

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Mindfulness: An Introduction to Practice and Clinical Application

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Dr. Torna Li is the Clinical Director of California for CHE Behavioral Health Services. She approaches healing and wellness from a holistic perspective. She specializes in mindfulness practices, multicultural community psychology, and geropsychology. Dr. Li has worked in diverse settings including outpatient, inpatient, and long term care facilities through direct-service and leadership roles.



Disclosures/Conflicts of Interest

I am the Clinical Director for California of CHE Behavioral Health Services, which is collaborating on today's webinar.

Learning Objectives

1. Identify the key elements of mindfulness as it relates to the neurobiology of stress response.
2. Discuss the practice of mindfulness as a therapeutic intervention.
3. Demonstrate a brief mindfulness meditation exercise.

What Is Mindfulness?

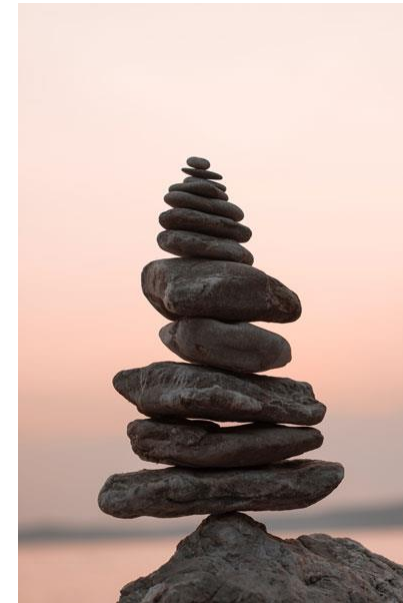
- Mindfulness is paying attention:
 - On purpose, in the present moment
 - In a non-judgmental way
- Paying attention to things as they are in any given moment, observing without reacting or changing anything
- Simple concept but not an easy task
 - Mindfulness is one type of meditation practice

What Is Mindfulness?

- **Non-reactivity:**
 - Automatic reaction from past conditioning
 - Mindfulness encourages a response (deliberate choice) to your experience rather than a reaction (automatic) to your thoughts.
- **Non-judgment and Acceptance:**
 - Not labeling of an experience as good/bad
- **Openhearted:**
 - Kindness and compassion

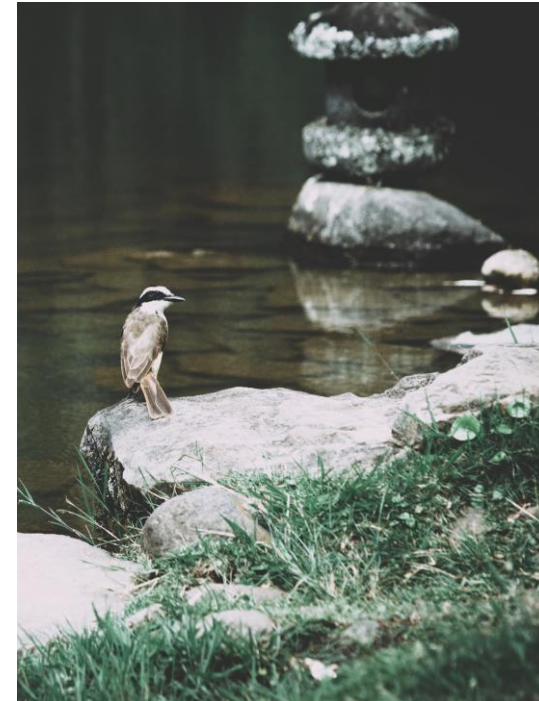
- **Equanimity, (noun)**

Mental calmness and stability especially in a difficult situation.

