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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

Aherne, D., Farrant, K., Hickey, L.,...McGrath, D. (2016). **Mindfulness based stress reduction for medical students: Optimising student satisfaction and engagement.** *BMC Medical Education.* [\[link\]](#)

Brendel, W., Hankerson, S., Byun, S.,...Sheard, G. (2016). **Cultivating leadership dharma: Measuring the impact of regular mindfulness practice on creativity, resilience, tolerance for ambiguity, anxiety and stress.** *Journal of Management Development.* [\[link\]](#)

de Bruin, E. I., Formsma, A. R., Frijstein, G., Bögels, S. M. (2016). **Mindful2Work: Effects of combined physical exercise, yoga, and mindfulness meditations for stress relieve in employees. A proof of concept study.** *Mindfulness.* [\[link\]](#)

Gallegos, A. M., Moynihan, J., Pigeon, W. R. (2016). **A secondary analysis of sleep quality changes in older adults from a randomized trial of an MBSR program.** *Journal of Applied Gerontology.* [\[link\]](#)

Glasner, S., Mooney, L. J., Ang, A.,...Rawson, R. A. (2016). **Mindfulness-Based relapse prevention for stimulant dependent adults: A pilot randomized clinical trial.** *Mindfulness.* [\[link\]](#)

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Hazlett-Stevens, H., Oren, Y. (2016). **Effectiveness of mindfulness-based stress reduction bibliotherapy: A preliminary randomized controlled trial.** *Journal of Clinical Psychology.* [\[link\]](#)

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Mathur, S., Sharma, M. P., Bharath, S. (2016). **Mindfulness-based cognitive therapy in patients with late-life depression: A case series.** *International Journal of Yoga.* [\[link\]](#)

Momeni, J., Omid, A., Raygan, F., Akbari, H. (2016). **The effects of mindfulness-based stress reduction on cardiac patients blood pressure, perceived stress and anger: A single-blind randomized controlled trial.** *Journal of the American Society of Hypertension.* [\[link\]](#)

Müller, B. C., Gerasimova, A., Ritter, S. M. (2016). **Concentrative meditation influences creativity by increasing cognitive flexibility.** *Psychology of Aesthetics, Creativity, and the Arts.* [\[link\]](#)

Owens, J. E., Schorling, J., Plews-Ogan, M.,...Dent, J. (2016). **A randomized controlled trial evaluating mindfulness-based stress reduction (MBSR) for the treatment of palpitations: A pilot study.** *International Journal of Cardiology.* [\[link\]](#)

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Ozen, L. J., Dubois, S., Gibbons, C.,...Bedard, M. (2016). **Mindfulness interventions improve depression symptoms after traumatic brain injury: Are individual changes clinically significant?** *Mindfulness*. [\[link\]](#)

Paterson, L. Q., Handy, A. B., Brotto, L. A. (2016). **A pilot study of eight-session mindfulness-based cognitive therapy adapted for women's sexual interest/arousal disorder.** *The Journal of Sex Research*. [\[link\]](#)

Rayan, A., Ahmad, M. (2016). **Effectiveness of mindfulness-based intervention on perceived stress, anxiety, and depression among parents of children with autism spectrum disorder.** *Mindfulness*. [\[link\]](#)

Sandhu, H., Bernstein, C. J., Davies, G.,...Underwood, M. (2016). **Combined cognitive-behavioural and mindfulness programme for people living with dystonia: A proof-of-concept study.** *BMJ Open*. [\[link\]](#)

Shao, D., Gao, W., Cao, F. L. (2016). **Brief psychological intervention in patients with cervical cancer: A randomized controlled trial.** *Health Psychology*. [\[link\]](#)

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Articles examining the correlates and mechanisms of mindfulness

Akin, U., Akin, A., Uugur, E. (2016). **Mediating role of mindfulness on the associations of friendship quality and subjective vitality.** *Psychological Reports*. [\[link\]](#)

Bergeron, C. M., Dandeneau, S. (2016). **Implicitly activating mindfulness promotes positive responses following an ego threat.** *Journal of Social and Clinical Psychology*. [\[link\]](#)

