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**Literature search results**

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**Search details**

Mindfulness – application in psychiatry, mental health and neurology (adults)

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; EMBASE; MEDLINE; PsychINFO; Google Scholar

*Database search terms*: mindfulness, psychiatry, mental health, adults

*Google search string*:

**Summary**

**Guidelines**

None found.

**Evidence-based reviews**

1. The efficacy of mindfulness-based cognitive therapy in recurrent depressed patients with and without a current depressive episode: a randomized controlled trial. Psychological Medicine 2011.


3. Mindfulness-based cognitive therapy to prevent relapse in recurrent depression Evidence
From the DARE database:

1. The effect of mindfulness-based therapy on anxiety and depression: a meta-analytic review (Structured abstract)

2. Mindfulness meditation for substance use disorders: a systematic review (Structured abstract)

**Published research**

1. **Mechanisms of mindfulness: A Buddhist psychological model: Erratum.**

   **Author(s):** Grabovac, Andrea D, Lau, Mark A, Willett, Brandilyn R

   **Citation:** Mindfulness, September 2011, vol./is. 2/3(218), 1868-8527;1868-8535 (Sep 2011)

   **Publication Date:** September 2011

   **Abstract:** Reports an error in "Mechanisms of mindfulness: A Buddhist psychological model" by Andrea D. Grabovac, Mark A. Lau and Brandilyn R. Willett (Mindfulness, 2011[Sep], Vol 2[3], 154-166). The original article contains an incorrect citation and error in the reference section. The citation (Smith et al. 2008) should read (Baer et al. 2008). The reference to Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., Walsh, E., et al. (2008). Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. Assessment, 15, 329-342. Should read: Baer, R.A, Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., Walsh, E., et al. (2008). Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. Assessment, 15, 329-342. (The following abstract of the original article appeared in record 2011-16715-002). Several models have explored the possible change mechanisms underlying mindfulness-based interventions from the perspectives of multiple disciplines, including cognitive science, affective neuroscience, clinical psychiatry, and psychology. Together, these models highlight the complexity of the change process underlying these interventions. However, no one model appears to be sufficiently comprehensive in describing the mechanistic details of this change process. In an attempt to address this gap, we propose a psychological model derived from Buddhist contemplative traditions. We use the proposed Buddhist psychological model to describe what occurs during mindfulness practice and identify specific mechanisms through which mindfulness and attention regulation practices may result in symptom reduction as well as improvements in well-being. Other explanatory models of mindfulness interventions are summarized and evaluated in the context of this model. We conclude that the comprehensive and detailed nature of the proposed model offers several advantages for understanding how mindfulness-based interventions exert their clinical benefits and that it is amenable to research investigation. (PsycINFO Database Record (c) 2011 APA, all rights reserved)

   **Source:** PsycINFO
2. **Mechanisms of mindfulness: A Buddhist psychological model.**

**Author(s):** Grabovac, Andrea D, Lau, Mark A, Willett, Brandilyn R

**Citation:** Mindfulness, September 2011, vol./is. 2/3(154-166), 1868-8527;1868-8535 (Sep 2011)

**Publication Date:** September 2011

**Abstract:** [Correction Notice: An erratum for this article was reported in Vol 2(3) of Mindfulness (see record 2011-16715-011). The original article contains an incorrect citation and error in the reference section. The citation (Smith et al. 2008) should read (Baer et al. 2008). The reference to Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., Walsh, E., et al. (2008). Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. Assessment, 15, 329-342. Should read: Baer, R.A, Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., Walsh, E., et al. (2008). Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. Assessment, 15, 329-342.] Several models have explored the possible change mechanisms underlying mindfulness-based interventions from the perspectives of multiple disciplines, including cognitive science, affective neuroscience, clinical psychiatry, and psychology. Together, these models highlight the complexity of the change process underlying these interventions. However, no one model appears to be sufficiently comprehensive in describing the mechanistic details of this change process. In an attempt to address this gap, we propose a psychological model derived from Buddhist contemplative traditions. We use the proposed Buddhist psychological model to describe what occurs during mindfulness practice and identify specific mechanisms through which mindfulness and attention regulation practices may result in symptom reduction as well as improvements in well-being. Other explanatory models of mindfulness interventions are summarized and evaluated in the context of this model. We conclude that the comprehensive and detailed nature of the proposed model offers several advantages for understanding how mindfulness-based interventions exert their clinical benefits and that it is amenable to research investigation. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

3. **Component processes of executive function--mindfulness, self-control, and working memory--and their relationships with mental and behavioral health.**

