meaning and doing of mindfulness: The role of values in the link between mindfulness and well-being.** *Mindfulness.* [\[link\]](#)

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Dixon, H. C., Overall, N. C. (2016). **Regulating fears of rejection dispositional mindfulness attenuates the links between daily conflict, rejection fears, and destructive relationship behaviors.** *Journal of Social and Personal Relationships.* [\[link\]](#)

Drake, M. M., Morris, M., Davis, T. J. (2016). **Neuroticism's susceptibility to distress:**

Contents

60 New Cites p1

20 Interventions

19 Associations

8 Methods

9 Reviews

4 Trials

Highlights p5

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Moderated with mindfulness. *Personality and Individual Differences.* [\[link\]](#)

Grover, S. L., Teo, S. T., Pick, D., Roche, M. (2016). **Mindfulness as a personal resource to reduce work stress in the job demands-resources model.** *Stress and Health.* [\[link\]](#)

Hanley, A. W., Garland, E. L. (2016). **Clarity of mind: Structural equation modeling of associations between dispositional mindfulness, self-concept clarity and psychological well-being.** *Personality and Individual Differences.* [\[link\]](#)

Keng, S. L., Liew, K. W. (2016). **Trait mindfulness and self-compassion as moderators of the association between gender nonconformity and psychological health.** *Mindfulness.* [\[link\]](#)

Lattimore, P., Mead, B. R., Irwin, L.,...Malinowski, P. (2016). **I can't accept that feeling: Relationships between interoceptive awareness, mindfulness and eating disorder symptoms in females with, and at-risk of an eating disorder.** *Psychiatry Research.* [\[link\]](#)

Schut, D., Boelen, P. (2016). **The relative importance of rumination, experiential avoidance and mindfulness as predictors of depressive symptoms.** *Journal of Contextual Behavioral Science.* [\[link\]](#)

St-Louis, A. C., Verner-Filion, J., Bergeron, C. M., Vallerand, R. J. (2016). **Passion and mindfulness: Accessing adaptive self-processes.** *The Journal of Positive Psychology.* [\[link\]](#)

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materialism and mental health. *Personality and Individual Differences.* [\[link\]](#)

Yang, X., Mak, W. W. (2016). **The differential moderating roles of self-compassion and mindfulness in self-stigma and well-being among people living with mental illness or HIV.** *Mindfulness.* [\[link\]](#)

METHODS

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

Calvete, E., Royuela-Colomer, E. (2016). **Measurement of dispositional mindfulness in children and adolescents: A review of available self-report measures in Spanish.** *Mindfulness & Compassion.* [\[link\]](#)

Donovan, E., Rodgers, R. F., Cousineau, T. M.,...Franko, D. L. (2016). **Feasibility of a mindfulness and self-compassion based mobile intervention for adolescents.** *Journal of Adolescence.* [\[link\]](#)

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Kumari, V., Antonova, E., Wright, B.,...Ettinger, U. (2017). **The mindful eye: Smooth pursuit and saccadic eye movements in meditators and non-meditators.** *Consciousness and Cognition.* [\[link\]](#)

Noguchi, K. (2016). **Mindfulness as an end-state: Construction of a trait measure of mindfulness.** *Personality and Individual Differences.* [\[link\]](#)

Renshaw, T. L. (2016). **Preliminary development and validation of the mindful student questionnaire.** *Assessment for Effective Intervention.* [\[link\]](#)

Contents

60 New Cites p1

20 Interventions

19 Associations

8 Methods

9 Reviews

4 Trials

Highlights p5

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Rist, B., Pearce, A. J. (2016). **Strength training for the brain: Using technology to deliver mindfulness training to improve strength and conditioning performance.** *Strength & Conditioning Journal.* [\[link\]](#)

Veringa, I. K., de Bruin, E. I., Bardacke, N.,...Bögels, S. M. (2016). **"I've changed my mind" mindfulness-based childbirth and parenting (MBCP) for pregnant women with a high level of fear of childbirth and their partners: Study protocol of the quasi-experimental controlled trial.** *BMC Psychiatry.* [\[link\]](#)

REVIEWS

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

Acevedo, B. P., Pospos, S., Lavretsky, H. (2016). **The neural mechanisms of meditative practices: Novel approaches for healthy aging.** *Current Behavioral Neuroscience Reports.* [\[link\]](#)

