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Mindfulness-based Cognitive Therapy (MBCT): Its role in self-empowerment and relapse prevention in Secondary Care

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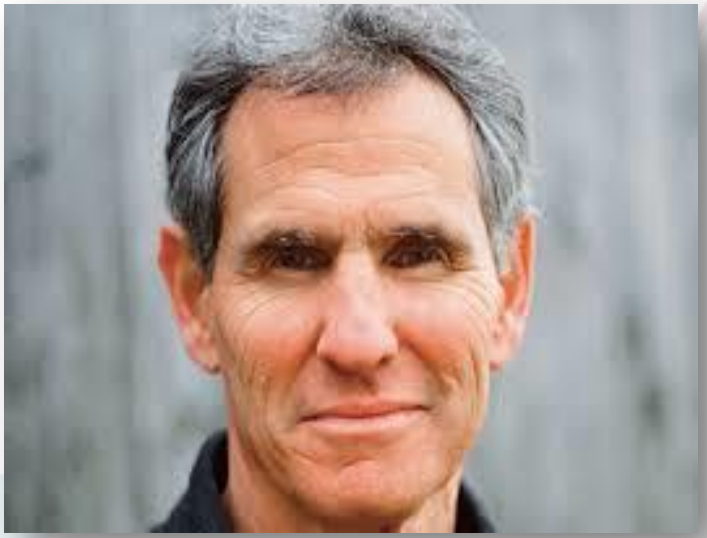
Brief summary of the development of MBCT

- Jon Kabat-Zinn's Mindfulness-based Stress Reduction (MBSR) 1990



"Mindfulness means paying attention in a particular way,
on purpose,
in the present moment,
non-judgmentally"

MBSR inspires MBCT

- Developed as a “third wave CBT approach” Segal. Z. V.,Williams. J. M. G., & Teasdale, J. D. (2002)



- Originally for people with relapsing depression. Research shows that it is most efficacious for 3 or more severe clinical depressions (Segal et al., 2002). Shown to halve relapse rates compared with TAU (Teasdale et al., 2000). 6 large RCTs and Kuyken’s 2008 study showed comparability with anti-depressants but improved well-being and importantly lower on cost.
- Development of self-compassion (Kuyken et al.,2002; Allen et al., 2009).
- NICE guidelines (2009) relapse prevention for recurrent depression.
- Findings from Neuro-science show changes in cortical thickness for people who have meditated for 8 weeks (Luders et al., 2008).
- Not typically applied to Personality Disorder (mindfulness skills in DBT)

Latest research…

- Mark Williams (Oxford University) and Willem Kuyken (Exeter University) separate RCTs (2014). Both found that those who do best typically have childhood trauma history (as well as 3 or more clinical depressions).

Complex, severe and enduring client group

Recruitment to MBCT

- Semi-structured interview
- Collaborative formulation of difficulties (trans-diagnostic) within MBCT model
- Assessment of motivation – emphasis on need to practice to achieve change
- Following one to one Psychotherapy

Clinical aims

- Facilitation of self-compassion
- Encouragement of self-empowerment and ownership of relapse prevention
- Potential of quarterly reunions to support maintenance of gains and compassionately manage perceived feelings of abandonment by services on discharge
- Cost effectiveness