**Author(s):** Black, David S, Semple, Randye J, Pokhrel, Pallav, Grenard, Jerry L

**Citation:** Mindfulness, September 2011, vol./is. 2/3(179-185), 1868-8527;1868-8535 (Sep 2011)

**Publication Date:** September 2011

**Abstract:** We examined the interrelationships between higher-order cognitive functions--mindfulness, self-control, and working memory--that
appear to be component processes that underlie executive function (EF) and their association with indicators of mental and behavioral health. Data were collected from first-year medical students attending a large private university in California (N = 31) via a computer-based questionnaire which was administered via email hyperlink. Results indicate that self-control schedule (SCS) scores were significantly correlated with the negative dimension of positive and negative affect schedule scores (r = -0.59, p < 0.05), psychological well-being scale scores (r = 0.46, p < 0.05), and mindful attention awareness scale (MAAS) scores (r = 0.35, p <= 0.10). The planful behavior dimension of the SCS was correlated with MAAS scores (r = 0.38, p < 0.10), automated operation span task scores (r = 0.51, p < 0.05), and total SCS scores (r = 0.72, p < 0.01). Large and significant inverse correlations were found between current meditation practice and alcohol use (r = -0.56, p < 0.05) and AUDIT scores (r = -0.48, p < 0.05). Findings from this pilot study suggest that an overlap exists between some component processes of EF; however, the majority of variance in the components is not shared. Moreover, these higher-order cognitive processes appear to have protective relationships with substance use and are positively associated with self-reported meditation practice.

Source: PsycINFO

4. Mindfulness and psychologic well-being: are they related to type of meditation technique practiced?

Author(s): Schoormans D, Nyklicek I

Citation: Journal of Alternative & Complementary Medicine, July 2011, vol./is. 17/7(629-34), 1075-5535;1557-7708 (2011 Jul)

Publication Date: July 2011

Abstract: OBJECTIVES: This study examined whether practitioners of two meditation types differ on self-reported mindfulness skills and psychologic well-being. DESIGN: This was a cross-sectional study comparing two convenience meditation groups drawn from local meditation centers, one group practicing mindfulness meditation (MM), and the other practicing transcendental meditation (TM). Settings/location: The study was conducted at several meditation centers in southern Netherlands. SUBJECTS: Thirty-five (35) participants practiced MM (69% women) and 20 practiced TM (42% women). OUTCOME MEASURES: Participants completed questionnaires on mindfulness skills (Mindful Attention Awareness Scale and two subscales from Kentucky Inventory of Mindfulness Skills), psychologic well-being (perceived stress, global mood, and quality of life), and meditation duration and frequency. RESULTS: All self-reported mindfulness facets correlated with almost all measures of well-being across groups, but no differences were evident between meditation types regarding mindfulness or well-being. Days per week spent on meditation was the only multivariable predictor of both higher mindfulness and lower perceived stress. CONCLUSIONS: The results suggest that self-reported mindfulness and psychologic well-being may be associated with meditation frequency rather than any potential differences when comparing MM and TM in this study. Note that substantial differences between MM and TM groups were present on basic demographics, which
were controlled statistically.

**Source:** MEDLINE

**Full Text:**

Available in fulltext at [EBSCO Host](https://www.eds.com)

Available in fulltext at [EBSCO Host](https://www.eds.com)

5. **How do mental health professionals perceive and describe the process of mindfulness in their professional practice?**

**Author(s):** Carty L., Myers M., Sabra B., Liebrock L.

**Citation:** Canadian Journal of Diabetes, May 2011, vol./is. 35/2(198), 1499-2671 (May 2011)

**Publication Date:** May 2011

**Abstract:** Introduction: Although the concept of mindfulness is relatively new in the literature, over the past 15+ years numerous health care professionals have investigated, studied, and written about its positive contribution to many aspects of health and wellness. The researchers sought to investigate the concept as it applies to the professional practice of those providing care to mental health clients. Methods: Drawing from the extant literature on Mindfulness, and utilizing the 5-Factor Mindfulness Questionnaire developed by Baer (2004), the researchers examined the various components of Mindfulness practiced by a group of caregivers who provide face-to-face/hands-on care to mental health clients. Participants included professionals from the following areas: nursing (324); social work (72); counselling (61); case management (19); rehabilitation therapy (vocational, recreation) 27; medicine (10); and physiotherapy (13); and those that did not indicate professional designation (5). Researchers sought to discover how these caregivers perceive and describe the practice of Mindfulness. In addition to a focus group meeting, more than 500 completed questionnaires were analyzed for the components of Mindfulness articulated, and a Mindfulness questionnaire specifically developed for client care was piloted. Results: Findings were compared to components of Mindfulness identified in the literature, with the goal identifying existing gaps in the practice of Mindfulness in participants who work with this patient population. Gaps are identified and the report is organized under five sub-headings: mindfulness observation; mindfulness describing; mindfulness actions; mindfulness perception of inner experience; and mindfulness non-reactivity to inner experience. Conclusions: Mindfulness practice is potentially beneficial in patient care situations, including the care of individuals experiencing obesity.

