Mindfulness-Based Treatment Approaches

Clinician's Guide to Evidence Base and Applications

Second Edition

Edited by

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Preface to the Second Edition

When the first edition of this book came out in 2006, it included chapters on four interventions: mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), dialectal behavior therapy (DBT), and acceptance and commitment therapy (ACT). This made good sense at the time, because these were the leading evidence-based approaches, and their similarities and differences had never been explored before in a single volume. Today, however, the literature is so large that it's difficult to cover all four of these interventions in a single book. The present volume focuses on MBSR, MBCT, and related approaches. The commonalities and differences remain fascinating, while the range of applications has greatly expanded. Previous applications, such as for chronic pain, depressive, relapse, generalized anxiety, and the stress associated with cancer, are better understood, and new adaptations for other disorders and populations show great promise. This volume provides a practical and comprehensive guide for clinicians interested in learning more about them.

As in the previous edition, all chapters are written by clinical researchers with good scientific credentials and extensive experience with the treatment they describe. Each chapter includes a well-developed theoretical and conceptual foundation, a clear description of the treatment procedures, a review of empirical support, and a detailed case study illustrating how the intervention unfolds. Each chapter also explores the clinical and practical issues that may arise during treatment and how they can be managed. The result is a close-up view of how these treatments are implemented, the skills required of therapists, the responses that can be expected from participants, and the issues that professionals wishing to use these treatments must consider.

The introductory chapter provides a detailed overview of the exercises and practices used to teach mindfulness and acceptance skills in many of the interventions. The rest of the book is organized by the types of populations in which these treatments are used. The first section describes applications for psychological problems in adults, including depression, bipolar disorder, generalized anxiety, overeating, and substance misuse. The next section describes applications across the lifespan: for children, adults, people about to become parents, and older adults. The following sections address applications for medical populations (chronic pain and cancer) and for work- and school-related stress in nonclinical populations.

This book is intended for clinicians, researchers, teachers, and students at all levels of expertise. Newcomers to this area will find helpful descriptions of the nature of mindfulness, its theoretical and conceptual underpinnings, how we think it works to reduce suffering, and how the interventions are implemented.

Readers with more extensive knowledge can expect to broaden their understanding of the wide range of mindfulness-based approaches and gain interesting insights about the creative ways in which they are being applied. All readers are likely to be inspired to further exploration of this growing area with great potential for the treatment of numerous difficult problems and the cultivation of wisdom, insight, compassion, and well-being.

Chapter 1

Introduction to the Core Practices and Exercises

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From a Western psychological perspective, mindfulness is typically defined as a form of nonjudgmental and nonreactive attention to experiences occurring in the present moment, including bodily sensations, cognitions, emotions, and urges, as well as environmental stimuli such as sights, sounds, and scents (Kabat-Zinn, 1990; Linehan, 1993a). Most Western discussions of mindfulness acknowledge its roots in Buddhist meditation traditions, which for many centuries have maintained that the practice of mindfulness facilitates insight into the nature of human suffering and develops adaptive characteristics such as wisdom, equanimity, compassion, and well-being. Instruction in mindfulness has become widely available in Western society. Meditation centers in North America and Europe offer retreats in the Buddhist traditions with guidance and instructions in mindfulness practices. Numerous books about mindfulness and meditation are available for the general audience (e.g., Goldstein, 2003, 2013; Gunaratana, 2011; Salzberg, 2011). Of most importance to the present volume is the rapidly growing array of mental health treatment and stress-reduction programs based on secular adaptations of mindfulness training, several of which now have extensive empirical support for their efficacy in a wide range of populations.