Brem, M. J., Khaddouma, A., Elmquist, J.,...Stuart, G. L. (2016). **Relationships among dispositional mindfulness, distress tolerance, and women's dating violence perpetration: A path analysis.** *Journal of Interpersonal Violence*. [\[link\]](#)

Brockman, R., Ciarrochi, J., Parker, P., Kashdan, T. (2016). **Emotion regulation strategies in daily life: Mindfulness, cognitive reappraisal and emotion suppression.** *Cognitive Behaviour Therapy*. [\[link\]](#)

Carsley, D., Heath, N. L., Gomez-Garibello, C., Mills, D. J. (2016). **The importance of mindfulness in explaining the relationship between adolescent's anxiety and dropout intentions.** *School Mental Health*. [\[link\]](#)

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Droit-Volet, S., Heros, J. (2016). **Time judgments as a function of mindfulness meditation, anxiety, and mindfulness awareness.** *Mindfulness*. [\[link\]](#)

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Fernando, A. T., Skinner, K., Consedine, N. S. (2016). **Increasing compassion in medical decision-making: Can a brief mindfulness intervention help?** *Mindfulness*. [\[link\]](#)

Fountain-Zaragoza, S., Londerée, A., Whitmoyer, P., Prakash, R. S. (2016). **Dispositional mindfulness and the wandering mind: Implications for attentional control in older adults.** *Consciousness and Cognition*. [\[link\]](#)

Imel, J. L., Dautovich, N. D. (2016). **The associations between dispositional mindfulness, sense of control, and affect in a national sample of adults.** *The Journals of Gerontology Series B*. [\[link\]](#)

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Lenger, K. A., Gordon, C. L., Nguyen, S. P. (2016). **Intra-Individual and cross-partner associations between the five facets of mindfulness and relationship satisfaction.** *Mindfulness*. [\[link\]](#)

Linares, L., Jauregui, P., Herrero-Fernández, D., Estévez, A. (2016). **Mediating role of mindfulness as a trait between attachment styles and depressive symptoms.** *The Journal of Psychology*. [\[link\]](#)

Lush, P., Parkinson, J., Dienes, Z. (2016). **Illusory temporal binding in meditators.** *Mindfulness*. [\[link\]](#)

Melen, S., Pepping, C. A., O'Donovan, A. (2016). **Social foundations of mindfulness: Priming attachment anxiety reduces emotion regulation and mindful attention.** *Mindfulness*. [\[link\]](#)

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Vinci, C., Spears, C. A., Peltier, M. R., Copeland, A. L. (2016). **Facets of mindfulness mediate the relationship between depressive symptoms and smoking behavior.** *Mindfulness*. [\[link\]](#)

Yang, S., Meredith, P., Khan, A. (2016). **Is mindfulness associated with stress and burnout among mental health professionals in Singapore?** *Psychology, Health & Medicine*. [\[link\]](#)

Zhou, Z. K., Liu, Q. Q., Niu, G. F.,...Fan, C. Y. (2017). **Bullying victimization and depression in Chinese children: A moderated mediation model of resilience and mindfulness.** *Personality and Individual Differences*. [\[link\]](#)

METHODS

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

Islam, M. A., Siddique, S. (2016). **Validation of the bangla mindful attention awareness scale.** *Asian Journal of Psychiatry*. [\[link\]](#)

Jacobsen, P., Peters, E., Chadwick, P. (2016). **Mindfulness-based crisis interventions for patients with psychotic symptoms on acute psychiatric wards (ambition study): Protocol for a feasibility randomised controlled trial.** *Pilot and Feasibility Studies*. [\[link\]](#)

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Jay, K., Brandt, M., Jakobsen, M. D.,...Andersen, L. L. (2016). **Ten weeks of physical-cognitive-mindfulness training reduces fear-avoidance beliefs about work-related activity: Randomized controlled trial.** *Medicine.* [\[link\]](#)

Röthlin, P., Birrer, D., Horvath, S., Holtforth, M. (2016). **Psychological skills training and a mindfulness-based intervention to enhance functional athletic performance: Design of a randomized controlled trial using ambulatory assessment.** *BMC Psychology.* [\[link\]](#)