**Source:** EMBASE

6. **Mindfulness-based stress reduction (MBSR) for social anxiety disorder: Neural and behavioral correlates**

**Author(s):** Goldin P.R.
Abstract: Background: Studies have found that MBSR reduces symptoms of stress, anxiety and depression in patients with anxiety disorders, and that emotion regulation might mediate changes in psychological functioning. However, more rigorous methodology needs to be implemented to identify specific brain-behavior mechanisms that underlie intervention-related changes in patients with social anxiety disorder (SAD). Methods: In the context of a randomized control trial, 55 patients with generalized SAD were randomly assigned to MBSR or aerobic exercise (AE)-based stress reduction for two months. We assessed clinical symptoms and examined negative emotion ratings and fMRI neural responses during (a) ruminative focus on SAD-related negative self-beliefs and (b) attentional emotion regulation strategy conditions before and after MBSR or AE. Results: Compared to baseline, both MBSR and AE resulted in decreased (a) symptoms of social anxiety (LSAS; p<.001) and state anxiety (STAI-S; p<.005) and (b) negative emotion when reacting and regulating negative self-beliefs (p<.05). Amount of meditation practice was related to greater reduction of social anxiety symptoms (r=-.54, p<.01). Neurally, at baseline, all patients showed greater neural and emotional responses to negative self-beliefs versus neutral statements, specifically elevated neural responses in the left amygdala. Post-intervention, compared to AE, MBSR resulted in a significant reduction of left amygdala neural response during both reactivity to and regulation of negative self-beliefs. Conclusions: MBSR and AE appear to be equally effective in reducing self-reported clinical symptoms and negative emotional reactivity to negative self-beliefs. However, neural patterns suggest that MBSR was more effective in down-regulating left amygdala responses.

Source: EMBASE

7. Understanding the impact of meditative homework on depression in the context of mindfulness based cognitive therapy (MBCT): An interpretative phenomenological analysis

Author(s): Murphy H., Lahtinen M.

Citation: European Psychiatry, March 2011, vol./is. 26/, 0924-9338 (March 2011)

Publication Date: March 2011

Abstract: NICE guidelines indicate one in five people will suffer from depression at some point in their lives with relapse rates of 50 - 80% in those who have experienced one or more episodes of depression (National Institute for Health and Clinical Excellence [NICE], 2007). By 2020, depression is predicted to be the second largest cause of death or disability and consequently there is a need to explore and develop the ways of working with depression. Mindfulness based cognitive therapy (MBCT) is a group psycho-educational treatment designed to reduce the risk of recurrent depression by integrating mindfulness based meditation practices with cognitive therapy techniques (Segal, Williams, & Teasdale, 2002). MBCT comprises eight weekly two-hour group sessions with additional time
for meditative homework practice. As yet, little is known about how patients experience meditative homework assignments in a UK public health setting. This study examines subjective accounts of the meaning of carrying out meditative homework assignments in terms of impact on the self as well as an exploration of barriers and facilitating factors from a participant's perspective. Six Individual in-depth interviews were conducted, transcribed verbatim and an Interpretative Phenomenological Approach was used to analyse the data. Results focus on perceived facilitating factors and difficulties experienced in carrying out meditative homework as well as implications for clinical practice in the prevention of recurrent depression. Transformation of participant's experience of the self and social relatedness as a consequence of meditative homework is discussed in relation to existing psychological literature and the practise of MBCT.

Source: EMBASE

8. The role of the clinical director: self described strategies for success and satisfaction.

Author(s): Gabel S

Citation: Psychiatric Quarterly, December 2010, vol./is. 81/4(279-84), 0033-2720;1573-6709 (2010 Dec)

Publication Date: December 2010

Abstract: Clinical leaders and other practicing psychiatrists face a great deal of pressure and frustration in their professional lives. Organizational, supervisory, practice and interpersonal challenges are great. The potential for burnout is high, perhaps higher than for those in other medical disciplines. With these concerns in mind, a facilitated meeting of a large group of clinical directors working in New York State's Office of Mental Health was focused on a discussion of the role of the clinical director. The meeting employed an approach that can be termed "mindfulness". Clinical directors described their current roles, what they would like their roles to be, impediments to achieving the roles they wished to have and approaches that could be taken (mainly by themselves) to enhance their role success and satisfaction. The paper describes this process and its outcome.

Source: MEDLINE

9. Mental health promotion as a new goal in public mental health care: a randomized controlled trial of an intervention enhancing psychological flexibility.

Author(s): Fledderus M, Bohlmeijer ET, Smit F, Westerhof GJ

Citation: American Journal of Public Health, December 2010, vol./is. 100/12(2372), 0090-0036;1541-0048 (2010 Dec)

Publication Date: December 2010

Abstract: OBJECTIVES: We assessed whether an intervention based on acceptance and commitment therapy (ACT) and mindfulness was successful in promoting positive mental health by enhancing psychological
METHODS: Participants were 93 adults with mild to moderate psychological distress. They were randomly assigned to the group intervention (n = 49) or to a waiting-list control group (n = 44). Participants completed measures before and after the intervention as well as 3 months later at follow-up to assess mental health in terms of emotional, psychological, and social well-being (Mental Health Continuum-Short Form) as well as psychological flexibility (i.e., acceptance of present experiences and value-based behavior, Acceptance and Action Questionnaire-II).

RESULTS: Regression analyses showed that compared with the participants on the waiting list, participants in the ACT and mindfulness intervention had greater emotional and psychological well-being after the intervention and also greater psychological flexibility at follow-up. Mediation analyses showed that the enhancement of psychological flexibility during the intervention mediated the effects of the intervention on positive mental health.