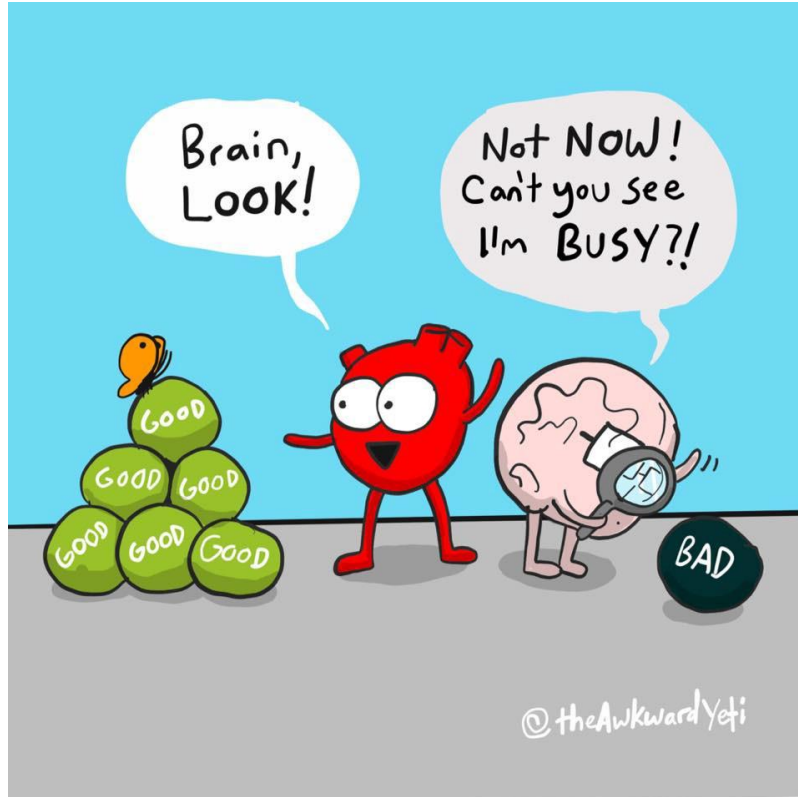


Why Is This Useful?

- Improves focus and awareness
- Teaches opposite of ruminative thinking
- Emotional regulation and Impulse control
- Teaches observation of thoughts and feelings as they are
- Improve our engagement with our experiences

