



Mindfulness-Based Cognitive Therapy for TB *Transforming Depression & Lives*

THE ROLE OF CLINICIAN TRAINING

Melissa Felteau, MAdEd

Shawn Marshall, MD

Rolf Gainer, PhD

Lakehead University, uOttawa, U of Toronto Rehab Research Gro

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Investigators

Melissa Felteau, MAdEd, St. Francis Xavier University & Lakehead University, Thunder Bay, Canada

Shawn Marshall, MD, University of Ottawa, Ottawa Hospital Rehabilitation Center, Ottawa, Canada

Rolf Gainer, PhD, Rehabilitation Institutes of America, USA & Neurologic Rehabilitation Institute of Ontario, Toronto, Canada

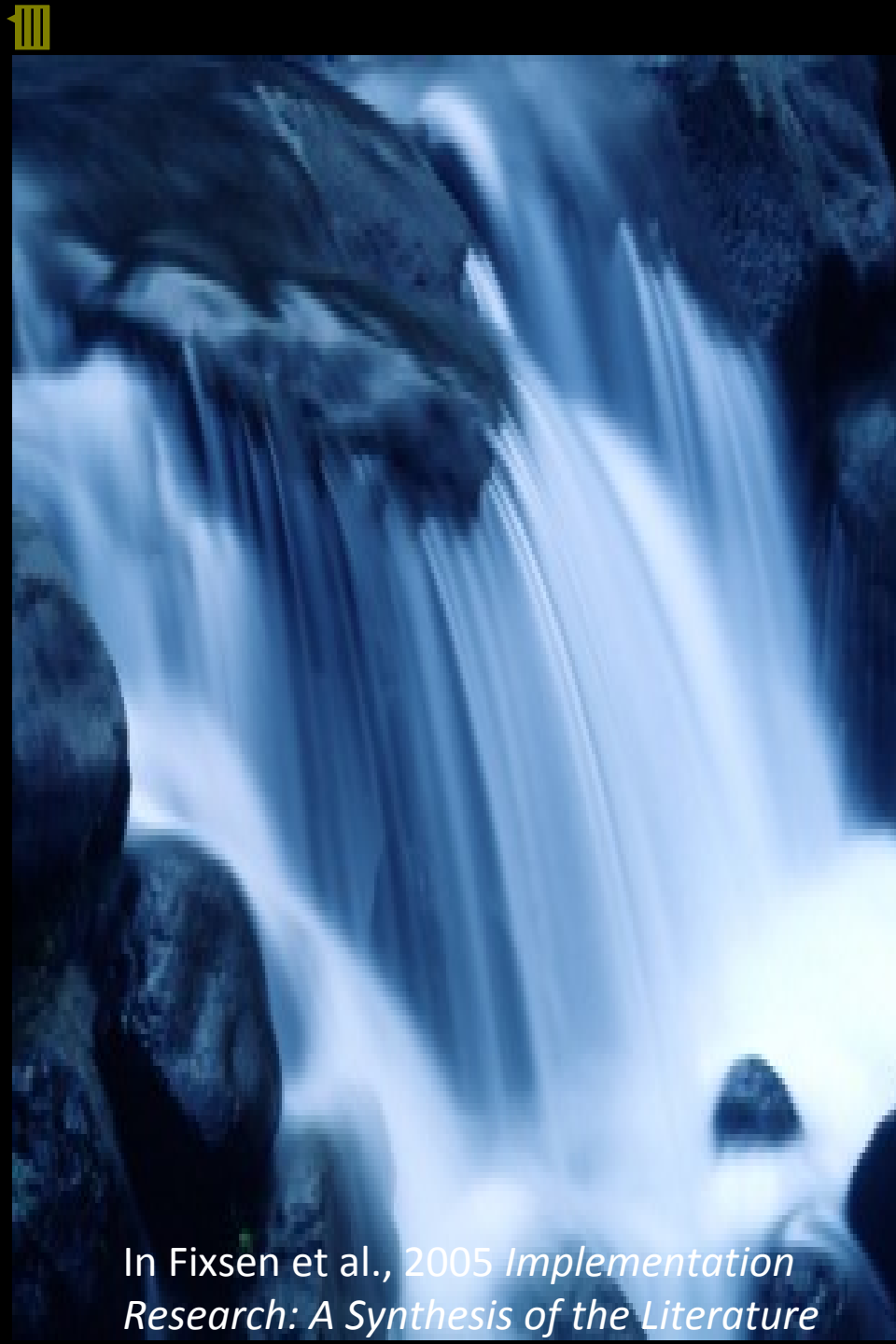
With Deep Gratitude:

Study colleagues on the research team

MBCT RCT Participants & Clinicians at Toronto Rehab Institute, Ottawa Rehab Center & St Joseph's Care Group, Thunder Bay

Funded by





Rogers (1983) noted that
the **diffusion**
literature takes us up
to the point of deciding
to adopt **an**
innovation and **says**
nothing about **what**
to do next to:
implement
innovation
with fidelity.

