**Interventions**

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


Highlights


adults: A literature review. *International Journal of Environmental Research and Public Health.* [link]


Central New York Research Corporation (K. Possemato, PI). Primary care based mindfulness training for veterans with PTSD. NIH/NCCIH project # 5R34AT009678-02. [link]

National University of Natural Medicine (A. Senders, PI). MBSR for multiple sclerosis: Feasibility, durability, and clinical outcomes. NIH/NCCIH project #5K23AT008211-05. [link]

Northwestern University (B. Yanez, PI). Mindfulness-based e-health intervention to improve medication adherence among breast cancer survivors. NIH/NCCIH project #5R34AT009447-02. [link]

VA Puget Sound (D. Kearney, PI). Evaluation of a mindfulness-based intervention for gulf war illness. VA project # 5I01HX001828-02. [link]
Highlights
A summary of select studies from the issue, providing a snapshot of some of the latest research

While people with chronic illnesses can benefit from modifications in diet, exercise, and stress management, initiating and maintaining behavioral changes can be difficult. People with mental health problems can find it even harder to self-manage healthy lifestyle changes. Health care providers are interested in behavioral interventions that can be delivered directly in primary care settings to help patients better manage their illnesses.

Gawande et al. [Journal of General Internal Medicine] studied whether a primary care mindfulness-based intervention could promote improved patient self-management of behaviors that might favorably impact their health. They compared the effectiveness of an intensive in-house mindfulness training to a brief orientation to mindfulness coupled with referral to potential community and online mindfulness resources.

The researchers randomly assigned 136 primary care patients with depressive, anxiety, stress, adjustment, or traumatic stress diagnoses (65% female; 77% Caucasian; average age = 41 years) to either a Mindfulness Training for Primary Care (MTPC) group or a low dose comparator control. Participants who were already receiving mental health treatment were encouraged to continue it during the study. MTPC was delivered in 8 weekly 2-hour group sessions along with a 7-hour retreat. The program was based on Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy. It included instruction on self-compassion, illness self-management, values clarification, communication, and mindful action planning.

Prior to randomization, all participants attended a one-hour orientation to mindfulness that included didactic and practice elements. Following randomization, participants in the low dose comparator control were encouraged to practice mindfulness on their own, advised to seek out mindfulness resources, and placed on a 6-month MTPC waiting list. Both MTPC and control participants received biweekly phone calls encouraging continued home practice.

In the seventh week of the study, all participants were asked to develop a short-term action plan to self-manage chronic illness and promote wellness. In weeks 8 and 9, they self-rated the degree to which they had successfully initiated their action plans. Participants also completed questionnaires at baseline, 8 weeks, and 24 weeks assessing anxiety, depression, stress, emotion regulation, self-compassion, mindfulness (Five Facet Mindfulness Questionnaire), awareness of body sensations, and measures of self-efficacy and perceived control in managing their illnesses.

MTPC attendance was fair to good, with 74% of participants attending 6 or more group sessions. MTPC participants engaged in an average of 191 minutes a week of home mindfulness practice compared to 53 minutes a week for controls. MTPC participants showed significant improvements at 8 weeks on anxiety ($d=0.80$), depression ($0.59$), perceived stress ($0.77$), mindfulness ($0.92$), self-compassion ($0.85$), emotion regulation ($0.71$), awareness of body sensations ($1.0$), self-efficacy in managing illness ($0.30$), and perceived control in managing illness ($0.41$). Controls showed similar changes in anxiety, depression, perceived stress, and self-compassion, but experienced no improvement on the other measures. All of these improvements persisted at 24 weeks.

MTPC participants showed significantly larger improvements in mindfulness ($d=0.57$), self-compassion ($0.41$), emotion regulation ($0.58$), and awareness of body sensations ($0.75$) than did controls. MTPC participants were also significantly more likely to report successfully initiating and
implementing their illness self-management plans (58% vs. 32%). These plans typically involved changes in mindful self-care, physical activity level, and/or diet.

The study shows that intensive mindfulness training can be successfully integrated into a primary care setting, while improving mindfulness, self-compassion, body awareness, and emotional self-regulation better than a low dose comparator. MTPC also increases the likelihood of patients implementing short-term health care self-management plans. Participants improved on a variety of mental health measures, although not more than those in the low dose comparator. The study is limited by its reliance on self-report to assess patient implementation of self-management plans, and by the absence of a treatment-as-usual control.

Between 30-70% of physicians suffer from work-related burnout. Physician burnout is associated with higher medical error rates, poorer physician-patient communication, and increased physician substance abuse and suicide. Medical professionals are interested in developing ways to reduce burnout, including the implementation resilience curricula in medical schools. Kemper et al. [Academic Medicine] surveyed pediatric residents to assess the rate of burnout during residency, and determine whether the traits of mindfulness and self-compassion served as protection against burnout.