CONCLUSIONS: The intervention is effective in improving positive mental health by stimulating skills of acceptance and value-based action.

Source: MEDLINE

Full Text:

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Author(s): Coffey, Kimberly A, Hartman, Marilyn, Fredrickson, Barbara L

Citation: Mindfulness, December 2010, vol./is. 1/4(235-253), 1868-8527;1868-8535 (Dec 2010)

Publication Date: December 2010

Abstract: Research on mindfulness indicates that it is associated with improved mental health, but the use of multiple different definitions of mindfulness prevents a clear understanding of the construct. In particular, the boundaries between different conceptualizations of mindfulness and emotion regulation are unclear. Furthermore, the mechanisms by which any of these conceptualizations of mindfulness might influence mental health are not well-understood. The two studies presented here addressed these questions using correlational, self-report data from a non-clinical sample of undergraduate students. The first study used a combination of exploratory and confirmatory factor analyses to better understand the factor structure of mindfulness and emotion regulation measures. Results indicated that these measures assess heterogeneous and overlapping constructs, and may be most accurately thought of as measuring four factors: present-centered attention, acceptance of experience, clarity about one's internal experience, and the ability to manage negative emotions. A path analysis supported the hypothesis that mindfulness (defined by a two-factor construct including
present-centered attention and acceptance of experience) contributed to clarity about one's experience, which improved the ability to manage negative emotions. The second study developed these findings by exploring the mediating roles of clarity about one's internal life, the ability to manage negative emotions, non-attachment (or the extent to which one’s happiness is independent of specific outcomes and events), and rumination in the relationship between mindfulness and two aspects of mental health, psychological distress and flourishing mental health. Results confirmed the importance of these mediators in the relationship between mindfulness and mental health. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

Source: PsycINFO


Author(s): Paulik, Georgie, Simcocks, Andrea, Weiss, Layla, Albert, Steven

Citation: Mindfulness, December 2010, vol./is. 1/4(215-226), 1868-8527;1868-8535 (Dec 2010)

Publication Date: December 2010

Abstract: Stress has been shown to increase the risk of development and relapse of mental illness, having a detrimental effect on human physiology, psychology and emotional well-being. Mindfulness-based techniques have been shown to be effective in reducing levels of stress, as well as anxiety and depression in both clinical and non-clinical populations. The reported benefits of mindfulness-based interventions are numerous, and in the past few decades, several therapeutic interventions have been developed to incorporate mindfulness as a key component in the treatment of a range of medical and psychological disorders. In our study, we proposed that the integration of three evidence-based mindfulness interventions would result in an effective program to reduce stress, depression and anxiety in a mixed clinical population, in a community health setting. A group-based mindfulness program, attended by seven participants, was piloted and the data collected at baseline (pre-program), post-program and 12-month follow-up were compared. Post-program results showed that participants’ levels of depression, anxiety and stress were significantly reduced, perceived ability to cope increased, and that gains made were largely sustained at 12-month follow-up. These results add to the current research showing the effectiveness of mindfulness for reducing stress, anxiety and depression in both clinical and non-clinical populations. Our study provides preliminary support for the amalgamation of Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy and Dialectical Behaviour Therapy in order to effectively meet the needs of a mixed diagnostic group. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

Source: PsycINFO

12. Mindfulness and Buddhist psychology: A model with applications and implications for early psychosis
Introduction: Mindfulness-based therapies (MBTs) have been demonstrated to be effective in stress management, prevention of relapse in depression, and in helping patients relate with persistent psychosis. Less has been written about the concepts of Buddhist Psychology (BPsych) that underlie MBTs. BPsych evolved over 2500 years through introspective observation, using meditation techniques, in conjunction with scholarly contemplation, commentary, and debate. The result is a sophisticated description of the organization and operation of the human mind. In this presentation, we offer a model, suitable for use in the Early Psychosis, encompassing key elements of BPsych. Model: In the model, mind is viewed as consisting of two components; (i) PRIMOR-AWARE: a primordial, continuous, non-conceptual, decentralized awareness that is inherently intelligent and compassionate; (ii) BIC-ME: brief, intermittent, centralized mental events that arise from and dissolve back into the primordial awareness and encompass thoughts and emotions, including all psychiatric symptoms. Applications: In the model, MBTs use intentional non-judgment to recognize BIC-MEs as habitual patterns, lessening self-identification with BIC-ME and allowing more frequent experience of PRIMOR-AWARE. Implications: The model supports key concepts in Early Psychosis. Realistic optimism is consistent with the brief, intermittent, habitual nature of BIC-MEs and the continuous nature of PRIMOR-AWARE. The commonality of psychiatric symptoms and everyday mental experiences is emphasized in the definition of BIC-MEs. Conclusion: This kind of model can be helpful for integrating BPsych with western psychology/psychiatry, a process that can enrich the continuing development of clinical services, education, and research in the field of early psychosis.