Mindfulness has been conceptualized as a state, as a trait-like or dispositional quality, and as a set of skills. Bishop *et al.* (2004) provided a two-component definition of mindfulness as a state. The first component is the intentional self-regulation of attention so that it remains focused on present-moment experiences (i.e., thoughts and feelings) as they arise. The second component is an attitude of openness, acceptance, and curiosity toward whatever arises. In general, a person in a mindful state is intentionally and flexibly aware of and attentive to the ongoing stream of internal and external stimuli occurring in each moment, and is observing them with a stance of openheartedness, interest, friendliness, and compassion, regardless of whether they are pleasant, unpleasant, or neutral. Dispositional mindfulness is the general tendency to adopt a mindful state consistently

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over time and in many situations: noticing internal and external experiences; attending to them with acceptance and openness; and staying aware of ongoing behavior, rather than acting mechanically or automatically while preoccupied with other matters (Brown & Ryan, 2003). The skills training approach to mindfulness, which characterizes the treatments described in this volume, suggests that with the regular practice of a variety of exercises, people can learn to be more observant, accepting, and nonjudgmental of their daily experiences and to participate with awareness in their ongoing activities. That is, they learn to adopt a mindful state more often and more consistently across situations and over time. The evidence suggests that practicing mindfulness leads to increases in general tendency to be mindful in daily life and to improvements in mental health.

Empirically supported mindfulness-based interventions include many methods for teaching mindful awareness. Some of these are formal meditation practices, in which participants sit quietly for periods of up to 45 minutes while directing their attention in specific ways. Others are shorter or less formal exercises emphasizing mindfulness in daily life, in which participants bring mindful awareness to routine activities such as walking, bathing, eating, or driving. Several general instructions are common to many formal and informal mindfulness practices. Often, participants are encouraged to focus their attention directly on an activity, such as breathing, walking, or eating, and to observe it carefully. They are invited to notice that their attention may wander into thoughts, memories, or fantasies. When this happens, they are asked to note briefly that the mind has wandered, and then gently return their attention to the present moment. If bodily sensations or emotional states arise, participants are encouraged to observe them carefully, noticing how they feel, where in the body they are felt, and whether they are changing over time. Urges or desires to engage in behaviors, such as shifting the body's position or scratching an itch, also are observed carefully, but are not necessarily acted on. Brief covert labeling of observed experience, using words or short phrases, such as "aching," "sadness," "thinking," or "wanting to move" is often encouraged. Some mindfulness exercises encourage observation of environmental stimuli, such as sounds, sights, or smells. Participants are encouraged to bring an attitude of friendly curiosity, interest, and acceptance to all observed phenomena, while refraining from evaluation and self-criticism (and noticing these nonjudgmentally when they occur), or attempts to eliminate or change what they observe. For example, no attempt is made to evaluate thoughts as rational or distorted, to change thoughts judged to be irrational, to get rid of unwanted thoughts, or to reduce unpleasant emotions or sensations. Rather, cognitions, sensations, and emotions are simply noted and observed as they come and go.

The mindfulness-based interventions with the best empirical support are mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1982, 1990), mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002, 2013), dialectical behavior therapy (DBT; Linehan, 1993a, 1993b), and acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999, 2012). The previous

edition of the current book included chapters on all four of these treatments. Currently, the literature is so large that it is no longer practical to cover all four of these interventions in one volume. Recent books describe numerous applications of DBT and ACT (Dimeff & Koerner, 2007; Hayes & Strosahl, 2004; Hayes *et al.*, 2012; Koerner, 2011). The present volume focuses on MBSR, MBCT, and closely related interventions developed for specific populations. These include acceptance-based behavior therapy (ABBT) for anxiety (Roemer & Orsillo, 2009), mindfulness-based childbirth and parenting (MBCP; Bardacke, 2012), mindfulness-based eating awareness training (MB-EAT; Kristeller, Wolever, & Sheets, 2013), mindfulness-based elder care (MBEC; McBee, 2008), and mindfulness-based relapse prevention (MBRP) for addictive behavior (Bowen, Chawla, & Marlatt, 2011). Applications for nonclinical populations seeking stress reduction and enhanced well-being are also covered.