Wahbeh, H., Oken, B. S. (2016). **Internet mindfulness meditation intervention for the general public: Pilot randomized controlled trial.** *JMIR Mental Health.* [\[link\]](#)

REVIEWS

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

Gockel, A., Deng, X. (2016). **Mindfulness training as social work pedagogy: Exploring benefits, challenges, and issues for consideration in integrating mindfulness into social work education.** *Journal of Religion & Spirituality in Social Work: Social Thought.* [\[link\]](#)

Gong, H., Ni, C., Liu, Y.,...Jiang, C. (2016). **Mindfulness meditation for insomnia: A meta-analysis of randomized controlled trials.** *Journal of Psychosomatic Research.* [\[link\]](#)

Hilton, L., Maher, A. R., Colaiaco, B.,...Hempel, S. (2016). **Meditation for posttraumatic stress: Systematic review and meta-analysis.** *Psychological Trauma: Theory, Research, Practice and Policy.* [\[link\]](#)

Kiely, D., Schwartz, S. (2016). **Mindfulness as an intervention for breast cancer survivors.** *Clinical Journal of Oncology Nursing.* [\[link\]](#)

Matvineko-Sikar, K., Lee, L., Murphy, G., Murphy, L. (2016). **The effects of mindfulness interventions on prenatal well-being: A systematic review.** *Psychology & Health.* [\[link\]](#)

Powietrzyńska, M., Gangji, A. -K. H. (2016). **I understand why people need to ease their emotions: Exploring mindfulness and emotions in a conceptual physics classroom of an elementary teacher education program.** *Cultural Studies of Science Education.* [\[link\]](#)

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TRIALS

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

Medical University of South Carolina (T. Killeen, PI). **Mindfulness meditation for the treatment of women with PTSD and SUD.** NIH/NIDA project #5R01DA040968-02. [\[link\]](#)

University of Washington (K. Davis, PI). **Alcohol-related sexual aggression: An emotion regulation intervention.** NIH/NIAAA project #1R21AA023811-01A1. [\[link\]](#)

VA Puget Sounds Healthcare System (D. Kearney, PI). **A trial of loving kindness meditation and cognitive processing therapy for PTSD.** Veterans Affairs project #5101CX000857-03. [\[link\]](#)

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HIGHLIGHTS

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

Physician compassion is a key element in good doctor-patient relationships. Nevertheless, nearly 50% of doctors and patients feel that medical care is often insufficiently compassionate. Between 20-70% of physicians suffer from compassion fatigue, a state of emotional exhaustion and diminished empathy brought on by the unceasing demands of patient care. As a consequence, medical educators are interested in finding ways to enhance compassion in medical students who are in training to become future physicians. **Fernando et al. [Mindfulness]** tested whether a set of audio-guided mindfulness exercises could increase medical students' compassionate behaviors, and whether the exercises had differential effects depending on the students' self-compassion levels.

The researchers recruited 83 medical students (54% female, average age=21) for what they were told was a study of "emotional and clinical decision making." The students completed a self-report measure of self-compassion, a personality disposition that involves self-kindness, recognition of one's common humanity, and mindful awareness. The students were then randomly assigned to listen to 10-minute audio recordings of either experiential mindfulness exercises or a speech on civic service. The mindfulness recording included an explanation of mindfulness and exercises involving mindfulness of the breath and of emotions. The students completed the Toronto Mindfulness Scale (TMS) after hearing the recordings.

Participants were then presented with a series of hypothetical clinical scenarios involving interactions with "difficult" patients. Participants rated how much they liked, wanted to help, and felt caring towards the patients, and their degree of subjective closeness to them. They also decided how

much consultation time to allot to each of the patients. After being told the study was finished, the research assistant requested participants to help with an unrelated administrative task. The participants' willingness to help with the task served as an objective measure of compassionate behavior.