Source: EMBASE

13. The effects of mindfulness-based group intervention on the mental health of middle-aged Korean women in community.

Author(s): Lee, Woo Kyeong, Bang, Hee Jeong

Citation: Stress and Health: Journal of the International Society for the Investigation of Stress, October 2010, vol./is. 26/4(341-348), 1532-3005; 1532-2998 (Oct 2010)

Abstract: This study was conducted to develop a mindfulness and self-compassion enhancement intervention for middle-aged women who complained of emotional distress and to ascertain whether participation in the mindfulness-based programme was associated with an increase in psychological well-being and the improvement of psychological symptoms. The results showed that time by group interactions were significant in improving psychological well-being, depression, anxiety, hostility, somatization, positive affect (PA) and negative affect (NA). These results
suggest that participants in the mindfulness and self-compassion group programme appeared to have enhanced psychological well-being and improved psychological distress. The study findings also suggest that mindfulness and self-compassion enhancement programme may be an intervention with potential for helping many individuals to learn to deal with emotional distress. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO


Author(s): Bohlmeijer, Ernst, Prenger, Rilana, Taal, Erik, Cuijpers, Pim

Citation: Journal of Psychosomatic Research, June 2010, vol./is. 68/6(539-544), 0022-3999 (Jun 2010)

Publication Date: June 2010

Abstract: Objectives: The objective of this study was to examine the effectiveness of mindfulness-based stress reduction (MBSR) on depression, anxiety and psychological distress across populations with different chronic somatic diseases. Methods: A systematic review and meta-analysis were performed to examine the effects of MBSR on depression, anxiety, and psychological distress. The influence of quality of studies on the effects of MBSR was analyzed. Results: Eight published, randomized controlled outcome studies were included. An overall effect size on depression of 0.26 was found, indicating a small effect of MBSR on depression. The effect size for anxiety was 0.47. However, quality of the studies was found to moderate this effect size. When the studies of lower quality were excluded, an effect size of 0.24 on anxiety was found. A small effect size (0.32) was also found for psychological distress. Conclusions: It can be concluded that MBSR has small effects on depression, anxiety and psychological distress in people with chronic somatic diseases. Integrating MBSR in behavioral therapy may enhance the efficacy of mindfulness based interventions. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO

15. The psychometric properties of the Kentucky Inventory of Mindfulness Skills in clinical populations.

Author(s): Baum C, Kuyken W, Bohus M, Heidenreich T, Michalak J, Steil R

Citation: Assessment, June 2010, vol./is. 17/2(220-9), 1073-1911;1552-3489 (2010 Jun)

Publication Date: June 2010

Abstract: The Kentucky Inventory of Mindfulness Skills (KIMS) is a well-validated multidimensional questionnaire measuring dimensions of
mindfulness on four scales: Observing, Describing, Act With Awareness, and Accept Without Judgment. Even though the KIMS has been used in several clinical studies no information is available about the psychometric properties in different clinical samples. The present study includes two clinical samples: a German sample of people diagnosed with borderline personality disorder, posttraumatic stress disorder, or major depression and an English sample of people diagnosed with recurrent depression. Results of confirmatory factor analysis offer good support for the hypothesized model of four correlated factors, whereas the model of one general underlying mindfulness factor as a second order construct was not confirmed. Furthermore, our analyses revealed that the KIMS scales show high internal consistency and that all KIMS scales are sensitive to change in a subsample of participants taking part in Mindfulness-Based Cognitive Therapy.

Source: MEDLINE


Author(s): Branstrom R, Kvillemo P, Brandberg Y, Moskowitz JT

Citation: Annals of Behavioral Medicine, May 2010, vol./is. 39/2(151-61), 0883-6612;1532-4796 (2010 May)

Publication Date: May 2010

Abstract: BACKGROUND: There is increasing recognition of mindfulness and mindfulness training as a way to decrease stress and increase psychological functioning. PURPOSE: The aims of this study were to examine the effects of mindfulness stress reduction training on perceived stress and psychological well-being and to examine if changes in mindfulness mediate intervention effects on these outcomes. METHODS: Seventy women and one man with a previous cancer diagnosis (mean age 51.8 years, standard deviation = 9.86) were randomized into an intervention group or a wait-list control group. The intervention consisted of an 8-week mindfulness training course. RESULTS: Compared to participants in the control group, participants in the mindfulness training group had significantly decreased perceived stress and posttraumatic avoidance symptoms and increased positive states of mind. Those who participated in the intervention reported a significant increase in scores on the five-facet mindfulness questionnaire (FFMQ) when compared to controls. The increase in FFMQ score mediated the effects of the intervention on perceived stress, posttraumatic avoidance symptoms, and positive states of mind. CONCLUSIONS: This study indicates that the improvements in psychological well-being resulting from mindfulness stress reduction training can potentially be explained by increased levels of mindfulness as measured with the FFMQ. The importance of these findings for future research in the field of mindfulness is discussed.

Source: MEDLINE

Full Text:
17. Enhanced psychosocial well-being following participation in a mindfulness-based stress reduction program is associated with increased natural killer cell activity.

