Interventions

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


mindfulness intervention program. *Journal of Holistic Nursing.* [link]


reperceiving: A qualitative investigation of CARE for teachers. *Mindfulness.* [link]


**METHODS**

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


MBCT for depression: A tree-based qualitative interaction analysis. Behaviour Research and Therapy. [link]


**REVIEWS**

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


Birchinall, L., Spendlove, D., Buck, R. (2019). In the moment: Does mindfulness hold the key to improving the resilience and wellbeing of pre-service teachers? Teaching and Teacher Education. [link]


**TRIALS**

Research studies newly funded by the National Institutes of Health (SEP 2019)

Boston Medical Center (N. Morone, PI). Group-based mindfulness for patients with chronic low back pain in the primary care setting. NIH/NCCIH project #1UG3AT010621-01. [link]

Kaiser Foundation Research Institute (A. Beck, PI). Digital MBCT for perinatal depression. NIH/NIMH project #1U19MH121738-01. [link]

New York University (D. Charytan, PI). Pain, opioids, and ESRD risk reduction with mindfulness and buprenorphine. NIH/NIDDKD project #1U01DK123814-01. [link]

University of Alabama (M. Mumba, PI). Mindfulness and peer mentoring program to improve adherence to MAT for opioid use disorders. NIH/NCCIH project #1R61AT010802-01. [link]

University of Washington (C. Price, PI). Mindful body awareness training as an adjunct to MAT for opioid use disorder. NIH/NCCIH project # 1R01AT010742-01. [link]
Highlights

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

Episodic and chronic migraines affect approximately one billion people worldwide. Symptoms including migraine aura, headache, nausea, and light sensitivity can significantly impair functioning at work, home, and in social situations. Existing behavioral treatments including biofeedback, relaxation and cognitive therapy, and pharmacological treatments have limited efficacy, but no treatment works for everyone.

Seng et al. [Headache] evaluated the efficacy of Mindfulness-Based Cognitive Therapy for Migraine (MBCT-M) compared to a control in reducing migraine-related disability.

The authors randomly assigned 60 migraine patients (average age=40 years; 82% Caucasian; 92% female; average headache days per month=16) to MBCT-M or a treatment-as-usual waitlist control. Thirty-six percent of MBCT-M participants and 62% of control participants came to the study on prescribed prophylactic migraine medication that was continued throughout the study. The groups did not differ on headache frequency, intensity, or disability at baseline. All participants kept a 30-day headache diary both before and after intervention. In addition, participants were assessed on two measures of headache disability: the Headache Disability Inventory (HDI) and Migraine Disability Assessment (MIDAS) at baseline, and 1, 2, and 4 months.

MBCT-M consisted of once weekly 75-minute individual training sessions for 8 weeks. Sessions included didactic training, cognitive exercises, mindfulness meditation practice and homework review. Most sessions were conducted in person; however, participants were allowed up to 3 telephone-delivered sessions when headaches prevented in-person attendance. The trainers were clinical psychology graduate students with 12 hours of MBCT training. The trainers received continuous supervision from licensed psychologists with expertise in headaches, and sessions were monitored to assure treatment fidelity. The control group continued whatever treatment they were getting prior to the onset of the study and were placed on an MBCT-M waiting list.

Mindfulness participants reported a significantly greater average decrease in disability (-14.3 points) on the HDI than did controls (-0.2 points). Group differences on the MIDAS trended toward significance in the same direction. Mindfulness participants reported a significantly greater decrease in average daily disability ratings in their headache diaries (-0.6 points) than did controls who reported an average increase (+0.3). The groups did not differ in headache frequency or intensity.

There were two adverse events in the MBCT-M group: one person re-experienced a traumatic memory, and another reported a dramatic increase in headache frequency and intensity. There were no adverse events in the control group. Two thirds of MBCT-M participants gave exit interviews, and of those, 86% stated they derived benefit from the treatment and would recommend it to others.

The results support the use of MBCT-M for migraine-related disability reduction. MBCT-M may be most useful when significant disability remains, and other treatments have achieved maximum benefit in decreasing headache frequency and intensity. The researchers hypothesize that MBCT-M works by changing one's relationship to headache-related pain and thinking rather than by reducing headache frequency and intensity. The study was limited by its failure to reach its recruitment goal, thereby lowering its power to detect study group differences. It also did not measure mindfulness or headache-related catastrophizing and rumination.
The United States Veterans Health Administration (VHA) provides healthcare for 9 million military veterans across its 1,243 healthcare facilities. While half of all military veterans currently use or are interested in using complementary and integrative approaches to healthcare, little is known about their specific use of mindfulness meditation.

Goldberg et al. [Mindfulness] analyzed VHA survey data assessing veteran utilization of complementary and integrative healthcare techniques to help guide VHA decision-making about expanding mindfulness training opportunities within their healthcare system.

The VHA Survey asked 1,230 military veterans (85% male; 90% Caucasian; age range = 18-65+ years; modal age = 65+ years) who volunteered to complete the survey about their utilization of 22 different complementary and integrative health approaches. Veterans responded to questions about their use of the approaches, why they used them, their perceived effectiveness, and any barriers encountered in accessing them.

The results showed that 18% of the veteran sample had used mindfulness meditation in the past year. Utilization was highest for female and Hispanic veterans, divorced, widowed, or separated veterans, and for those 35-49 years of age. Mindfulness meditation use was lowest for veterans 65 years of age or older or married.

Mindfulness meditation was the third most frequently used of the 22 approaches, exceeded only by massage and chiropractic care. It was used significantly more often than 19 other approaches, including acupuncture, relaxation, movement therapy, reflexology, imagery, biofeedback, hypnosis, tai chi, and qi gong.

Of those who used mindfulness meditation, 28% reported using it every day, 18% a few times a week, 20% a few times a month, 11% once a month, and 22% a few times a year. Most veterans reported using it for purposes of stress reduction (73%), and/or symptoms of anxiety and depression (51%). Other reasons for use included PTSD, sleep problems, relationships issues, pain, and blood pressure control.

Respondents’ average ratings for perceived effectiveness of mindfulness meditation was 3.2 on a 5-point scale, where “3” meant “somewhat helpful” and “4” meant “moderately helpful.” These ratings did not differ significantly from the veteran ratings for the other complementary and integrative approaches.

Only 22% of the mindfulness meditators received mindfulness training through the VHA. The majority of veterans (59%) who received mindfulness training outside the VHA said they did not know whether or not the VHA offered it. It was unclear whether the VHA actually offered training that the veterans were unaware of, or whether the service was in fact not offered by their local VHA facility.

The results show that a significant number of veterans engage in mindfulness meditation, and that veteran utilization (18%) appears higher than an estimate of general population use (2.5%). Veteran meditators find mindfulness to be at least somewhat helpful, and most veterans (66%) who engage in it do so at least a few times a month.

These results lend support to VHA efforts to increase the availability of mindfulness training for veterans and to better publicize existing programs. The study is limited by a volunteer sample that may not be representative of the entire veteran population.
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