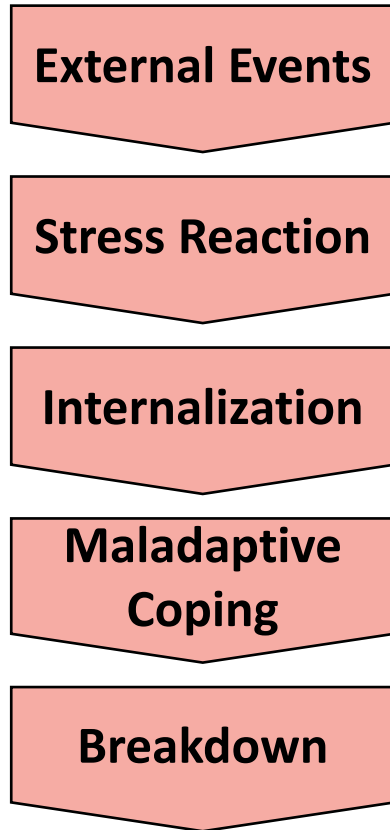


Negativity Bias and Stress



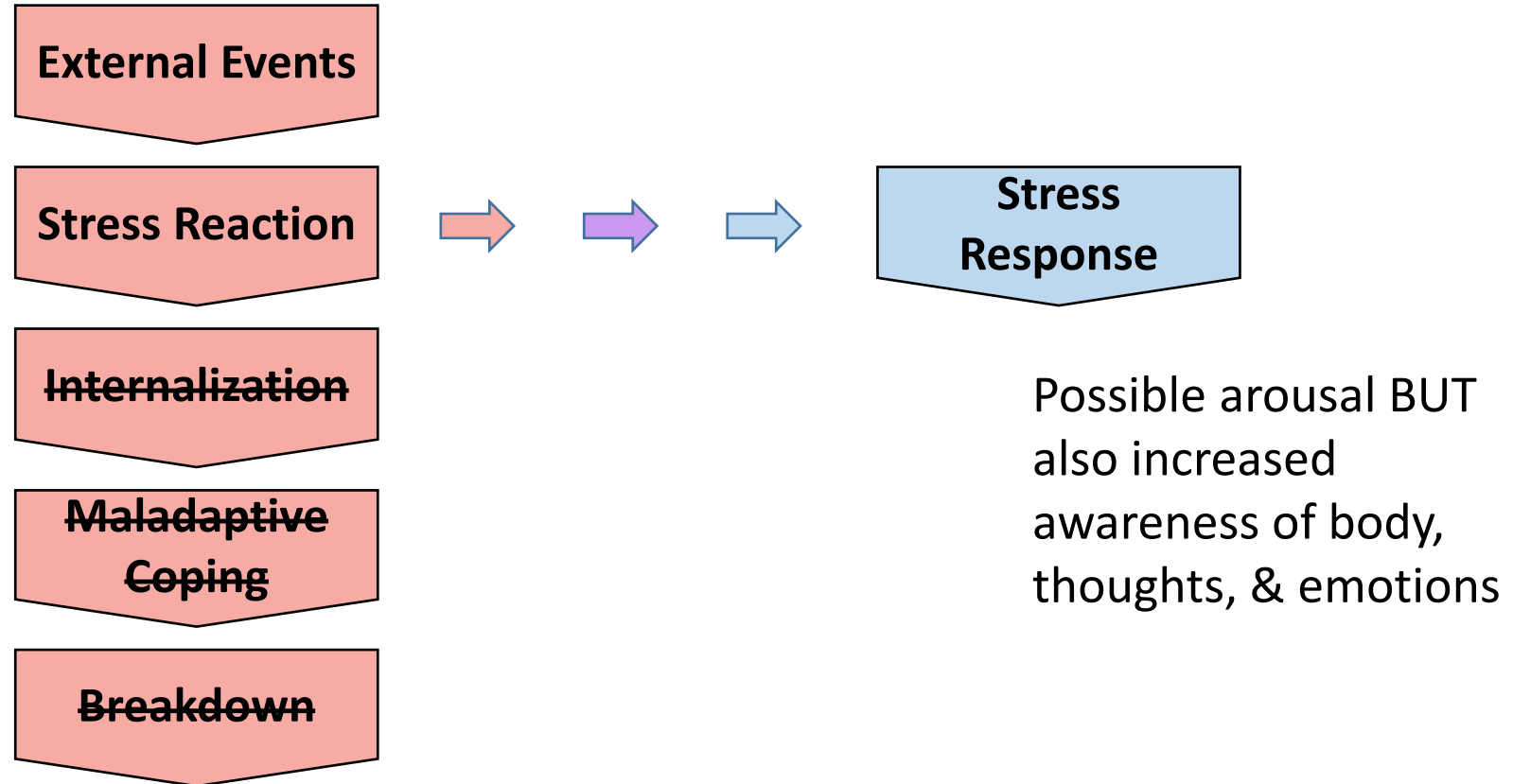
- Remember traumatic experiences better than positive ones
- Recall insults better than praise
- React more strongly to negative stimuli
- Frequency of negative thoughts
- Respond more strongly to negative events than to equally positive ones
- Why bad? Negatively effect relationships, decision making, perception of others

Stress Reactivity



Coping with Stress

Reacting vs. Responding



Neurobiology

- Neuroplasticity – constant changing of brain via experiences and thoughts
 - Neurons that fire together wire together
- New brain (frontal lobes) and old brain (amygdala)
- Mindful brain – respond to stress instead of reacting
- Shamatha Project led by Dr. Clifford Sharon UC Davis, 2007
 - Examined effects of two three-month long meditation retreats for 60 meditators, randomized and controlled
 - Sharpened and sustained attention
 - Increased well-being and empathic emotional response to the suffering of others – more empathy and engagement
 - Increased health biomarkers (telomerase – enzyme that protects genetic material during cell division)
 - Follow-up study in 2018 of 40 of original participations showed gains in attention were sustained with regular practice.



Foundations of Mindfulness

Acceptance

- Willingness to see/be with things as they are
- Does not mean you have to like it, abandon values, be passive, resign

Non-judging

- Comparing mind causes suffering
- Emotions and thoughts are not bad/good. They just are.