Listening to the mindfulness recording resulted in higher TMS Decentering scores (a measure of one's ability to disidentify from thoughts and feelings) than did listening to the civic service speech (partial $\eta^2=0.13$). Self-compassion scores were positively associated with liking the hypothetical patients (partial $\eta^2=0.05$), but listening to the mindfulness recording was not. However, students who listened to the civic service speech and were higher in self-compassion liked the patients more than those who listened to the speech and were low in self-compassion; there was no similar difference based on self-compassion for the students who listened to the mindfulness recording (partial $\eta^2=0.05$). The mindfulness recording increased their caring when students were low in self-compassion, and reduced their caring when they were high in self-compassion (partial $\eta^2=0.08$). Feelings of emotional closeness were associated with higher self-compassion for those who heard the civic service speech, but the mindfulness recording increased feelings of closeness for students who were lower in self-compassion (partial $\eta^2=0.09$). The mindfulness recording increased the likelihood of helping the research assistant when students were high in self-compassion, but not when they were less self-compassionate (partial $\eta^2=0.09$).

The study shows that brief mindfulness exercises can enhance decentering in medical students. The effects of the brief mindfulness recording on compassion to others seem to be moderated by pre-existing levels of self-compassion. While the

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exercises facilitated caring for and liking the hypothetical patients when the students were low in self-compassion, it decreased aspects of compassion towards the patients when the students were high in self-compassion. The mindfulness exercises increased the likelihood of the students helping the research assistant, but only when the students were high in self-compassion. The study is limited by the very brief nature of its mindfulness recording.

Healthcare costs in the United States rose to over 17% of the Gross Domestic Product in 2015. Employers are increasingly turning to workplace-based lifestyle interventions to control employee healthcare costs. Mindfulness-based interventions (MBIs) are sometimes offered in workplaces to enhance employee self-care and decrease illness-causing stress. How well do workplace-based MBIs succeed in lowering employee healthcare utilization costs? Using a quasi-experimental design, **Klatt et al. [Complementary Therapies in Medicine]** retrospectively analyzed 5-year healthcare utilization and the associated costs for participants in a workplace-based MBI and a workplace-based didactic diet-and-exercise program. The researchers then compared these utilization rates and costs with those of matched controls drawn from a health care database.

A sample of 170 faculty and staff members from a large Midwestern university was recruited and randomly assigned to either a MBI or the diet-and-exercise (DE) intervention. The participants were selected, in part, on the basis of their high C-reactive protein levels (3.0-10.0 mg/ml), which are a known risk factor in cardiovascular disease. The MBI was an 8-week program modeled after MBSR, but truncated to fit a lunch hour schedule. The weekly workplace-based group meetings lasted 1 hour, recommended home practice was 20 minutes per day, yoga consisted of standing and chair yoga, and a 2-hour retreat replaced the usual "all day" session. The DE intervention consisted of a series of 8, 1-hour-long, group didactic sessions focusing on nutrition, diet, and exercise along with associated home readings. After the experiment was concluded, an additional

cohort of 258 "controls" was selected from the university health plan database by matching the study participants as closely as possible on age, gender, relative health risk, and prior healthcare utilization. For statistical reasons, the researchers compared the MBI and DE interventions to the matched controls and not to each other.



The researchers analyzed university health plan records for participants and controls for the 5-year period after the interventions were completed. At the end of 5 years, both intervention groups had significantly fewer primary care visits than controls and trended towards fewer hospital visits and lower overall healthcare costs. Total MBI healthcare costs averaged \$17,591, compared to \$21,487 for DE participants and \$25,788 for controls. On the other hand, MBI and DE participants used significantly more pharmacy prescriptions with significantly higher pharmacy costs. MBI participants spent an average of \$7,286 on an average of 100 prescriptions per person compared to \$10,398 for 94 prescriptions for DE participants and \$4,729 for 3 prescriptions for controls.

The study shows a non-significant trend toward the workplace interventions lowering overall healthcare costs, with MBI participants averaging \$8,197 less over 5 years than matched controls. MBI and DE participants were significantly less likely to visit their primary care doctors and trended towards being less likely to be hospitalized, but filled significantly more prescriptions. The study is limited by the possibility that the control cohort was not completely equivalent to the intervention groups, despite propensity matching. After all, the participants had volunteered for the intervention and made the commitment to attend, while the controls were passively selected from a database.