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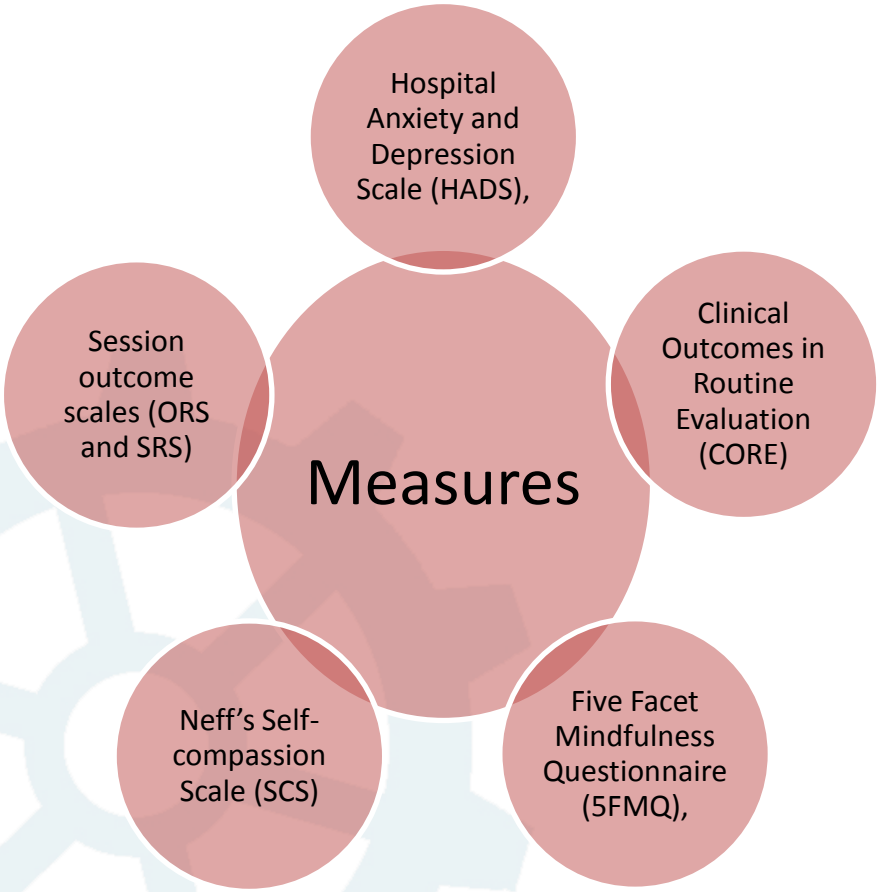
What our MBCT groups look like…

- Small group size (8 to 10 participants)
- 2 Teachers (Clinical Psychologists from N & S CRS, Walsall)
- Exclusion criteria – not able to commit to regular practices and/or currently severely depressed
- Standard 8 week course extended to 10 weeks (relapse signatures) 2.5 hour weekly sessions
- Individual 1:1 sessions alongside the group for those who might periodically need more individually tailored support
- Formal mindfulness practices emphasised and homework reviewed each week
- Following Exeter model of quarterly reunions (Hopkins & Kuyken, 2011)

Main quantitative outcomes for the initial Walsall MBCT pilot group



MBCT Group One

- All patients were originally within the moderate to severe range on the measures of anxiety and depression
- This is a diversion from the clients for whom the programme was originally designed – who were in remission from depression
- Post MBCT, all patients either improved or stayed the same in terms of their symptoms. Most notably, some clients improved to the extent that they were no longer scoring within the clinical range

Main qualitative outcomes for the Walsall MBCT pilot group

- *"Without a doubt after being in the Mental Health Services this has to be the single thing that has helped me the most. That's 35 years since I first started to be seen by services. For me the course was perfect in the way that it was delivered, starting very gently and progressing to a more gritty and formative content. The only criticism I have is I think 2.5 hours wasn't long enough during the latter lessons"*

- *"Yes, I do regular body scan practice, I do the loving kindness meditation every night at times of difficulty/anxiety, the 3 minute breathing spaces. I am more aware of my body and environment"*

- *"I have learnt to comfortably sit with difficult emotions, be with my body in the moment by using my body as an anchor. The informal practices have been particularly useful, especially the 3 minute breathing spaces"*

- *"Self-compassion, self-nurturing, to help me get through the day"*

- *"Teachers' approach just right for me. No pressure to talk but gentle coaxing if you felt able to. Nurturing - and I genuinely felt cared about and looked after"*

One service user's experience of MBCT, relapse prevention and discharge

- 48 year old woman
- Severe emotional difficulties due to childhood trauma
- Consequently, she has had a life long struggle with depression and had an eating disorder as a teenager in form of anorexia and then bulimia
- Before the MBCT course, she had a short period of 1:1 psychotherapy and the MBCT course was planned to augment and complete her period of psychological treatment.