**Interventions**

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


awareness training: A case study. Explore, 10(3), 193-195. [link]

ASSOCIATIONS

Articles examining the correlation and mechanism between mindfulness and other variables


METHODS

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

Curtiss, J., & Klemanski, D. H. (2014). Factor analysis of the five-facet mindfulness questionnaire in a heterogeneous clinical
Sample. Journal of Psychopathology and Behavioral Assessment. [link]


**REVIEWS**

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


Carvalho, A. (2014). Subjectivity, ecology and meditation-performing interconnectedness. Subjectivity, 7(2), 131-150. [link]


Garland, E. L. (2014). Disrupting the downward spiral of chronic pain and opioid addiction with mindfulness-oriented recovery

**TRIALS**

Research studies newly funded by the National Institutes of Health (Apr/May 2014)

Innovation Research and Training, Inc. (A. Parker, PI). Mindfulness-based coping program for adolescents. NIH/NICHD project #1R43HD068093-01A1. [link]

Oregon Health & Science University (L. Carim, PI). Impact of yoga practice on self-control in abstinent nicotine dependent smokers. NIH/NIDA project #1R21DA035877-01A1. [link]

University of Massachusetts (J. Brewer, PI). Mobile mindfulness for smoking cessation. NIH/NCI project #1R21CA184254-01. [link]

University of Pennsylvania (J. Greeson, PI). Mechanisms of mindfulness: effects on sleep quality, stress physiology and CVD risk. NIH/NCCAM project #7R00AT004945-06. [link]
Despite advances in the treatment of severe, prolonged psychotic illnesses such as schizophrenia, many if not most patients continue to suffer from residual symptoms, episodic relapses, and deficits in psychosocial functioning. While mindfulness-based interventions (MBIs) have been of some proven value in the treatment of mental disorders, clinicians are often reluctant to employ MBIs for patients with psychotic disorders due to fear that focusing awareness in the context of hallucinations and delusions might exacerbate symptoms of the illness.

Chien and Thompson [Br J Psychiatry] conducted a randomized, controlled multisite trial of an MBI with 107 Chinese schizophrenic outpatients in Hong Kong. Patients were assigned to either a Mindfulness-Based Psychoeducation Program (MBPP), a conventional psychoeducation program (CPP), or treatment as usual (TAU) that consisted of monthly psychiatric outpatient clinic visits and access to a variety of clinical support services. While MBPP and CPP both included illness-specific psychoeducation including symptom management and relapse prevention strategies, MBPP also included focused, guided practice in awareness of bodily sensations, thoughts, and feelings with an emphasis on fostering acceptance and a decentered attitude. MBPP and CPP were administered in twelve 2-hour group sessions over the course of six months, and participants were re-evaluated at 1 week, 12 months, and 24 months post-intervention.

Over the course of two-years, MBPP participants showed significantly fewer psychotic symptoms, higher levels of psychosocial functioning, higher levels of awareness into the nature of their illness, and shorter duration of hospital stays than did CPP and TAU participants. Effect sizes were all medium-to-large. At two-year follow-up, MBPP participants had average Brief Psychiatric Rating Scale scores of 17 (higher numbers = greater symptomatology), while CPP participants averaged 28, and TAU averaged 36. MBPP participants were hospitalized an average of 11 days, CPP patients 16 days, and TAU patients 21 days. The study suggests that MBPP may offer benefit to participants over and above current standard treatments, and that fears that MBIs might cause unintended harms in psychotic populations may be unfounded, especially when interventions are modified to take the specific needs of psychotic patients into account.

