

# Mindfulness-based Therapy and Research Interest Group (MTRIG)



mtrig@mindfulness.net.au

NEWSLETTER

11<sup>th</sup> June 2008

## AGENDA

### Meeting at the Psychology Annexe School of Psychology University of Tasmania

*This meeting will include the following:*

#### Review of a research article

“The Effectiveness of Mindfulness Training on the Grieving Process and Emotional Well-Being of Chronic Pain Patients”

By David Sagula<sup>1</sup> and Kenneth G. Rice<sup>2</sup>  
(<sup>1</sup> Personnel Decisions International, Minneapolis, <sup>2</sup> Department of Psychology, University of Florida, Gainesville, Florida. Published in *Journal of Clinical Psychology in Medical Settings*, Vol. 11, No. 4, December 2004.

*This article is particularly interesting because it addresses the problem of comorbidity. It can be useful to clinicians and services providing treatment for chronic pain as well as for those working with grief issues. The lack of group difference at the later stage of grieving calls for attention and perhaps the type of mindfulness-based treatment approach may be a factor that deserves more investigation. The article is fluid and non-academic members will find it easy to read.*

#### Peer review session / Case discussion

Most of the time of this special meeting will be allocated to discussing the topic described below and will not include a “formal” case discussion. However, attendees are welcome to discuss aspects of a case if time permits.

#### Proposed discussion topic

“Conceptualisation, structure, aims and activities of a MiCBT Institute: A first proposal”. This is an exciting and long-awaited development and your attendance at this meeting will be very valuable. Bring your ideas and creativity with you. For those of you who are not able to attend and for all interest groups associated with the MTRIG, you are invited to take part in reflecting on the following ideas or questions and send your views to:

[mtrig@mindfulness.net.au](mailto:mtrig@mindfulness.net.au)

1. What would be the purpose of an institute (e.g., referring services, clinical services, quality standard training, etc)?
2. What would be its main activities?
3. Its structure (e.g., association, etc)?
4. Would we have a membership system?
5. Would you be involved in its running?

## 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 research supervision

Uzma Gillani, PhD Student in Clinical Psychology from the G.C. University, Lahore, Pakistan, wishes to start her PhD research at an Australian university and hopes to start mid-year in July 2008. Since she has a strong interest in mindfulness processes, especially the co-emergence model of reinforcement on which MiCBT is based, Uzma would like to receive co-supervision from Bruno Cayoun. If you are a researcher potentially interested in supervising or co-supervising Uzma, you are encouraged to contact Bruno Cayoun for more information: [bruno.cayoun@mindfulness.net.au](mailto:bruno.cayoun@mindfulness.net.au) or Uzma: [ugillani@msn.com](mailto:ugillani@msn.com)

### MiCBT Institute project: Some development

A discussion with the Tasmanian Qualifications Authority regarding the project of creating a MiCBT Institute will take place on Thursday 29 May. The outcome of this meeting will be discussed at the forthcoming MTRIG meeting (11<sup>th</sup> June 2008).

### Feedback on the recent MiCBT course in Launceston

The participants in the recent course in Launceston (Northern Tasmania, Australia) reported excellent results. Clinicians gained significant benefits both personally and professionally. Below are the comments from two APS Learning Outcome forms:

1. *"The most useful and interesting piece of professional development I have*

*completed since completing my Masters. Very highly recommended."*

2. *"I found this workshop extremely useful in both my professional and personal life. I was encouraged to, and delivered the MiCBT to a client while Bruno was available to offer supervision. Bruno delivered this workshop in such a manner as to leave little unanswered questions and supervision was not required. The client is now achieving positive outcomes and has increased his quality of life. On a personal note, I have lived with "chronic pain" for the past 14 years and consumed 119 tablets per week. As a result of the MiCBT, I now consume just 21. I anticipate this number to decrease further in the coming months. Prior to MiCBT, I had accepted this medication was required to maintain an occupation. I now view the discomfort as "temperature" and "mass" and accept that it will pass, and so it does. I am now using MiCBT professionally, but I would like to thank you Bruno for providing me with an alternative to medication. I am no longer experiencing anxiety and friends and family comment on the peace reflected on my face."*

[As he predicted, this participant has further decreased his medication to 14 tablets per week in the following month].

### MiCBT for inmates?

Trevor Reeve, MiCBT practitioner from Burnie (Tasmania) is keen to introduce MiCBT at Risdon Prison. This is at a very early stage of discussion with the prison management. The idea is to first pilot the intervention with a group of inmates. If results are satisfactory, Prison staff may be trained to a sufficient level to enable them to feel self-sufficient and implement MiCBT to inmates by themselves. The training is to be provided by Trevor Reeve and Bruno Cayoun. Outcome data will be collected and disseminated with permission of prison management.