Author(s): Fang CY, Reibel DK, Longacre ML, Rosenzweig S, Campbell DE, Douglas SD

Citation: Journal of Alternative & Complementary Medicine, May 2010, vol./is. 16/5(531-8), 1075-5535;1557-7708 (2010 May)

Publication Date: May 2010

Abstract: BACKGROUND: Mindfulness-based stress reduction (MBSR) programs have consistently been shown to enhance the psychosocial well-being of participants. Given the well-established association between psychosocial factors and immunologic functioning, it has been hypothesized that enhanced psychosocial well-being among MBSR participants would be associated with corresponding changes in markers of immune activity. OBJECTIVES: The objectives of this study were to examine changes in psychosocial and immunologic measures in a heterogeneous patient sample following participation in a MBSR program. DESIGN: A single-group, pretest/post-test design was utilized. SETTING: The intervention was conducted at an academic health center. SUBJECTS: This pilot study involved 24 participants (aged 28-72 years). Inclusion criteria were as follows: > or =18 years of age, English-speaking, and no known autoimmune disorder. INTERVENTION: The intervention was an 8-week MBSR program. OUTCOME MEASURES: Distress and quality of life (QOL) measures included the Brief Symptom Inventory-18 and the Medical Outcomes Survey Short-Form Health Survey, respectively. Immunologic measures included natural killer (NK) cell cytolytic activity and C-reactive protein (CRP). RESULTS: Patients completed psychosocial assessments and provided a blood sample at baseline (pre-MBSR) and within 2 weeks post-MBSR. Significant improvements in anxiety and overall distress as well as across multiple domains of QOL were observed from baseline to post-MBSR. Reductions in anxiety and overall distress were associated with reductions in CRP. Patients who reported improvement in overall mental well-being also showed increased NK cytolytic activity from pre- to post-MBSR, whereas patients who reported no improvement in mental well-being showed no change in NK cytolytic activity. CONCLUSIONS: Positive improvement in psychologic well-being following MBSR was associated with increased NK cytolytic activity and decreased levels of CRP.

Source: MEDLINE

Full Text:

Available in fulltext at EBSCO Host

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18. Mindfulness in forensic mental health: Does it have a role?

Author(s): Howells, Kevin, Tennant, Allison, Day, Andrew, Elmer, Robert

Citation: Mindfulness, March 2010, vol./is. 1/1(4-9), 1868-8527;1868-8535 (Mar 2010)

Publication Date: March 2010

Abstract: Treatment and rehabilitation in forensic settings have been largely based on cognitive behavioural models and therapies. In the past decade, "third wave" approaches have developed in cognitive behavioural therapy, strongly influenced by spiritual and contemplative traditions such as Buddhism. Mindfulness is the most analysed and researched of such approaches. In this paper, we ask whether mindfulness is relevant to therapeutic work with offenders in forensic mental health and criminal justice services. We review the known criminogenic and other needs of offender groups and discuss whether the psychological processes affected by mindfulness are relevant to reducing risk, alleviating distress and facilitating coping. We conclude that they are. Finally, we address some of the problems that may arise in implementing mindfulness interventions in forensic settings. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

Source: PsycINFO

19. Mindfulness and experiential avoidance as predictors and outcomes of the narrative emotional disclosure task.

Author(s): Moore, Susan D, Brody, Leslie R, Dierberger, Amy E

Citation: Journal of Clinical Psychology, September 2009, vol./is. 65/9(971-988), 0021-9762;1097-4679 (Sep 2009)

Publication Date: September 2009

Abstract: This randomized study examined whether narrative emotional disclosure improves mindfulness, experiential avoidance, and mental health, and how baseline levels of and changes in mindfulness and experiential avoidance relate to mental health. Participants (N=233) wrote repeated traumatic (experimental condition) or unemotional daily events narratives (control condition). Regression analyses showed neither condition nor gender effects on mental health or experiential avoidance at a 1-month follow-up, although the control condition significantly increased in one component of mindfulness. Decreased experiential avoidance (across conditions) and increased mindfulness (in the experimental condition) significantly predicted improved mental health. Narrative disclosure thus did not improve outcomes measured here. However, increasing mindfulness when writing narratives with traumatic content, and decreasing experiential avoidance regardless of writing content, was associated with improved mental health. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO
20. **Mindfulness research update: 2008.**

**Author(s):** Greeson, Jeffrey M

**Citation:** Complementary Health Practice Review, January 2009, vol./is. 14/1(10-18), 1533-2101 (Jan 2009)

**Publication Date:** January 2009

**Abstract:** Objective: To briefly review the effects of mindfulness on the mind, the brain, the body, and behavior. Methods: Selective review of MEDLINE, PsycINFO, and Google Scholar databases (2003-2008) using the terms "mindfulness," "meditation," "mental health," "physical health," "quality of life," and "stress reduction." A total of 52 exemplars of empirical and theoretical work were selected for review. Results: Both basic and clinical research indicate that cultivating a more mindful way of being is associated with less emotional distress, more positive states of mind, and better quality of life. In addition, mindfulness practice can influence the brain, the autonomic nervous system, stress hormones, the immune system, and health behaviors, including eating, sleeping, and substance use, in salutary ways. Conclusion: The application of cutting-edge technology toward understanding mindfulness--an "inner technology"--is elucidating new ways in which attention, awareness, acceptance, and compassion may promote optimal health--in mind, body, relationships, and spirit. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