In Fixsen et al., 2005 *Implementation
Research: A Synthesis of the Literature*



Mindfulness-Based Cognitive Therapy





Mindfulness-Based Cognitive Therapy-TBI:



**10 week psycho-
educational group**



**intensive training in
Mindfulness meditation**




**to apply to challenges
of their daily lives**


Based on Segal, Williams, Teasdale, 2002
TBI Adaptation Felteau, 2010



Participants learn to:

 Reduce reactivity

 Decenter from
ruminative
thinking

 'sit with' + - +/-
thoughts, emotions,
physical sensations

 prevent further
depressive relapse



Practices include: body scans, sitting meditation,
walking meditation, mindful movement,
process of inquiry & dialogue



MBCT Results



- Data from 6 RCT's + 2 meta-analyses (Hoffman, 2010; Piet & Hoogard 2011) indicate MBCT is associated with a 50% reduction in depression relapse risk

MBCT – TBI Results



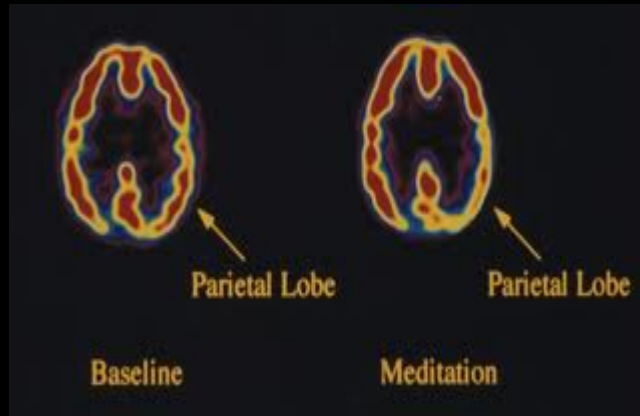
- **MBCT – TBI consistently shows a 59% reduction in depression symptoms**

Bedard, Felteau et al.,
2011; 2007; 2005; 2003



Brains on Meditation

Hippocampus ↑ learning & memory



Davidson et al., 2003;2007;
2008; 2010

Cingulate ↑ self-awareness,
compassion & introspection

Amygdala ↓ anxiety & stress

Hoelzel et al., (2011). *Mindfulness practice leads to increases in regional brain gray matter density*. Psychiatry Research: Neuroimaging. 191;1:36-43. See also Davidson et al., 2003-2012



In **theory** there is **no**
difference between
theory and practice;
in practice, there is.”

Yogi Berra



Don't Get Trapped



The delivery of
**successful
outcomes** is
associated with a
**longitudinal
training program**

Crane et al., 2010



Developmental Process



“The teacher/clinician’s **embodiment** of the **key therapeutic ingredients** of MBCT & their **personal mindfulness practice** are **essential**”

Crane, Kuyken, Hastings, Rothwell & Williams, 2010



Embodiment, not Methodology

- The teacher embodies the heart of inquiry; the possibility of encountering, being with and befriending experiences with
- Loving kindness
- Compassion
- Sympathetic joy
- Equanimity





Fostering Transformative Dimensions





MBCT-TBI Learning Conditions



Trust
Non-judgment
Compassion



Safety
Confidentiality



Authenticity
Acceptance
Support

Felteau, 2010. *Understanding the Transformative Dimensions of Mindfulness Therapy*. Unpublished manuscript



Non-Reactivity: Learning to Be with What Is




My
Back
Hurts

My
Knees
Hurt

I could
have
done
this
better
before
my TBI

Self-Compassion



I am OK
just as I am



Multi-site RCT of MBCT-TBI

3 centers: Toronto, Ottawa, Thunder Bay Canada

Blind block randomization of 120 participants
Cross-over wait list control design

5 treatment waves Sept 2010 – June 2012

Kary J. Luffin

RCT of MBCT-TBI

Inclusions: 18+, 1>5 yrs post TBI, any severity level with insight

Exclusions: concurrent interventions, anti-depressants allowed, unusual psychological processes, suicidal ideation, substance abuse, lack of insight
(BDI-II, SCL-90-R, Alcohol, Substance & Drug Abuse Scales)

Ray J. Luffin

RCT Measurements for Depression, Memory, Health Status Mindfulness & Satisfaction

Instrument

- Demographics (S)
- BDI-II (S) & PHQ-9
- CVLT (S)
- COWAT
- WAIS: Digit Span (S)
- WAIS: Similarities (S)

