

# Mindfulness-Based Cognitive Therapies for Behavioral Health Disorders

Jeremiah Slutsky, Jay Byron, Carl Fulwiler

**M**indfulness is the act of moment to moment awareness of what is happening in the here and now. The practice of mindfulness is to bring awareness to one's present experience in a non-judgmental, non-reactive manner. Mindfulness practice has been in existence for over 2,500 years, however, it has gained increasing attention by Westerners since the 1970's.

*This issue brief provides a brief history of Mindfulness-Based Stress Reduction (MBSR) followed by a focus on Mindfulness-Based Cognitive Therapy (MBCT). An overview and literature review of MBCT describes the emergence of MBCT as an intervention addressing depression. This issue brief concludes with recent findings that call for further MBCT research in the areas of anxiety and addiction relapse.*

## Mindfulness and Mindfulness-Based Stress Reduction

In 1979, Jon Kabat-Zinn at the University of Massachusetts Medical Center developed the Mindfulness-Based Stress Reduction (MBSR) Program to alleviate the suffering of patients with chronic conditions. The MBSR Program is an 8 week class focused on experiential learning of mindfulness practices and yoga, involving teacher-guided inquiry and psychoeducation. Over time participants develop their own personal practice of mindfulness. They learn new ways of relating to themselves and their experience through training to focus attention on kindness and compassion rather than judgment or avoidance. As evidence began to accumulate for the efficacy of MBSR, a number of related interventions were developed to address mental health problems such as depression, anxiety, and addiction.



## Mindfulness-Based Cognitive Therapy

Mindfulness-Based Cognitive Therapy (MBCT) was created to prevent recurrence of depression in people recovered from previous depressive episodes (Segal, 2012). Major Depression (MD) is a common and serious health problem and the chances of a recurrence increase with each episode. In response to relatively small normal changes in mood, people who have suffered an episode of depression are much more likely to experience a return to negative thinking and sadness. MBCT integrates elements of Cognitive Therapy with the basic framework of MBSR. Cognitive Therapy focuses on psychoeducation about depression and mindfulness preventative depressive relapse skills. In MBCT these are substituted for MBSR's focus on stress reduction. With MBCT participants learn to become more aware of negative thoughts and sad feelings, and to adopt an attitude of curiosity, acceptance, and non-judgment. In contrast to traditional therapeutic approaches, the point of MBCT is neither to explain the origin of unpleasant thoughts or feelings, nor to replace them with different ones. Rather, MBCT helps patients

sustain an alert and flexible awareness, which over time diminishes the impact of negative thoughts and low moods.

## Current Research: MBCT for Major Depression

Recent research has supported the efficacy of MBCT for reducing the chances of a further depressive episodes for patients with major depression. This research on MBCT is based on the 8-week class format in a series of randomized clinical trials with patients who had experienced 3 or more episodes of depression and are currently in remission. There have been six randomized controlled trials of MBCT in people with a history of depression that, in aggregate, demonstrate that it reduces the chances of another episode of depression by almost half (Williams & Kuyken, 2012). Two studies compared the efficacy of MBCT and gradual discontinuation of maintenance anti-depressants (ADs) vs. continuation of ADs alone (Segal, 2010; Kuyken et al., 2008). The data show no significant difference in the number of relapses between the two treatment options. The study by Kuyken et al. (2008) was notable for being conducted in primary care settings and for demonstrating that MBCT was superior for improving quality of life and comparable in cost. As a result of these studies MBCT is now considered an evidence-based practice for the prevention of depressive relapse (National Registry of Evidence-based Programs and Practices (NREPP), 2012). All of this current research suggests that for patients with 3 or more episodes of depression, MBCT is equal in efficacy to remaining on antidepressants indefinitely for preventing future episodes.

Research has also explored MBCT for the reduction of residual depressive symptoms in patients with MD. Studies have shown that MBCT added to treatment as usual was significantly better than treatment as usual for the reduction of residual depressive symptoms (Kingston et al., 2007; Barnhofer et al., 2009; Crane et al., 2008). One study also shows that MBCT and gradual discontinuation of maintenance ADs provides significantly greater reduction of symptoms than the continuation of ADs alone (Kuyken et al., 2008).