Berk, L., van Boxtel, M., van Os, J. (2016). **Can mindfulness-based interventions influence cognitive functioning in older adults? A review and considerations for future research.** *Aging & Mental Health.* [\[link\]](#)

Jayewardene, W. P., Lohrmann, D. K., Erbe, R. G., Torabi, M. R. (2016). **Effects of preventive online mindfulness interventions on stress and mindfulness: A meta-analysis of RCTs.** *Preventive Medicine Reports.* [\[link\]](#)

Kishita, N., Takei, Y., Stewart, I. (2016). **A meta-analysis of third wave mindfulness-based cognitive behavioral therapies for older people.** *International Journal of Geriatric Psychiatry.* [\[link\]](#)

Lam, A. H., Chien, W. T. (2016). **The effectiveness of mindfulness-based intervention for people with schizophrenia: A systematic review.** *Neuropsychiatry.* [\[link\]](#)

Lang, A. J. (2016). **Mindfulness in PTSD treatment.** *Current Opinion in Psychology.* [\[link\]](#)

Lindsay, E. K., Creswell, J. D. (2016). **Mechanisms of mindfulness training: Monitor and acceptance theory (MAT).** *Clinical Psychology Review.* [\[link\]](#)

Rogers, J. M., Ferrari, M., Mosely, K.,...Brennan, L. (2016). **Mindfulness-based interventions for adults who are overweight or obese: A meta-analysis of physical and psychological health outcomes.** *Obesity Reviews.* [\[link\]](#)

Van Gordon, W., Shonin, E., Lomas, T., Griffiths, M. D. (2016). **Corporate use of mindfulness and authentic spiritual transmission: Competing or compatible ideals?** *Mindfulness & Compassion.* [\[link\]](#)

TRIALS

Research studies newly funded by the National Institutes of Health (NOV 2016)

Northwestern University (D. Victorson, PI). **Reducing the effects of active surveillance stress, uncertainty and rumination through engagement in mindfulness education.** NIH/NCI project #5R01CA193331-02. [\[link\]](#)

Ralph Johnson VA Medical Center (K. Brady, PI). **Mindfulness-based recovery in veterans with substance use disorders.** Veterans Affairs project #5101RX001292-03. [\[link\]](#)

University of Southern California (M. Pentz, PI). **Cancer control research program.** NIH/NCI project #5P30CA014089-42. [\[link\]](#)

University of Texas MD Anderson (K. Milbury, PI). **Couple-based meditation program for patients with metastatic lung cancer and their partners.** NIH/NCI project #5R21CA191711-02. [\[link\]](#)

Contents

60 New Cites p1

20 Interventions

19 Associations

8 Methods

9 Reviews

4 Trials

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HIGHLIGHTS

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

Pregnancy profoundly affects women's bodies. Women's heart rate, blood pressure, and autonomic nervous system functioning undergo significant changes as pregnancy proceeds, and many women experience degrees of emotional distress. Some of these changes have the potential to deleteriously affect the mother's long-term health as well as her infant's social and emotional development.

Braeken et al. [Psychophysiology] conducted a longitudinal study of how differing levels of trait mindfulness are associated with differing levels of cardiovascular and autonomic functioning in pregnant mothers and with their newborn infant's social and emotional development in the months following birth.

The researcher's recruited 156 pregnant Dutch women who volunteered for inclusion in the study (average age = 33 years). Repeated measures of maternal cardiovascular function (blood pressure, heart rate, heart rate variability, and the length of the time interval between ventricular contraction and blood injection into the aorta known as the "pre-ejection period") were taken during the first and third trimesters of pregnancy, along with a self-report measure of emotional distress. Trait mindfulness was measured during the second trimester using the Freiburg Mindfulness Inventory. Maternal emotional distress was again measured 2-4 months after delivery, and infant social-emotional development was assessed by maternal report the fourth month after delivery using the Ages and Stages Questionnaire-Social Emotional (ASQ-SE).