## MiCBT COURSES UPDATE

### 2008

One-day and two-day introductory workshops in MiCBT will be conducted by Bruno Cayoun in various Australian states. The level is beginner to intermediate and no experience of mindfulness assumed:

- **Hunter Institute of Mental Health**, James Fletcher Hospital, Newcastle, NSW on 5 June.
- **Queensland Counsellors Association**, Venue to be announced, Brisbane, QLD on 19 July.
- **Tablelands Drug & Alcohol Counselling Centre**, Unit 7, Reddan Lane, Atherton, Tablelands, North QLD, on 23-24 August.

The **applied 8-week MiCBT course** conducted by Bruno Cayoun is currently running in Melbourne. 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 other states:

#### Sydney (NSW)

Dates: 8 Sundays 29/06/08 to 24/08/08  
Times: 12:00pm to 3:30pm  
Coordinator in Sydney: Alice Shires  
Email: [syd-coordinator@mindfulness.net.au](mailto:syd-coordinator@mindfulness.net.au)  
(Please register as soon as possible)

#### Brisbane (QLD)

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

### 2009

A 2-day advanced MiCBT workshop has been organised by the New Zealand Psychological Society on Fri 13<sup>th</sup> and Sat 14<sup>th</sup> March at the marvellous Mana Retreat Centre, in Coromandel (see web site: [www.manaretreat.com](http://www.manaretreat.com)).

MiCBT workshops are also likely to be offered in Europe in 2009. Information will be posted on the Professional Workshops page of the MiCBT website.

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

[www.mindfulness.net.au/workshops2008.html](http://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](mailto:mtrig@mindfulness.net.au). It may be possible for a MiCBT-trained practitioner in your area to conduct such a group.

## SNAPSHOT

### Astrid de Ruiters, MSc (Netherlands)

Counsellor in Brisbane, Australia  
[astridderuiters@myself.com](mailto:astridderuiters@myself.com)



I struggled through my first 10-day Vipassana retreat more than six years ago, in Kathmandu, Nepal. I was on a quest to 'find myself' and thought that learning to meditate in an exotic country would definitely help me on that mission. About two days into the retreat I dearly regretted ever coming there. I had hardly any previous experience with meditation and had expected that this would be a very pleasant and inspiring

process where I would soon feel all happy and blissful, floating in an ocean of love and joy, and having beautiful visions full of wisdom and insight.

Instead I found myself struggling with my own mind and body for ten hours a day, feeling bored and incredibly frustrated and having a lot of difficulty 'just sitting'. What the hell had I gotten myself into? It was a slight consolation to see the other Western meditators wriggle around as well, stretching and moving limbs, adding more and more pillows and cushions to their seats.

When we started with the body scan technique on the fourth day I had some brief hopes that this retreat would now become interesting, but I soon concluded that scanning my body was only slightly more interesting than observing my breath. Then my rebelliousness started to kick in (or rather my lack of ability to accept things as they were) and I found myself getting so agitated and annoyed every now and then with this whole 'stupid meditation' that I just could not sit anymore and just 'had to' jump up and stamp out of the meditation hall. I would stamp around the centre grounds feverishly for a while, until I had calmed down enough again to be able to accept that there was really nothing else to do than to just go back inside and start again (the centre management had very skilfully convinced us that leaving the retreat was just not an option). After a few of these eruptions I realized it really wasn't very smart of me to let myself get so agitated, because it really stirred my mind up again, and then I had to start all over again with quieting it down.

From then on, every time I noticed I was getting restless I somehow stopped myself from getting any more agitated and made myself stay concentrated on just scanning my body, not allowing my attention to get carried away by angry thoughts. During the rest of the retreat, the urges to rebel against where I was and what I had voluntarily chosen to do became less and less strong until they disappeared almost completely, and to my own amazement I was actually able to just sit and remain completely focussed on the meditation for hours on end.

I never had that blissful, heavenly experience during my first retreat. Instead, I had a lot of 'stuff' releasing itself from my body and mind that I had managed to suppress and avoid previously. However, when I came out of the retreat I noticed a huge difference in myself. I felt so much more peaceful and relaxed! This was wonderful. When things happened around me that would normally have made me feel annoyed or sad (usually things that were completely out of my control), I would now just be aware of a slight stirring in my stomach, and an alertness in my mind around needing to just stay with that feeling, and within a few seconds all would be calm again. I also felt myself a lot more understanding and accepting of other people, not wanting them to be different than they were.