The remainder of this introductory chapter provides a general overview of MBSR and MBCT in their standard forms, with emphasis on their core skills, practices, and exercises. This will prevent redundancy across chapters in basic descriptions of the primary practices, freeing the subsequent authors to focus on adaptations or new exercises developed for their specific population, detailed accounts of how their participants respond to the treatment, empirical support for the efficacy of their treatment, and practical issues in implementing it.

MINDFULNESS-BASED STRESS REDUCTION

MBSR (Kabat-Zinn, 1982, 1990, 2013) is based on intensive training in mindfulness meditation and was developed in a behavioral medicine setting for patients with chronic pain and stress-related conditions. In its standard form, it is conducted as an 8-week class with weekly sessions lasting 2.5–3 hours. An all-day intensive mindfulness session is often held during the sixth week. Extensive homework practice of mindfulness exercises is encouraged. Classes may include up to 30 participants with a wide range of disorders and conditions. Rather than grouping participants by diagnosis or disorder, MBSR has traditionally included people with a wide range of problems in each group, emphasizing that all participants, regardless of disorder, experience an ongoing stream of constantly changing internal states, and have the ability to cultivate moment-to-moment awareness by practicing mindfulness skills. However, in some settings, MBSR is applied with more specific populations, such as cancer patients (Campbell, Labelle, Bacon, Faris, & Carlson, 2012), health care professionals (Irving, Dobkin, & Park, 2009), or caregivers for family members with dementia (Whitebird *et al.*, 2013).

Many MBSR programs begin with an individual or small-group orientation and assessment session, in which the group leader explains the rationale and methods of the course and encourages potential participants to ask questions and to discuss their reasons for participating. The challenge presented by the program's extensive requirements for home practice of meditation exercises

is discussed, and participants are encouraged to make a verbal commitment to attending all group sessions and completing daily home practice assignments (at least 45 minutes per day, 6 days per week). The eight group sessions are highly experiential, with considerable time devoted to practice of mindfulness exercises and discussion of group members' experiences with them. A wide variety of mindfulness exercises is taught. Didactic information about stress is incorporated, including topics such as stress physiology, responding to stress, and effects of appraisals on perceptions of stress.

Mindfulness Practices in MBSR

Raisin Exercise

The raisin exercise is the group's first mindfulness meditation activity and is conducted during the first session, after group members have introduced themselves. The group leader gives everyone a few raisins and asks participants to simply look at them, with interest and curiosity, as if they have never seen such things before. Participants are then guided through a slow process of observing all aspects of the raisins and the process of eating them. First, they visually examine a raisin, paying careful attention to all aspects of its appearance. Then they notice its texture, smell, and how it feels between the fingers. Next they put it slowly into their mouth, noticing the movements of the body while doing so. This is followed by feeling the raisin in the mouth, biting it, noticing the taste and texture, and observing the sensations and movements of the mouth and throat in chewing and swallowing the raisin. When thoughts or emotions arise during the exercise, participants are asked to notice them nonjudgmentally and return attention to the raisin.

The raisin exercise provides an opportunity to engage mindfully in an activity often done on "automatic pilot," or without awareness. Many participants report that the experience of eating mindfully is very different from their typical experience of eating, in which attention is focused elsewhere and the food is not really tasted. These comments illustrate the general point that paying attention to activities that normally are done on automatic pilot can significantly change the nature of the experience. Increased awareness of experience can lead to increased freedom to make choices about what to do in a variety of situations. Participants are encouraged to eat a meal mindfully during the week following session 1.

Body Scan

Participants are invited to lie on their backs, or to sit comfortably in their chairs, with their eyes closed. Over the next 40 minutes or so, they are guided in focusing their attention on numerous parts of the body in sequence, often beginning with the toes of one foot and moving slowly up the leg, then slowly through the other leg, torso, arms, neck, and head. With each body part, participants are instructed to notice the sensations that are present with openness