A cohort of 872 pediatric residents serving at 31 different residency sites (72% female; 73% Caucasian; average age = 29 years) completed an online questionnaire in the spring of 2016 and again in the spring of 2017. The questionnaires measured burnout, perceived stress, confidence in their ability to provide compassionate care, mindfulness (the Cognitive and Affective Mindfulness Scale-Revised), and self-compassion. The burnout measure assessed emotional exhaustion (e.g., “I feel emotionally drained from my work”) and compassion fatigue (e.g., “I feel I treat some patients as if they were impersonal objects”). The researchers looked at the stability of measures over time, the cross-sectional correlations between measures within each year, and the ability of 2016 mindfulness and self-compassion scores to predict 2017 burnout, stress, and confidence in being able to deliver compassionate care.

The results showed that 48% of the residents suffered from burnout in the spring of 2016 and again in the spring of 2017. In 2016, mindfulness significantly correlated positively with self-compassion (.61) and confidence in providing compassionate care (.37) and negatively with perceived stress (.59) and burnout (.44). Self-Compassion significantly correlated positively with confidence in providing compassionate care (.29) and negatively with perceived stress (.49) and burnout (.38). Correlation magnitudes were essentially the same in 2017.

After controlling for 2016 burnout, self-compassion significantly predicted reduced 2017 burnout. Each additional point on the 2016 self-compassion scale was associated with a 6% decrease in the 2017 likelihood of burning out. Controlling for 2016 perceived stress, mindfulness and self-compassion both significantly predicted lower 2017 stress levels. Controlling for 2016 confidence in providing compassionate care, mindfulness and self-compassion both significantly predicted higher 2017 levels in confidence in providing compassionate care.

The results demonstrate that nearly half of all pediatric residents suffer from burnout. Self-compassion and mindfulness promote resilience by reducing stress and burnout, and increasing confidence in treating patients compassionately. The study provides a rationale for including mindfulness and self-compassion training in medical school curricula. The study’s strengths include its large and representative sample and its predictive use of mindfulness measures.
Lesley University is accepting applications for an Associate/Full Professor, Mindfulness Studies Program Director through January 30, 2019. To view the full position description and to apply online please use the link below to be redirected to our website.

https://lesley.interviewexchange.com/jobofferdetails.jsp?JOBID=104929&CNTRNO=9&TSTMP=1545233558135

The Mindfulness Studies Program:

Lesley University’s 36-credit Master’s in Mindfulness Studies is the first graduate program of its kind in the United States, as is the 15-credit Certificate Program in Mindfulness studies. The Programs, comprised of approximately 90 students, are low-residency; courses are online with the exception of an in-person component at the weeklong on campus summer residency for first-year students. In this academically and experientially rigorous program, students are immersed in the theory and practice of mindfulness, mindful communications (insight dialog), mindful leadership and social change, and the roots of mindfulness in Buddhist traditions, as well as research in the emerging field of contemplative neuroscience. The Master's Degree Program culminates with a capstone project/Master's thesis. A number of electives are also offered.

Graduates will be versed in the history of mindfulness in the west, and its origins in classical mindfulness, as well as in ongoing conversations about secular Buddhism and the early teachings of the Buddha. Students in the Master’s and Certificate programs complete a one-week silent retreat at a Vipassana (or other approved) retreat center. Those in the Master's program complete a semester-long internship during which they provide mindful service in their home communities. Graduates will emerge from the program grounded in mindfulness, familiar with Buddhist traditions and thought, and knowledgeable of the applications of mindfulness across a wide variety of fields.

The M.A. in Mindfulness Studies is especially suitable for those aspiring to be mindful citizens, prepared to promote social good, and to apply their training in their professional endeavors, including health and wellness, education, business and leadership, and other forms of social entrepreneurship. The program is excellent preparation for students seeking to pursue professional certification training in Mindfulness Based Interventions (MBIs), or as complementary training for those already engaged in MBI certification programs.

Job Description:

This is a full time 12-month Associate/Full Professor position in the Master's Degree program in Mindfulness Studies. Rank is commensurate with experience. The Director reports to the Dean of the Graduate School and oversees the 36-credit Master's Degree Program, as well as the 15-credit Certificate Program in Mindfulness Studies. He/she/they teaches online courses across the curriculum, supervises core faculty, hires and mentors adjunct faculty, advises students, develops new curricula and program initiatives, and fosters collaborations with other mainstream mindfulness and Buddhist entities. The Director works with university departments on marketing, admissions, budgeting, and alumni relations; and serves as a liaison between the program and the University. He/she/they serves on the Graduate School academic leadership team and on school and university faculty committees. The director oversees and leads the planning and delivery of the once yearly, week-long summer on-campus residency session for first year students. The director is responsible for developing new Program initiatives and planning Program events, and for developing collaborations and co-sponsored events with other mainstream mindfulness and Buddhist entities. He/she/they must actively embrace and foster the relationship between social justice, reflective practice, and individual well-being; and address issues of privilege, exclusion, and marginalization in all aspects of the Director role.

Lesley University is an Affirmative Action/Equal Opportunity Employer and is committed to promoting diversity, inclusion and social justice in all aspects of the educational experience. Candidates who believe they can contribute to this goal are encouraged to apply.