Without realizing, in those ten days of intense struggle with myself I had discovered through my own experience the basic principles of managing my emotions: catching the emotion starting to build up as early as possible, letting go of whatever unhelpful train of thoughts I was riding on, focussing my attention on where I felt the most intense body sensations in my body and just stay there 'with it' in a calm, accepting, non-reacting way until whatever happened next would happen.

Over the years, I (still quite unknowingly) learned to apply these principles to all sorts of difficult emotions. I had suffered a period of crippling mental illness in my twenties (intense mood swings followed by a long period of deep depression), and although I seemed to have recovered, I was still often anxious, would easily become stressed and seemed to have episodes of depressive symptoms now and then. After my first retreat I noticed that if I just kept up my meditation practice I would feel myself become more and more stable, and I even got the hang of how to work through those dreaded periods of feeling down. I never quite understood how my meditation practice actually helped me in this, but fact was that it did, so I stuck with it faithfully!

I currently work as a counsellor for a community centre in Brisbane and conduct courses in mindfulness training for the

community. Initially, the course did not include getting people to take up a daily meditation practice because I thought this would be a bit too airy-fairy for the mainstream type community setting I am working in. However, about half the people that came to my courses had diagnosed mental illnesses (mainly anxiety and depressive disorders) and I realized they needed help to develop their mindfulness skills before they would be able to put what I taught them into practice in their daily life.

I was unsure whether I could teach Vipassana meditation myself to my groups, since I do not consider myself a very accomplished meditator, and started searching the internet for information on Vipassana and other mindfulness meditation techniques.

I discovered to my excitement and joy that in recent years mindfulness meditation has been warmly embraced by mainstream psychotherapy as a very valuable therapeutic tool. I was particularly excited when I found the MiCBT website since Bruno Cayoun seemed to be using the same Vipassana technique I had been using for years. I sent him an e-mail with some burning questions and a fruitful working relationship developed from there. Bruno emailed me the excellent training manual he has developed for his MiCBT program, and all sorts of light bulbs went on when I was reading through it. I had never really understood why my meditation practice had made such a difference in my life, but studying Bruno's co-emergence model, it all made sense all of a sudden. I have a background in physics, and I do enjoy being able to dissect complicated looking processes into simple parts and principles that make sense and that I can verify through my own observations and experiences.

I have now been teaching Bruno's MiCBT program for about a year, with much appreciated support from Bruno himself, and seem to be getting better and better at bringing the principles and experience of mindfulness across, and helping people to manage and gradually overcome their difficulties. Since I know from firsthand experience the suffering people experience

in the midst of mental illness, I feel very moved and satisfied when I see my clients gaining a sense of self-acceptance, self-mastery and inner peace through doing the course.

As for the future, I want to contribute to making good quality mindfulness training widely and easily available to people with all sorts of mental health issues. As part of this, I would like to help develop facilities that offer people regular support with their meditation practice, since they of course still have a long way to go after they have finished their 8 or 10 week program. I am also envisioning being able to offer long term intense meditation retreats, open and suitable for anyone, but particularly for people with mental health issues.

I also intend to expand my own understanding and experience of other mindfulness and Vipassana traditions, and particularly the more spiritual aspects of mindfulness training. It is my understanding and personal experience that a sense of spiritual connection can contribute immensely to our wellbeing as people, and can help people reconnect with the healthy, whole part of themselves that is not affected by their illness.

I think a very powerful form of psychotherapy would be a combination of mindfulness training (to help people tolerate and manage intense emotions) and body-based techniques that focus on healing the original trauma's that are often the root causes of mental illnesses, and I endeavour to continue to develop my skills and experience in that direction.

I am interested in how mind and body, or rather consciousness and matter, interact with each other. When I was studying physics at the University of Amsterdam, we used to read and have heated discussions about all sorts of books that explored the relationship between physics and consciousness. I find it quite ironic to realize that I am now approaching the same mysteries around the 'mind-matter phenomena', but from the opposite direction! I endeavour to make time in future years to discover more about this fascinating subject.