21. **Acceptance and mindfulness-based psychotherapies**

**Author(s):** Santo S., Pinto A.

**Citation:** European Psychiatry, 2009, vol./is. 24/(S707), 0924-9338 (2009)

**Publication Date:** 2009

**Abstract:** Aims: Exploration of the essential features of Mindfulness-based therapies, considered the third wave of cognitive therapy. Methods: Databases were searched for literature on the principles through which mindfulness-based therapies may operate, the possible mechanisms of action underlying these interventions, their clinical applications and evidence of their therapeutic and adverse effects. Mindfulness-based cognitive therapy (MBCT), which has been developed for depression relapse prevention, is highlighted. Results: These techniques have been used for various applications such as chronic pain control, stress reduction and prevention of depression relapse. Some of their important features are cultivation of conscious awareness and attention on a moment-to-moment basis, with openness, curiosity and a non-judgemental attitude and their
aim is to change cognitive processes, rather than cognitive content. There have been some well-designed empirical evaluation studies published addressing the effectiveness of these interventions but current evidence of their mechanisms is limited. Conclusions: There is evidence that mindfulness-based approaches add an important dimension to available psychotherapies in the management of the psychological aspects of a range of mental and physical health problems.

Source: EMBASE

22. The emerging role of meditation in addressing psychiatric illness, with a focus on substance use disorders.

Author(s): Dakwar E, Levin FR

Citation: Harvard Review of Psychiatry, 2009, vol./is. 17/4(254-67), 1067-3229;1465-7309 (2009)

Publication Date: 2009

Abstract: Over the past 30 years the practice of meditation has become increasingly popular in clinical settings. In addition to evidence-based medical uses, meditation may have psychiatric benefits. In this review, the literature on the role of meditation in addressing psychiatric issues, and specifically substance use disorders, is discussed. Each of the three meditation modalities that have been most widely studied-transcendental meditation, Buddhist meditation, and mindfulness-based meditation-is critically examined in terms of its background, techniques, mechanisms of action, and evidence-based clinical applications, with special attention given to its emerging role in the treatment of substance use disorders. The unique methodological difficulties that beset the study of meditation are also considered. A brief discussion then integrates the research that has been completed thus far, elucidates the specific ways that meditation may be helpful for substance use disorders, and suggests new avenues for research.

Source: MEDLINE

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Author(s): Choi-Kain LW, Gunderson JG

Citation: American Journal of Psychiatry, September 2008, vol./is. 165/9(1127-35), 0002-953X;1535-7228 (2008 Sep)

Publication Date: September 2008

Abstract: This article aims to review the development of the concept of
mentalization, its applications in the understanding and treatment of borderline personality disorder, and the issue of its assessment. While conceptually derivative of theory of mind, Fonagy's concept of mentalization concerns more affectively and interpersonally complex understandings of oneself and others, reflecting abilities that enable an individual not only to navigate the social world effectively but also to develop an enriched, stable sense of self. The components of mentalization can be organized around self-/other-oriented, implicit/explicit, and cognitive/affective dimensions. Concepts of mindfulness, psychological mindedness, empathy, and affect consciousness are shown to partially overlap with mentalization within these three dimensions. Mentalization is assessed by the measure of reflective function, a scale to be used adjunctively on semistructured narrative interviews such as the Adult Attachment Interview. Its validity has not been fully tested, and its usage has been hampered by the time and expense it requires. Although the concept of mentalization is a useful heuristic that enables clinicians to adopt a coherent treatment approach, it may be too broad and multifaceted to be operationalized as a marker for specific forms of psychopathology such as borderline personality disorder. Research elucidating the relationship between reflective function, overlapping concepts, and features of borderline psychopathology is needed.

Source: MEDLINE

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Available in print at Lincoln County Hospital Professional Library

24. Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples.

Author(s): Baer RA, Smith GT, Lykins E, Button D, Krietemeyer J, Sauer S, Walsh E, Duggan D, Williams JM

Citation: Assessment. September 2008, vol./is. 15/3(329-42), 1073-1911;1073-1911 (2008 Sep)

Publication Date: September 2008

Abstract: Previous research on assessment of mindfulness by self-report suggests that it may include five component skills: observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience. These elements of mindfulness can be measured with the Five Facet Mindfulness Questionnaire (FFMQ). The authors investigated several aspects of the construct validity of the FFMQ in experienced meditators and nonmeditating comparison groups. Consistent with predictions, most mindfulness facets were significantly related to meditation experience and to psychological symptoms and well-being. As expected, relationships between the observing facet and psychological adjustment
varied with meditation experience. Regression and mediation analyses showed that several of the facets contributed independently to the prediction of well-being and significantly mediated the relationship between meditation experience and well-being. Findings support the construct validity of the FFMQ in a combination of samples not previously investigated.