Typically, a high level of experiential avoidance, that is, deliberate inattention towards unwanted thoughts and feelings, is associated with higher levels of distress, while high levels of non-judgmental acceptance are associated with lower levels of distress. Morris et al. [Aust N Z J Psychiatry] explored whether this commonly observed pattern also applies to the avoidance or acceptance of auditory hallucinations. Fifty patients who were experiencing persistent and distressing auditory hallucinations completed a battery of self-report measures including the Kentucky Inventory of Mindfulness Skills. The authors were interested in whether dispositional mindfulness and acceptance affected how voices were appraised (e.g., were they experienced as malevolent, benevolent, or omnipotent), and the degree to which the patients experienced distress and disability, were engaged with the voices or resisted them, and relied on thought-control strategies such as distraction, self-punishment or cognitive reappraisal.

"Psychological flexibility" (present-moment awareness coupled with a sustained ability to act in accord with one’s values) and non-judgmental acceptance partially behaved as predicted. Both had significant negative correlations with measures of depression, anxiety, maladaptive efforts at thought-control through self-punishment, appraisals of the voices as being "omnipotent" and actions and emotions centered on resisting the voices. On the other hand, neither psychological flexibility nor nonjudgmental acceptance were correlated with distress and disruption caused by the voices or the patients’ emotional and behavioral engagement with them. This may be due in part to the lack of variance on both the distress/disruption and behavioral engagement measures. This study underscores the importance of mindfulness and nonjudgmental acceptance as factors influencing the way in which individuals who hear voices interpret and respond to their hallucinations, and suggests a pathway through which MBIs might successfully influence clinical outcomes.
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Events & Conferences

Clinical Meditation & Imagery

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

INFO: www.huntingtonmeditation.com

Mindfulness Meditation for Professional Women

Free 15-minute mindfulness meditation calls every Monday in May - July for professional women. Dial-in to practice meditation and be guided by women leaders including Sharon Salzberg, Kristin Neff, Sudha Lundeen, Angela Savitri, + others.

Date: Mondays in May - July Time: 12:15 - 12:30 PM EST.

INFO: Register at www.mindfulnessforwomen.eventbrite.com

Mindfulness-Oriented Recovery Enhancement Workshop

During this intensive two-day training, July 18 and 19 in Salt Lake City, participants will learn how to use mindfulness to treat substance abuse, psychological distress, and chronic pain conditions. Eric Garland, PhD, LCSW, developer of Mindfulness-Oriented Recovery Enhancement (MORE), will explain the techniques, science, and research behind this innovative, evidence-based treatment approach. Participants will learn mindfulness training and other related therapeutic techniques, with real-time supervision in state-of-the-art clinical training facilities. Participants must be master’s-level mental health or health care professionals.

INFO: Register: www.tiny.utah.edu/more2014

Research & Education

MBCPM Facilitator Training

For the third year, a Mindfulness-Based Chronic Pain Management (MBCPM) Practicum with patients, followed by facilitator training on the curriculum, is being offered from August 11th to 21st, 2014, in Toronto, Ontario, Canada. Certification levels are available after the initial training. MBCPM is a course created by Canadian physician Dr. Jackie Gardner-Nix, where patients with chronic pain learn mindfulness and meditation and how they relate to suffering less pain. Based on Jon Kabat-Zinn’s MBSR program, MBCPM specifically addresses the needs of the chronic pain population, including reaching clients remotely through telemedicine.

INFO: www.neuronovacentre.com

Mind-Body Medicine Study

If you are a primary care provider who practice or refer patients to Mind-Body Medicine (MBM) services, please take this 10-minute survey to help us understand the integration of MBM into primary care and your chance to win $50 from Amazon: https://www.surveymonkey.com/s/MBM_in_PC

INFO: Questions? Or to be interviewed, email: Chelsea.mcguire@gmail.com

Books & Media

Contemplative Education Website

This new website provides a virtual commons for connecting, collaborating and sharing for those involved with mindfulness and other forms of contemplative education. Registration is free. You can post full information (c.v., links to your work, websites, etc.) as well as notices of publications, events and much else. Non-members can search the site.

INFO: www.contemplativeeducation.ca

Employment & Volunteer

None posted