## NEW MTRIG MEMBERS

- **Jenell Wilkie** is a Counsellor at the Tablelands Drug & Alcohol Counselling Centre, in Atherton, North Queensland, Australia. She is the coordinator of the forthcoming 2-day MiCBT workshop for addictive disorders on 31<sup>st</sup> October and 1<sup>st</sup> November this year.
- **Trevor Reeve** works at The Salvation Army, Oakleigh House, a crisis accommodation complex in Burnie, Tasmania, Australia, which houses and assists homeless men and women. It also accommodates women and children escaping from domestic violence. Trevor uses a holistic case-management method to support all clients to assist and support them in implementing change and prevent relapse. Trevor also works closely with individuals upon release from prison where anxiety and self-esteem problems are very prevalent. No other service on the Northwest Coast of Tasmania assists ex-prisoners or their families. He intends to introduce this client group to MiCBT soon. Following his recent applied training in MiCBT, Trevor has personally experienced very positive results. Professionally, he obtained outstanding results delivering MiCBT following which his manager has expressed a very keen interest in delivering MiCBT to any interested clients in future.
- **Uzma Gillani** is a full-time PhD student in clinical psychology at G. C. University, Lahore, Pakistan. Uzma is also teaching and contributes to student research. She is interested in research on mindfulness, practicing mindfulness and in promoting mindfulness. Uzma mentioned that the Co-emergence model of reinforcement underlying the MiCBT approach has added to her “understanding of the processes underlying mind/body interaction in pathology in general and psychopathology in particular, and in gauging its tremendous importance as a therapeutic intervention for various disorders and various groups”. Uzma has also started a distance learning course in MCBT from the University of Wales, Bangor, UK.
- **Anne Penney** is a Project Coordinator at Community Connections Inc., in Burnie, Tasmania, Australia, where she coordinates a comorbidity project. Anne has gained a great personal benefit from MiCBT and has found that it complements her previous training and background in psychology and mental health work. She would be happy to offer assistance in any MiCBT research or studies ([anne.cci@keypoint.com.au](mailto:anne.cci@keypoint.com.au)).
- **Ariella Williams** recently graduated with a Master of Counselling at the University of Tasmania and came across the theoretical framework of Mindfulness in her preparation as well as during the practicum placement experience. She has received very little training on the subject of mindfulness as such but is increasingly convinced that mindfulness would offer her an important and effective therapeutic approach option. She is a Counsellor in private practice at the Mt Nelson Clinic in Hobart, Tasmania, Australia, and accepts referrals ([ariella@internode.on.net](mailto:ariella@internode.on.net)).
- **Libby Beyerle** is a Social Worker at the Devonport Adult Community Mental Health in Tasmania, Australia. Libby recently completed the 8-week applied course in MiCBT and is implementing this approach successfully. She reported that her first attempt at MiCBT led to a decrease in severity and frequency of sympathetic arousal in a Psychotic client, leading to a decrease in psychotic symptoms. Libby is looking forward to pursuing this new clinical direction and may be conducting an MiCBT group for women with Breast Cancer in the Northern Tasmania.
- **Richard Taylor** is a registered Clinical Psychologist in Toodyay, Western Australia. His consulting experience is in clinical, organizational, small business and in forensic settings. Richard is committed to new generation cognitive behaviour therapies that address issues of mindfulness and cognitive defusion (expanding attention to thinking and experiencing), acceptance, relationships and values.
- **Noel O'Mara** is a Psychologist working at Commonwealth Rehabilitation Services (CRS) Australia, In Hobart, Tasmania. Noel

has a strong interest in MiCBT and keeps a regular personal practice of mindfulness meditation. With Janet Waddington and Bruno Cayoun, Noel is currently co-facilitating an MiCBT group for CRS clients who are long-term unemployed and suffer from moderate to severe psychological conditions, including Generalised Anxiety Disorder, Bipolar Affective Disorder, and Borderline Personality Disorder.

- **Patrice Baxter** is a Counsellor with Relationships Australia in Launceston and accepts referrals. Patrice attended the recent 8-week applied MiCBT course in Launceston (TAS) and has a strong ongoing interest in mindfulness.

- **Ken Morrison** is a Mental Health Social Worker, Counsellor and Mediator. He has recently completed the 8 week applied course in MiCBT. Ken is in private practice in Launceston, Tasmania, Australia, under the banner of "ReJoy Counselling, Mediation and Support". Much of his work involves mental health counselling within the context of the Commonwealth Government's "Better Access to Mental Health" program. His web page is at [www.rejoy.com.au](http://www.rejoy.com.au), which will soon be updated to include Mindfulness. Ken accepts referrals and clients can receive a Medicare rebate ([ken@rejoy.com.au](mailto:ken@rejoy.com.au)).

- **Theresa Duke** works as a graduate recruit in the Health reform section of the Department of Health.

**All welcome to the MTRIG!**

## 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 11/06/08

**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 (ex-Information Technology Building).

[http://www.utas.edu.au/campus/Sandy\\_Bay\\_Building\\_Map.pdf](http://www.utas.edu.au/campus/Sandy_Bay_Building_Map.pdf)