Source: MEDLINE

☐ 25. Meditation, mindfulness, and mental health.

Author(s): Kelly, Brendan D

Citation: Irish Journal of Psychological Medicine, March 2008, vol./is. 25/1(3-4), 0790-9667 (Mar 2008)

Publication Date: March 2008

Abstract: To 'meditate' is to exercise the mind in contemplation or focus the mind on a subject in a concentrated, contemplative or religious manner. Meditation and contemplative practices play a substantive role in many spiritual, religious and psychological traditions. In recent years there has been an upsurge of research interest in the effects of meditation on the brain and the possible use of meditation in the management of a range of physical and mental illnesses. There has also been a substantial increase in public interest in contemplative practice both as a method to manage psychological symptoms (such as anxiety and depression) and a way to maintain mental health. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO


Author(s): Abba N, Chadwick P, Stevenson C

Citation: Psychotherapy Research, January 2008, vol./is. 18/1(77-87), 1050-3307;1468-4381 (2008 Jan)

Publication Date: January 2008

Abstract: This study investigates the psychological process involved when people with current distressing psychosis learned to respond mindfully to unpleasant psychotic sensations (voices, thoughts, and images). Sixteen participants were interviewed on completion of a mindfulness group program. Grounded theory methodology was used to generate a theory of the core psychological process using a systematically applied set of methods linking analysis with data collection. The theory inducted describes the experience of relating differently to psychosis through a three-stage process: centering in awareness of psychosis; allowing voices, thoughts, and images to come and go without reacting or struggle; and reclaiming power through acceptance of psychosis and the self. The conceptual and clinical applications of the theory and its limits are discussed.
Source: MEDLINE

27. Towards case-specific applications of mindfulness-based cognitive-behavioural therapies: A mindfulness-based rational emotive behaviour therapy

Author(s): Whitfield H.J.

Citation: Counselling Psychology Quarterly, June 2006, vol./is. 19/2(205-217), 0951-5070;1469-3674 (01 Jun 2006)

Publication Date: June 2006

Abstract: Teasdale, Segal and Williams (2003) present the combination of mindfulness and cognitive-behavioural therapy as "one of the most exciting and potentially productive avenues for future exploration." (p. 160). In the same paper they also recommend moving beyond the current general-purpose, non-case-specific applications of mindfulness (p. 157). By integrating mindfulness interventions more closely with cognitive behavioural theories, clinicians should be in a better position to administer tailor-made mindfulness-based interventions in response to specific case formulations. This paper examines important similarities and differences between mindfulness and Rational-Emotive Behaviour Therapy (REBT), in view of integrating the two practices closely within a one-on-one counselling environment. The latter half of the paper then presents recommendations of how such integration might be achieved in practice. This is illustrated with examples of three new interventions that combine mindfulness with three specific types of cognitive dysfunction as per REBT. 2006 Taylor & Francis.

Source: EMBASE

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Author(s): Allen NB, Chambers R, Knight W, Melbourne Academic Mindfulness Interest Group

Citation: Australian & New Zealand Journal of Psychiatry, April 2006, vol./is. 40/4(285-94), 0004-8674;0004-8674 (2006 Apr)

Publication Date: April 2006

Abstract: OBJECTIVE: This paper, composed by an interest group of clinicians and researchers based in Melbourne, presents some background to the practice of mindfulness-based therapies as relevant to the general professional reader. We address the empirical evidence for these therapies, the principles through which they might operate, some practical questions facing those wishing to commence practice in this area or to refer patients into mindfulness-based therapies, and some considerations relevant to the
conduct and interpretation of research into the therapeutic application of mindfulness. METHOD: Databases (e.g. PsycINFO, MEDLINE) were searched for literature on the impact of mindfulness interventions, and the psychological and biological mechanisms that underpin the effects of mindfulness practice. This paper also draws upon the clinical experience of the author group. RESULTS: Mindfulness practice and principles have their origins in many contemplative and philosophical traditions but individuals can effectively adopt the training and practice of mindfulness in the absence of such traditions or vocabulary. A recent surge of interest regarding mindfulness in therapeutic techniques can be attributed to the publication of some well-designed empirical evaluations of mindfulness-based cognitive therapy. Arising from this as well as a broader history of clinical integration of mindfulness and Western psychotherapies, a growing number of clinicians have interest and enthusiasm to learn the techniques of mindfulness and to integrate them into their therapeutic work. This review highlights the importance of accurate professional awareness and understanding of mindfulness and its therapeutic applications. CONCLUSIONS: The theoretical and empirical literatures on therapeutic applications of mindfulness are in states of significant growth and development. This group suggests, based on this review, that the combination of some well-developed conceptual models for the therapeutic action of mindfulness and a developing empirical base, justifies a degree of optimism that mindfulness-based approaches will become helpful strategies to offer in the care of patients with a wide range of mental and physical health problems.

Source: MEDLINE

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