

Mindfulness-based Therapy and Research Interest Group (MTRIG)



mtrig@mindfulness.net.au

NEWSLETTER

6th August 2008

AGENDA

Meeting at the Psychology Annexe School of Psychology University of Tasmania

This meeting will include the following:

Review of a research article

“Promoting Mindfulness in Psychotherapists in Training Influences the Treatment Results of Their Patients: A Randomized, Double-Blind, Controlled Study”

By Ludwig Grepmaier (a), Ferdinand Mitterlehner (c), Thomas Loew (b), Egon Bachler (d), Wolfhardt Rother (c), and Marius Nickel (c, e, f), Published in *Psychotherapy and Psychosomatics, in Medical Settings, Vol. 76, 2007.*

a, Psychotherapeutic Teaching Institute and b. Department of Psychosomatic Medicine, University Clinic, Regensburg , and c. Clinic for Psychosomatic Medicine, Inntalklinik, Simbach am Inn , Germany; d. Ambulatory Therapeutic Family Counselling (TAF) and e. University Clinic for Psychiatry 1, PMU, Salzburg , and f. Clinic for Psychosomatics and Psychotherapy, Bad Aussee, Medical University of Graz, Graz , Austria

Kindly forwarded by John Mercer, this article is the first randomised controlled trial investigating the effects that mindfulness training has on the efficacy of their therapeutic work. Backed by the use of double-blind procedure, the results show that

trainee psychotherapists trained in mindfulness were more effective therapists than their control counterparts. This was a long-awaited study, even though the number of therapists tested was small (N = 18). This is a worthwhile paper to refer to for all mindfulness trainers and educators.

Peer review session / Case discussion

Due to the need to discuss the MiCBT Institute (see below), there will not be a case discussion at this meeting. However, attendees are welcome to discuss aspects of a case if time permits.

Proposed discussion topic

“The MiCBT Institute: Creation of a board, a constitution, and role designation”. If you are unable to attend and think you would be interested in being associated with the institute, please send your expression of interest with regards to the following to:

mtrig@mindfulness.net.au

1. Defining membership categories
2. Preliminary constitution agreement

3. Nomination and election of an administrative board
4. Nomination of a Course Curriculum Group/Committee

APS PD points and meetings

APS members who attend these meetings can claim **1.5 professional development points**. You may also wish to be a contact person to create your own MTRIG meetings in your area.

NEWS

MiCBT Institute project: Brief summary of last meeting

The last MTRIG meeting at the University of Tasmania was productive in guiding our initial steps. The following preferences for an institute were expressed:

- The institute would be operating best under an incorporated association (not-for-profit organisation)
- The institute would become a Registered Training Organisation (Vocational Education and Training).
- There would be a multi-tiered fee-paying membership: e.g., student members, associate members (full members must be trained in MiCBT), professional members and board members (voting members)
- The institute would have linkages with universities and other training institutions
- The institute would include sub-committees: e.g. executive, research, training, course curriculum, etc.
- The institute would offer both certification to participants in courses and internationally recognised accreditation to clinicians who demonstrate competency.

A discussion with Noel O'Mara about the constitution (looking at that of the APS and Ergonomic Society as examples) is taking

place. More will be discussed at the forthcoming MTRIG meeting (6th August 2008).

Feedback on the recent MiCBT program for consumers at CRS Australia, Hobart, Tasmania

An 8-week program for a small group of long-term unemployed men and women with psychological conditions was recently delivered by Bruno Cayoun at the Commonwealth Rehabilitation Services Australia, in Hobart. The group was initiated, coordinated and co-implemented by Psychologists Janet Waddington and Noel O'Mara. Various kinds of data have been collected and are currently being analysed. There is a strong interest in CRS Staff to incorporate MiCBT at in the service. Ideas on this and the group outcome results will be posted on the CRS website. For more information, please contact Janet or Noel:

Noel.O'Mara@crsaustralia.gov.au
janet.waddington@crsaustralia.gov.au

Feedback on the recent MiCBT course for professionals in Melbourne

The recent 8-week course in Melbourne was mostly attended by practising Psychologists but remained multidisciplinary. Below are short comments from three APS Learning Outcome forms:

1. *"As expected, excellent, fully recommended."*
2. *"Appreciated this course very much, both on a professional and personal level. Would recommend to others. Thank you."*
3. *"Thank you for a fantastic and challenging experience. I look forward to working with the practice both for myself and with others"*.

MiCBT COURSES UPDATE

2008

Two more introductory workshops in MiCBT will be conducted by Bruno Cayoun in Queensland this year. The level is beginner to intermediate and no experience of mindfulness assumed:

- **Fountainhead Retreats**, Maleny, QLD, Australia, on 23, 24, and 26 October.
- **Tablelands Drug & Alcohol Counselling Centre**, Atherton, Tablelands, North QLD, on 31 October and 1 November.