Maternal mindfulness was significantly associated with higher levels of general heart rate variability and high frequency heart rate variability. The more mindful the women

were, the less their high frequency heart rate variability declined and the less their pre-ejection period shortened from the first to the third trimester. These results are interpreted as showing that more versus less mindful women have lower decreases in parasympathetic nervous system activity over the course of their pregnancy, given that these cardiac measures reflect changes in autonomic nervous system function. Higher levels of mindfulness were significantly associated with lower levels of emotional distress both during and after pregnancy. The ASQ-SE adaptive functioning sub-scale was significantly associated with maternal mindfulness, so that more mindful mothers had infants who showed higher levels of adaptive functioning. Adaptive functioning refers to the relative absence of difficulties in feeding, sleeping and elimination.



This study observes that mindful women have less of a decrease in parasympathetic activity over the course of their pregnancy, which could be an important finding in preventing problems like gestational hypertension and preeclampsia. It also finds that mindful women experience less emotional distress, which could be an important finding in preventing postpartum depression. Lastly, it finds that mindful mother's infants have higher levels of adaptive functioning, which may reflect their calmer pregnancies, or perhaps a more mindful parenting style.

The study is limited by it being an associational rather than an interventional study, thus it cannot prove that mindfulness was the effective cause of these benefits, or that mindfulness training might produce the same sorts of benefits. Only future studies can test how robust these findings are and whether training pregnant women to be more mindful will show similar benefits on cardiovascular and emotional health outcomes.

Contents

60 New Cites p1

20 Interventions

19 Associations

8 Methods

9 Reviews

4 Trials

Highlights p5

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Prostate cancer is the second most frequently diagnosed cancer in men, and one-fifth of those diagnosed go on to develop either metastatic or incurable progressive forms of the disease. Men with advanced prostate cancer have higher rates of depression, anxiety, PTSD, and suicide risk than the general population, and may be able to benefit from group treatments to reduce the psychological suffering associated with both the illness and the unintended effects of treatment.

Mindfulness-Based Cognitive Therapy (MBCT) has been shown to be an effective treatment for preventing relapse in recurrent depression, and **Chambers et al. [Journal of Clinical Oncology]** conducted a randomized, controlled study to see whether it could also be of benefit to advanced prostate cancer patients.

The researchers randomly assigned 189 Australian men (average age = 71 years) with advanced prostate cancer to either an 8-week MBCT group intervention delivered by teleconferencing, or a minimally enhanced treatment-as-usual condition. Teleconferencing allowed patients who lived in rural/remote areas or who were too ill to travel to participate. MBCT telephone sessions were held once a week, lasted for 1.25 hours, included short 15-minute meditation periods, and encouraged daily home practice. The enhanced treatment-as-usual condition provided patients with a consumer guide to advanced prostate cancer, a relaxation CD, coping-with-cancer booklets, and similar information. Outcome measures included self-report measures of general psychological distress, cancer-specific distress, anxiety concerning prostate-specific antigen (PSA) tests, quality of life, posttraumatic growth, and mindfulness (using the Five Facet Mindfulness Questionnaire or FFMQ). Measures were obtained at baseline and at 3, 6, and 9 month follow-ups.

There were no significant differences between the MBCT group and the control group on any of the self-reported outcome variables, including any of the FFMQ sub-scales. Of the 94 men assigned to the MBCT group, only 52%

participated in 4 or more of the 8 group sessions. When statistical analyses were performed using the 49% of the MBCT participants who completed four or more sessions, there were again no significant improvement in outcomes, except for MBCT participants earning higher FFMQ Observing scores. Despite the lack of change in outcomes assessed, of the 61% of the MBCT sample who completed satisfaction questionnaires, 73% rated the intervention as "very helpful."



MBCT was not effective in reducing distress in this sample of men with advanced prostate cancer. There are many possible reasons for this finding. First, a psychotherapeutic MBCT may not be for everybody. This was an older male population, and it's possible that either mindfulness skills in the context of cognitive therapy weren't consonant with their preferred masculine coping styles, or that their attentional styles weren't sufficiently modifiable. Second, this was a largely non-distressed population (60% scored below the cut-off for significant distress) so there might not have been that much room for improvement.

The high non-attendance rate may be a clue that patients either didn't think the treatment was necessary, or that this treatment wasn't what they wanted. Third, the high non-attendance rate lowered this study's statistical power, affecting its ability to detect an actual effect. Fourth, teleconferencing may not have been an effective medium for MBCT treatment delivery, especially considering most MBIs were developed for in-person group-based administration. Further studies are needed to clarify which populations and conditions MBCT may be best suited for, and which forms of delivery may be most effective for male patients with advanced cancer.

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