## Further Research: MBCT for Anxiety and Addiction

MBCT has also been adapted as an intervention for other disorders but only a few studies have been published to

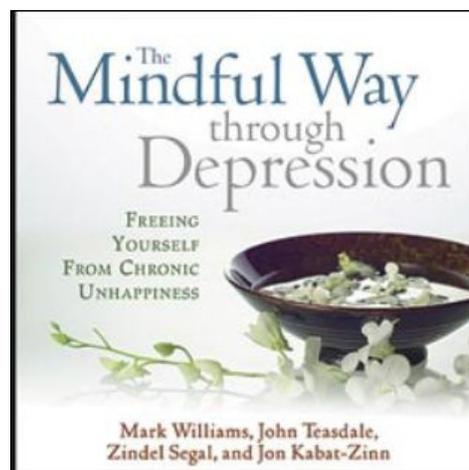
date and therefore the evidence is limited. For anxiety disorders, MBCT has been studied specific to Generalized Anxiety Disorder, Panic Disorder (Kim et. al., 2009), and Social Phobia (Piet, Hougaard, Hecksher, & Rosenberg, 2010). These studies have demonstrated significant improvement in anxiety symptoms with MBCT compared to control interventions such as psychoeducation groups or group-based cognitive therapy, but the sample sizes have been small and additional studies will be needed to confirm the results.

MBCT has also been adapted for the prevention of addiction relapse. Mindfulness-Based Relapse Prevention (MBRP) follows the same 8-week group-based format incorporating cognitive behavioral treatment for relapse prevention. Like MBCT, patients are introduced to body scans, sitting meditation, and yoga. Over the course of MBRP, patients are instructed to be mindfully aware of their cravings for drugs and alcohol, identify triggers, and prepare for the possibility of a relapse. A pilot study of MBRP found reductions in days of use and cravings at the end of treatment compared to controls who received treatment as usual (Bowen et al., 2009). Post-hoc analysis data from this study suggested that MBRP might be most helpful in the presence of depressive symptoms, which may predispose to relapse (Witkiewitz & Bowen, 2010).

For more information about MBCT for depression see

[www.mbct.com](http://www.mbct.com)

or the book *“The Mindful Way Through Depression: Freeing yourself from Chronic Unhappiness,”* that includes a CD with guided practices.



## References

- Barnhofer, T., Crane, C., Hargus, E., Amarasinghe, M., Winder, R., & Williams, J. M. G. (2009). Mindfulness-based cognitive therapy as a treatment for chronic depression: A preliminary study. *Behaviour Research and Therapy*, 47(5), 366-373.
- Bowen, S., Chawla, N., Collins, S., Witkiewitz, K., Hsu, S., Grow, J., & Marlatt, G.A. (2009). Mindfulness-based relapse prevention for substance use disorders: A pilot efficacy trial. *Substance Use*, 30, 295–305.
- Crane, C., Barnhofer, T., Duggan, D. S., Hepburn, S., Fennell, M. V., & Williams, J. M. G. (2008). Mindfulness-based cognitive therapy and self-discrepancy in recovered depressed patients with a history of depression and suicidality. *Cognitive Therapy and Research*, 32(6), 775-787.
- Kim, Y. W., Lee, S. H., Choi, T. K., Suh, S. Y., Kim, B., Kim, C. M., & Ryu, M. (2009). Effectiveness of mindfulness-based cognitive therapy as an adjuvant to pharmacotherapy in patients with panic disorder or generalized anxiety disorder. *Depression and Anxiety*, 26(7), 601-606.
- Kingston, T., Dooley, B., Bates, A., Lawlor, E., & Malone, K. (2007). Mindfulness-based cognitive therapy for residual depressive symptoms. *Psychology and Psychotherapy: Theory, Research and Practice*, 80(2), 193-203.
- Kuyken, W., Byford, S., Taylor, R. S., Watkins, E., Holden, E., White, K., & Mullan, E. (2008). Mindfulness-based cognitive therapy to prevent relapse in recurrent depression. *Journal of Consulting and Clinical Psychology*, 76(6), 966.
- National Registry of Evidence-based Programs and Practices (NREPP). (2012). Intervention Summary: Mindfulness-Based Cognitive Therapy (MBCT). Retrieved from <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=239>.
- Piet, J., Hougaard, E., Hecksher, M.S., & Rosenberg, N.K. (2010). A randomized pilot study of mindfulness-based cognitive-behavioral therapy for young adults with social phobia. *Scandinavian Journal of Psychology*, 51(5), 403-410.
- Segal, Z. V., Bieling, P., Young, T., MacQueen, G., Cooke, R., Martin, L., & Levitan, R. D. (2010). Antidepressant monotherapy vs sequential pharmacotherapy and mindfulness-based cognitive therapy, or placebo, for relapse prophylaxis in recurrent depression. *Archives of General Psychiatry*, 67(12), 1256.
- Segal, Z.V., Williams, J.M.G., & Teasdale, J.D. (2012). *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse* (2nd ed.). New York: Guilford Press.
- Williams, J.M.G & Kuyken, W. (2012). Mindfulness-based cognitive therapy: a promising new approach to preventing depressive relapse. *British Journal of Psychiatry*, 200, 359-360.
- Witkiewitz, K., & Bowen, S. (2010). Depression, craving, and substance use following a randomized trial of mindfulness-based relapse prevention. *Journal of Consulting and Clinical Psychology*, 78(3), 362.