Outcome Measured

& medication use/pain VAS
Depression symptoms
Auditory attention/ST
memory/ learning strategies
Speeded verbal fluency/ exec
functioning
Auditory att./working mem
Verbal abstract reasoning

S = Screening



RCT Measures Con't

Instrument

- Trail Marking Test
- RAND-36
- SCL-90-R (S)
- PHLMS & TMS
- SWLS

Outcome Measured

Executive functioning

Health status

Psychological symptom
pattern

Mindfulness

Satisfaction with life



MBCT-TBI Curriculum





MBCT –TBI has been modified by:

- Time
- Program Planning/Learning Conditions
- Learning Accommodations
- Use of Critical Reflection





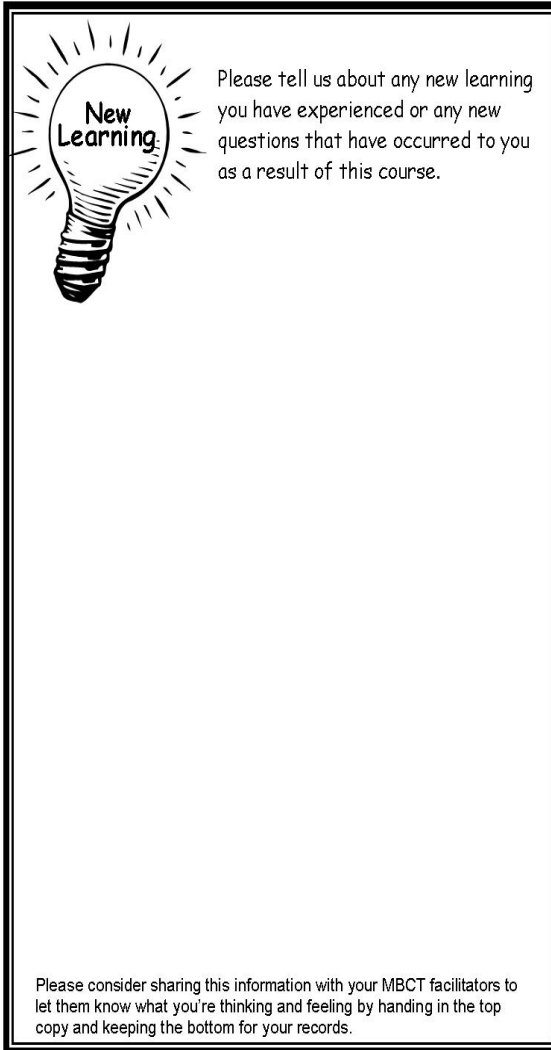
Transfer of Learning is Key



- Fostering critical reflection is key
- Use of New Learning Forms every session



Fostering Reflection & Insight



New Learning

Please tell us about any new learning you have experienced or any new questions that have occurred to you as a result of this course.

Please consider sharing this information with your MBCT facilitators to let them know what you're thinking and feeling by handing in the top copy and keeping the bottom for your records.

- **Self-reflective questions asked at end of each session**
- **Answers recorded to make learning explicit**



**“Training alone, no matter
how well done does not
lead to successful implementation.”**

Fixsen & Blase, 2008



Longitudinal Multidimensional MBCT Clinician Training Plan

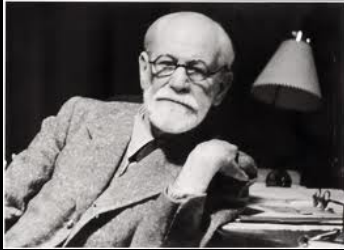


Felteau & Segal, 2008



Differences Between

CBT



Focus on changing thoughts & behaviour

Diary of events, feelings, thoughts, behaviours

Testing cognitions, assumptions, evaluations, exposure

MBCT



Focus on relating differently to thoughts, feelings, sensations

Daily meditation practice

Focus on compassion towards self and others

Ongoing relapse prevention



Fidelity & Standardization By:

Standardized Training

Standardized MBCT–TBI Manual

Practice Teaching Healthy Group

MBCT- Adherence Scale

Ongoing Consultation & Supervision





The Road Forward



- Completion of multi-site Randomized Control Trial June 2012
- Diffusion & Dissemination
- Publication of manual
- Global Implementation
- Online training program
- Interested?
- Contact us



For further information, contact:

Melissa Felteau, MAdEd
Lead Clinical Educator,

MBCT-TBI RCT

Lakehead University, University of Toronto, University of
Ottawa Rehab Research Group
Mindfulness Study

melissa.felteau@shaw.ca

Slides hosted at traumaticbraininjury.net under Resources