An **applied 8-week MiCBT course** conducted by Bruno Cayoun is currently running in Sydney (UNSW), under the coordination of Alice Shires, Director of the UNSW Psychology Clinic. During this type of course, personal and professional implementation of skills are taught and continually supervised by the facilitator. The course is endorsed by the APS Colleges of Clinical, Health, Educational/Developmental and Counselling Psychologists and will provide **24 specialist points** for members of these colleges or **24 generalist points** for all other APS members.

The applied 8-week MiCBT course will soon be offered in **Queensland**:

Dates: 8 Saturdays 30/08/08 to 25/10/08
Times: 12:00pm to 3:30pm
Coordinator in Brisbane: Astrid de Ruiter
Email: bris-coordinator@mindfulness.net.au
(Please register as soon as possible)

2009

- The planning for a possible applied course early next year in Singapore is currently taking place.
- A 2-day advanced MiCBT workshop has been organised by the New Zealand Psychological Society on Fri 6th and Sat 7th March at the marvellous Mana Retreat

Centre, in Coromandel (see web site: www.manaretreat.com).

Applied courses and short workshop details and brochures can be viewed on the MiCBT web site:

www.mindfulness.net.au/workshops2008.html

MiCBT groups for clients

If you are interested in having a client group conducted in your service, either as a pilot trial or as part of its clinical program and/or professional training program, you can contact: mtrig@mindfulness.net.au. It may be possible for a MiCBT-trained practitioner in your area to conduct such a group.

SNAPSHOT

Glenn Kelly, PhD

Psychologist

Acquired Brain Injury Behaviour Consultancy,
Victoria, Australia



When I was asked to submit this snapshot, I thought that it would be a quick and easy (and hopefully a positive) contribution to the newsletter.

Then, when I tried to commence writing, I realised that I could very easily promote sloth and torpor in you if it went on and on, was all about me or my wonderful research. So, mindful of my reader, I'll try to blend some personal details (since it's a bio) with a work and practise angle, and let you off about a page.

Many moons ago I began having back problems. The diagnosis was a structural problem – probably congenital – and the treatment was to avoid aggravating it. The problem with that treatment was that I became stiff as two planks, and that presented a new raft of problems. To cut a

long story short, I found an excellent yoga instructor who, over a period of years, taught me how to blend awareness with movement, and develop both flexibility (where there was stiffness) and strength (where there was weakness). I remember waking up one day feeling strange, and wondered what was going on. I remember realising “The pain’s not there. This is what normal people must feel like”; it was good. I was suitably reinforced. I ended up training for years (including in India) and working in that role professionally. Yoga has many facets; done well, it is as close to a health-maintenance panacea as I know. But the meditation practices never worked that well for me. They were too esoteric, inextricably packaged with many aspects of an unfamiliar culture, difficult to investigate, and so on.

With the good fortune to travel to many countries, I have noticed, consistently, that Buddhist communities were calmer, more peaceful, and, notably, less dollar driven than non-Buddhist neighbours. I knew that they were onto something, and I pursued this path (e.g., living for some time in a Buddhist retreat centre in Northern India). To me, the Dhamma teachings offer an explanation of the world (i.e., experience) that tends to fit with westerners who often need a rational and logical understanding, rather than a devotional one, or one heavily packaged as described above. Clearly, MiCBT is a neat fit of ‘Western’ and ‘Eastern’ elements that delivers meditation to people in a vehicle they can appreciate. Meditation is an active practice in which we are responsible for our intentions and actions. The practice has immediate advantages, provides ongoing challenges, and increasing amounts of reward. This mention of reinforcing contingencies is my segue into current clinical and research pursuits.

I work as psychologist with a statewide disability service. I trained as a behavioural psychologist (a rare breed in Australia). It was a combination of my personal and professional background that led me to MiCBT. To me, MiCBT fits very neatly with a behavioural understanding of the functional relationship between external events, internal events (e.g., thoughts, feelings), and overt behaviours. In a working day, I conduct

functional assessments of people with acquired brain injury (ABI) and challenging behaviour, and then design and implement behaviour management plans. The clients have impairments in thinking (e.g., impulse control, memory, planning, organisation), and behaviour (e.g., aggression, sexually inappropriate, lack of initiation). The interventions are many and varied depending on the client and situation, but often involve environmental manipulation (e.g., constructing positive social opportunities, negotiating rules of behaviour, implementing consequences). My working environment (a client’s living environment) is ‘noisy’ because, for example, staff change, accommodation is lost, and unexpected events happen, so it is very ‘challenging’ work. The rewards include seeing people able to manage in the community (e.g., their own home or family home), rather than be institutionalised (psychiatric, jail) or placed in low-level supported accommodation.

