Managing Depression and Wellbeing with Mindfulness

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Description of the Intervention

- Mindfulness-Based Cognitive Therapy:
- Body-Scan Technique
  - Mindfulness-based cognitive therapy or MBCT was developed by Zindel Segal, Mark Williams, & John Teasdale. The MBCT intervention draws from the psychological process of mindfulness and cognitive-therapy (Schimelpfening & Gans, 2020). The mindfulness-based cognitive therapy program was developed with a similar structure to a program that had already been designed by Kabat-Zinn.

  - MBCT focuses on changing the awareness and relationship that clients have to their thoughts (Teasdale et al., 2000). This approach functions on the theory that an individual who has a history of negative thought processes is likely to return to those negative patterns.

- The goal of MBCT is to teach techniques that can help individuals learn new skills and allow them to relate to their thoughts and feelings in a wider perspective without judgment rather than aspects of self (Teasdale et al., 2000) and thus reduce relapse and recurrence in patients with recurrent depressive disorder.

Research

•Populations:
- MBCT is to treat symptoms of major depressive disorder, bipolar disorder, panic disorder, general anxiety, social anxiety disorder, and post-traumatic stress disorder (Jasbi et al., 2018).
- MBCT has shown effectiveness in promoting the psychological health and wellbeing of non-clinical individuals (Querstret et al., 2020).
- MBCT interventions have been used across cultures, and borders from Iranian veterans (Jasbi et al., 2018) to college students.

•Effectiveness:
- Barnhofer et al., 2015, conducted a study that determined MBCT is effective in reducing the risk of the recurrence of depression.

- A study conducted on the effectiveness of MBCT for post-traumatic stress disorder (Jasbi et al.,2018) found that compared to medication alone the combination of MBCT and SSRI treatment group had clinically significant improved symptoms of PTSD, depression, anxiety, and stress.

•Potential Limitations and Areas for Further Research:
- There is mixed research on using mindfulness with certain populations:
  - Children, individuals with diagnosed ADHD, substance use disorders, disorders with psychosis or psychotic features like schizophrenia or delusions, and individuals who are intellectually impaired.
- Studies of MBCT with schizophrenic individuals indicate that mindfulness may be effective in healthcare settings (Radford et al., 2012) but there is not enough practical research that it is effective with individuals experiencing a loss of touch with reality.

Clinical Problem Addressed

Client Background
- The client is 44-years old. He is a Caucasian heterosexual cis-gendered male.
- Highest education level: high school diploma
- He has 2 brothers, a sister, and a 21-year-old daughter
- History of suicide attempt roughly sixteen years ago.
- History of non-suicidal self-injury by cutting or scratching his upper forearms with a pin.

Clinical Problem Addressed
- Major Depressive Disorder
- SX: fatigue, irritability, loss of interest, loss of energy, low self-esteem, lack of purpose, and suicidal ideation.
- The client expressed issues with his mind “always being on” and that he would sit and think about all the negative things in his life.

Conceptualization of the Intervention

- A body scan technique was used to teach a new coping skill and try to reduce the use of negative coping mechanisms while working to *increase his overall wellbeing* during the session.

- The intervention was meant to bring the client into awareness of the present to disrupt his rumination.
  - •Mindfulness can induce a relaxation response that engages the parasympathetic nervous system and can restore the body to base levels by lowering the heart and respiratory rate, blood pressure, and muscle tension.

Implementation

•Each session was driven by the client’s presenting problem. We focused on the areas of his life he was struggling with and worked collaboratively around them. The intervention was completed during the last twenty minutes of each of our sessions.

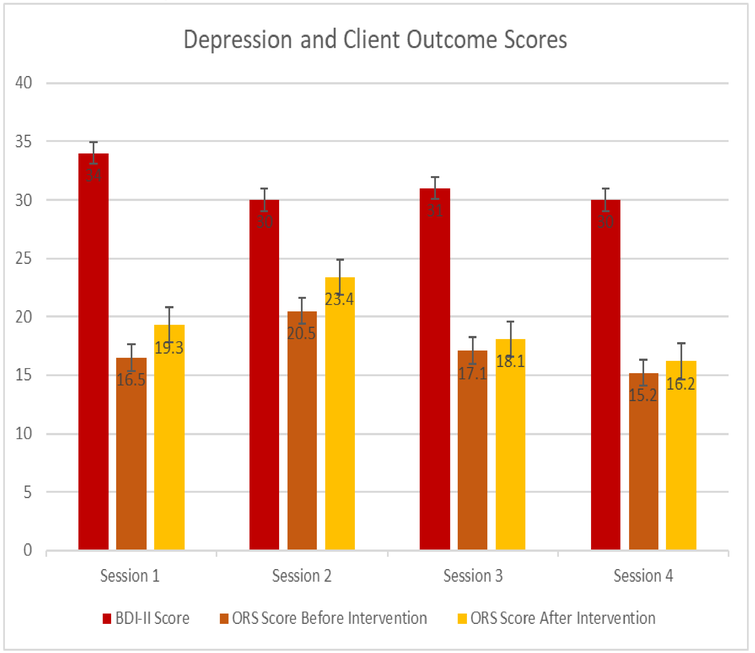
•The body scan was led by me during each session. The activity lasted roughly 5-10 minutes. The client was asked to close his eyes and find a comfortable position. The body scan was read from the same script each time. It began by bringing the client’s attention to his feet and ended with his awareness in his neck.

•The client was skeptical about the effectiveness of engaging in a mindfulness-based activity during the first session. His muscles were visibly tenser, and his breaths were strained. Over the next 3 sessions the client was more relaxed. His breathing was impeded several times by a cough. He remained in the activity.

•I responded to the client’s skepticism and hesitancy by offering positive feedback, and affirmations about his progress. While calmly recentering him to the present throughout the activity.

Evaluation and Outcome

- Measurements
  - Depression Inventory-II
  - Outcome Rating Scale.
- I used BDI-II to gauge the classification of the client’s depression each session, and the ORS to track the effectiveness of the intervention across the sessions.
- The client was instructed to complete a BDI-II and ORS before the intervention and then completed a second ORS after the intervention had been completed.



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