Transforming Depression: Mindfulness-Based Cognitive Therapy for TBI
Results from a Randomized Controlled Trial

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Disclosures

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• Melissa Felteau has no conflicts to report
• Dr Rolf Gainer has business relationships with Brookhaven Hospital, the Neurologic Institute of Ontario, Community NeuroRehab & Rehabilitation Institutes of America
Learning Objectives

1. To define mindfulness in the clinical setting.

2. To recognize the efficacy of MBCT-TBI in reducing depression symptoms.

3. To recognize the 5 ways MBCT was adapted for the TBI population.
Research Team

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* We thank all the participants of this research study
Inquiry

- Personal experience?
- Therapy practice?
- Client benefit?
We have 60,000 – 80,000 thoughts per day
That’s one thought every 1.2 seconds!

Deepak Chopra, 2011
Mindfulness

• Witnessing constant flow of thoughts, judgments, daydreams, reminiscing, anticipations, emotions, sensations & letting go

• Emptiness training (Shunyata) watching mind phenomena arise & pass away through attention & concentration
Mindfulness is
The awareness that arises
By paying attention on purpose
In the present moment
Non-judgmentally

Jon Kabat Zinn, 2013
“Simple but not so easy”
Mindfulness-Based Cognitive Therapy
Prevalence of Depression

OUT OF ORDER!
Depression most common Axis 1 disorder following TBI
44 – 50% incidence post-TBI depression (Van Reekum, 1996, 2000)

Often co-morbid with anxiety
Best predictor of psychosocial adjustment, even 10 yrs post injury
(Owensworth & Fleming, 2005; Draper, Ponsford & Schonberger, 2007)
Psycho-social Correlates of Post-TBI Depression

- Poorer rehab outcomes
- Greater functional disability
- Less employment potential
- Elevated divorce rates
- Greater caregiver burden
- Poorer subjective well-being
- Poorer quality of life
- Increased rates of suicidal ideation

(brainline.org)
Can MBCT help people manage the symptoms of depression?
The practice of meditation...

• Teaches us how to see thoughts with non-judgment & compassion
Teaching one to sit with & relate differently.
Decentering

- Helping to step away from unhelpful patterns of thinking associated with chronic sadness & depression
Slowing down to see own thoughts
Befriending difficult moments...
Addresses

apathy
Helps to cope with loss of self
Helping restore the self
Without the need to distract
avoid
cover-up
Methodology
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,
- 3-minute breathing spaces,
- mindful movement,
- process of inquiry and dialogue
Brain on Meditation

Hippocampus↑ learning & memory

Cingulate↑ self-awareness, compassion & introspection

Amygdala↓ anxiety & stress

Multi-site RCT of MBCT-TBI

3 centers: Toronto, Ottawa, Thunder Bay Canada

Blinded, block randomization, of 120 participants

Controls were crossed-over

5 treatment waves Sept 2010 – June 2012
Outcomes Attained
Our RCT found a statistically significant 26% reduction in overall depression symptoms (BDI II).

Bedard, Felteau, Marshall, Cullen, Dubois et al., 2013, J Head Trauma Rehabil
RCT Results - Mindfulness

An improvement in depression scores showed a correlation to increases in mindfulness scores.

Bedard, Felteau, Marshall, Cullen, Dubois et al., 2013, J Head Trauma Rehabil
Adaptations

Gibbons, Felteau, et al., Training Clinicians to Deliver a Mindfulness Intervention, *Mindfulness*, 2012;3(4)
MBCT – TBI has been modified by:

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

Felteau, Marshall & Gainer. The role of clinician training in MBCT for TBI. *Brain Injury*, 2012(26)4-5.
Time Accommodations

For attention, concentration, memory & fatigue:

• Shorter classes
• Shorter meditations
  i.e. 30 min
• Shorter home practice
MBCT-TBI Learning Conditions

- Trust
- Non-judgment
- Compassion

- Safety
- Confidentiality

- Authenticity
- Acceptance
- Support

Learning Accommodations

- Simplified language
- Repetition
- Visual aids
- Flexible pacing
- Experiential learning
- Concrete examples
- Use of symbol, metaphor, poetry
Transfer of Learning is Key

• Fostering critical reflection is key

• Use of New Learning Forms every session
Fostering Reflection & Insight

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

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.
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

Woods SL, 2011
Compassion

• The capacity for self-empathy is critical to recovery, thus being able to cultivate compassion for oneself acts as an *antidote to debilitating self-criticism and self-contempt.*

  Bates, 2005

• Compassion invites us to soften our negative reactions & encourages a *tolerance for imperfection and failure.*

  Felteau, 2010
Transferability to Other Populations

- Military
- Stroke
- MS
- Parkinson’s
- Alzheimer’s
- Cancer
- Other
Transferability of MBCT

• Consider unique characteristics of disability
• But avoid focus on disability
• Foster learning conditions suitable for population
• Accommodate learning styles
• Integrate disability through fostering self-compassion
Implementation

- Publish MBCT-TBI curriculum in 2015
- Webinar in Winter 2015 see www.onf.org
- Offer MBCT-TBI teacher training programs
- Ongoing clinical supervision & consultation


Resources


For further information, please contact:
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This presentation may be downloaded at:
www.traumaticbraininjury.net
Under “Resources”

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