I have a research role. Two of our team’s recent key projects have been devising what we hope can be a common language for describing challenging behaviour, along with a tool to measure it. We are also looking carefully into the nature, causes, and treatment of sexually aberrant behaviours post brain injury. I am, of course, interested in working out where mindfulness practices may help our client groups. This would seem to be a new frontier – mindfulness practices for those who may well have an organic basis for impulse control difficulties, frontal lobe injury, and attentional and memory deficits. Of course, all clients are different, and I expect that there are many who have the functional components needed to benefit. Another group of interest is those often on the receiving end of challenging behaviour: That is, family members, and paid support workers. They are often chronically overworked, undertrained, and underpaid. Clinical levels of stress and depression are not uncommon in unpaid carers. For family members, who can not ‘clock off’ at the end of the day, there is often little light at the end of the tunnel. I would like to trial the use of MiCBT with a sample of carers. I don’t need to espouse the potential advantages here, you will know them, but I think that MiCBT could offer something helpful and lasting, as

opposed to a respite holiday that's nice, but lasts only two weeks in a year.

Best wishes to you all.

Feel free to contact me if something in this snapshot interests you:

glenn.kelly@abibehaviour.org.au

NEW MTRIG MEMBERS

- **Teresa O'Connor's** profession is nursing and her workplace is the School of Medicine and Dentistry, James Cook University in Townsville (QLD), Australia. Dr O'Connor is a Senior Lecturer in General Practice and Rural Medicine. She is interested in introducing mindfulness to health professional students as a way of health promotion for them and to introduce mindfulness-based therapy to them with the aim of spreading the practice of this therapy. Teresa does not accept referrals at this stage.

- **Celia Bray** is a Psychologist in private practice offering counselling and life coaching services at Omni City/Country, Hobart, Australia. Celia is interested in exploring how to make mindfulness accessible to clients in a ways that they can use to handle daily common stressors. She has been practicing Vipassana meditation for 6 years and is convinced about the benefits of mindfulness practices both personally and professionally. Celia accepts referrals and can be contacted at:

celia@omni1consulting.com

- **Anne Haines** is a Psychologist at New Haven Psychology Services, in Yeppoon (QLD), and the Secretary of the Central Queensland Branch of the Australian Psychological Society.

- **Wendy George** is a Social Worker at Youth and Family Focus in Devonport (TAS), Australia. She currently works 4 days per week, providing conflict resolution and counselling services within the family setting and she work very closely with children and families linked in with Child Protection.

- **Simon Allston** is Ombudsman in Tasmania, Australia. The Ombudsman's role is to investigate complaints about the administrative actions of government departments, councils and public authorities, with the aim to resolve individual complaints and to promote fairness, openness and good public administration in the state of Tasmania. This service is free, independent and impartial. Simon has a strong personal interest in Mindfulness meditation and maintains a regular personal practice. Simon has co-facilitated mindfulness groups with Dr Janeil Hall.

- **Jon Tubb's** is a Counsellor at Colony 47, Hobart, Australia. He also has a background in education, training and employment consultancy. During his training in counselling, over ten years ago, Jon believed that "in the wrong hands, CBT could be too directive and may not allow for the clients input into their own healing". Since then, his first hand experiences of MiCBT and Vipassana have changed his belief about the efficacy of these techniques. MiCBT seems to Jon "like a breath of fresh air" as a therapeutic tool and he is since very interested in the application of mindfulness as a therapeutic intervention.

- **Judy Maplestone** is a Counsellor and a School Chaplain in Hobart, Australia. She also works part-time in age-care services. Judy is a keen practitioner of mindfulness meditation.

- **Mara Zanchettin**, is Team Leader at the Brief Therapy Clinic, Southlake Regional Health Centre, Ontario, Canada. Along with her colleague, Sheri Van Dijk, Mara runs the Dialectical Behaviour Therapy program at Southlake.

- **Clare Voss** is a Counsellor at Carers Tasmania, Hobart, Australia. Clare took the applied 8-week course in MiCBT last year and has experienced very positive changes in both personal and professional contexts. Clare is currently receiving supervision in MiCBT to improve clinical efficacy.

All welcome to the MTRIG!

FREE MINDFULNESS MEDITATION GROUP

A weekly practice group is taking place every on Thursday in Hobart, Tasmania (Australia), at the Newdegate Street Health Centre, from 6:15 to 7:00pm (last room, top floor). The address is: 107 Newdegate Street,



but we use the Mellifont Street (side) entrance. Attendees arrive from 6:00pm. It is free (courtesy of Dr Janeil Hall) and all are welcome to attend. Although brief practice instructions are given at the start of practice, note that this is not a therapy group or teaching group and everyone attending is assumed to have had some prior training or exposure to mindfulness meditation.

Therapists who implement a mindfulness-based therapy are particularly encouraged to attend these weekly practice groups to keep in touch with their own practice skills.



Meeting Date, Time and Place

Date: Wednesday 06/08/08

Time: 6:00 to 7:30pm

Place: Psychology Annex
University of Tasmania – Hobart, TAS

How to get to the Psychology Annex

The Psychology Annexe is located above the new Psychology Research Centre building
http://www.utas.edu.au/campus/Sandy_Bay_Building_Map.pdf

Next Meeting: **Wednesday 01/10/08**