Beginner's mind

- Child-like curiosity

Trust

- Trusting in ourselves and honoring our experience

Non-striving

- The art of being, “non-doing,” effortless-action
- Not the same as doing nothing
- Not having a goal to change/improve

Letting go

- Non-attachment
- Training the monkey mind

Patience

- Give yourself space to let it happen – it's going to happen anyway



What IS NOT Mindfulness?

- To be happy 24/7, unrealistic optimism
- Only a religious practice (can be secular)
- Passivity or long periods of sitting
- Zoning out and thinking about nothing
- To stop all negative thinking
- To avoid critical thinking
- To live only in the present with no planning of future or revisiting past
- Finding solutions
- Relaxation

Meditation is not so concerned with how much thinking is going on as it is with how much room you are making for it to take place within the field of your awareness from one moment to the next.

Jon Kabat-Zinn



Evidence Based Interventions

MBSR – Mindfulness Based Stress Reduction

- 8 week course developed for hospital patients, group format
- Stress education, stress reactivity
- Instruction and practice in body scan, sitting and moving meditation

MBCT – Mindfulness Based Cognitive Therapy

- Adds training in specific cognitive skills
- Monitoring and analysis of dysfunctional thinking as it relates to mood
- Originally developed as preventative intervention for relapsing depression (3 or more episodes) by addressing rumination

Evidence Based Interventions

DBT – Dialectical Behavior Therapy

- Didactic approach in increasing attention with the “what” skills of observing and “how” skills of being non-judgmental
- Business as usual vs. formal meditation practice

ACT – Acceptance and Commitment Therapy

- Receptive awareness and suspension of judgment, dis-identification from thoughts, check/reject assumptions of the experienced self

AMT – Anxiety Management Training

- Developed for PTSD, key modality is relaxation training
- Systematic desensitization



Clinical Applications

Mood Disorders

- Noticing negative thought loops
- Reducing vulnerability to a cycle of dysphoria and self-devaluative thoughts
- Decreased power in distorted thinking

Anxiety Disorders

- Poor emotional understanding can lead to fear and rejection of emotions, dysfunctional methods to control intense emotions
- Works on increasing emotional differentiation and regulation
- Expanding window of tolerance

Clinical Applications

Psychosis

- Does not aim to decrease or reduce frequency of symptoms
- Rather, reduce distress and improve emotional regulation
- Guided meditation only or other mindfulness techniques

Chronic Pain

- Pain is not just a “body problem” but rather a whole systems problem
- Major components
 - Physical sensation – “burning, sharp, ache, etc.”
 - Emotional response – “this is awful, I am suffering”
 - Cognitive/conceptual – “nobody understands, this will never go away”
- Can’t make pain go away, but can improve psychological experience
- Body scan meditation

Clinical Applications

Sleep

- Do not meditate to sleep
- From a cognitive behavior perspective, sleep problems stem from automatic arousal, dysfunctional cognitions, and consequential distress
- Allow for sleep to unfold rather than increasing efforts to clear the mind or try harder to make sleep happen



Limitations, Cultural and Ethical Considerations

- Difficult to measure mindfulness in practice
- Motivation is a big factor – practitioners of mindfulness may be more involved with improving their overall lifestyle, difficult to isolate confounds in studies
- Creative vs. analytical problem solving
 - Negative correlation to problem solving requiring insight
 - Positive correlation to problem solving requiring analytical thinking
 - Incorporate constructive mind wandering
- Relaxation induced anxiety
- Increased dissociation

The Practice

Breathing and Sitting Meditation

- Diaphragmatic breathing
- Let go of thinking of breathing
- Awareness of sensations
- Sit comfortably
- Notice sensations of breathing
- Dealing with body's discomfort
- Notice wandering thoughts and gently return to breathing



Guided Meditation

More Techniques



- RAIN (recognize, allow, investigate, nurture)
 - Developed by Tara Brach
- Sitting with sound
- Raisin technique
- Mindful seeing
- Mindful movement (yoga, chair exercises)

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Q&A With Dr. Li



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

