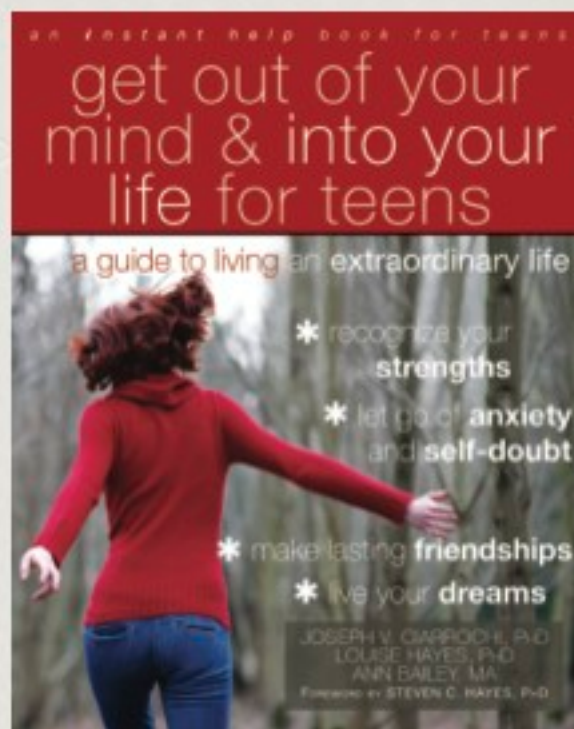


Mindfulness - what is it, when to use it?

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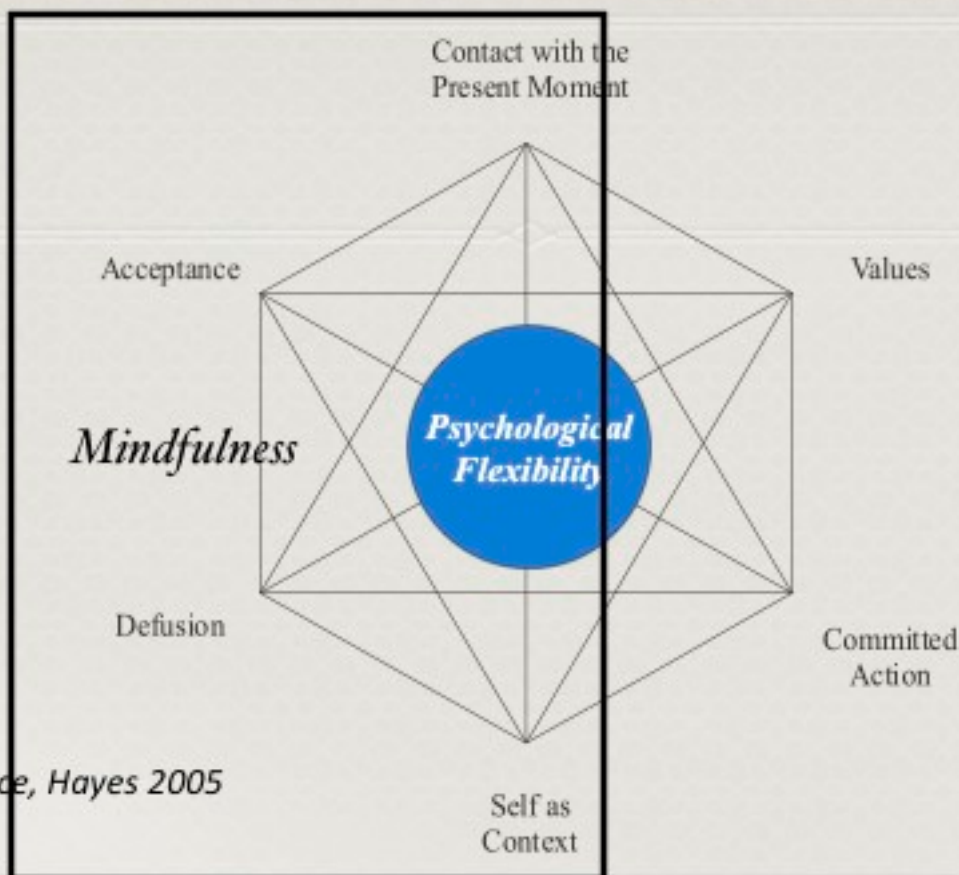


- $2 + 2 =$

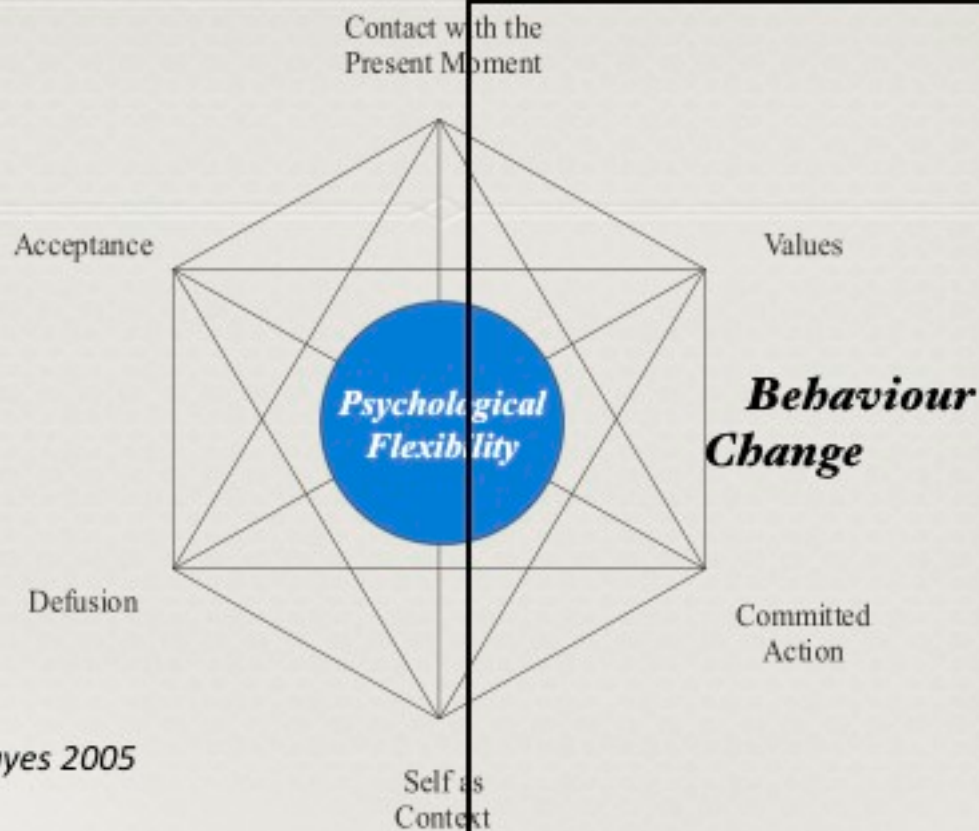
- $4 \times 3 =$

- *Mary had a little.....*

- *Problem solving comes easy to humans*



Source, Hayes 2005



Source, Hayes 2005

Ruiz (2012) ACT and traditional CBT: Systematic review and meta-analysis

- Meta-analysis, 16 studies, (N= 954) of ACT and 'traditional' CBT
- Primary outcomes - significantly favoured ACT, Hedges's $g = 0.40$, $p = .001$.
 - Anxiety outcome - mean effect sizes, $g = 0.14$, not significant
 - Depression outcome - positive trend for ACT, $g = 0.27$, $p = .12$
 - Quality of life outcome - positive trend, $g = 0.25$, $p = .14$

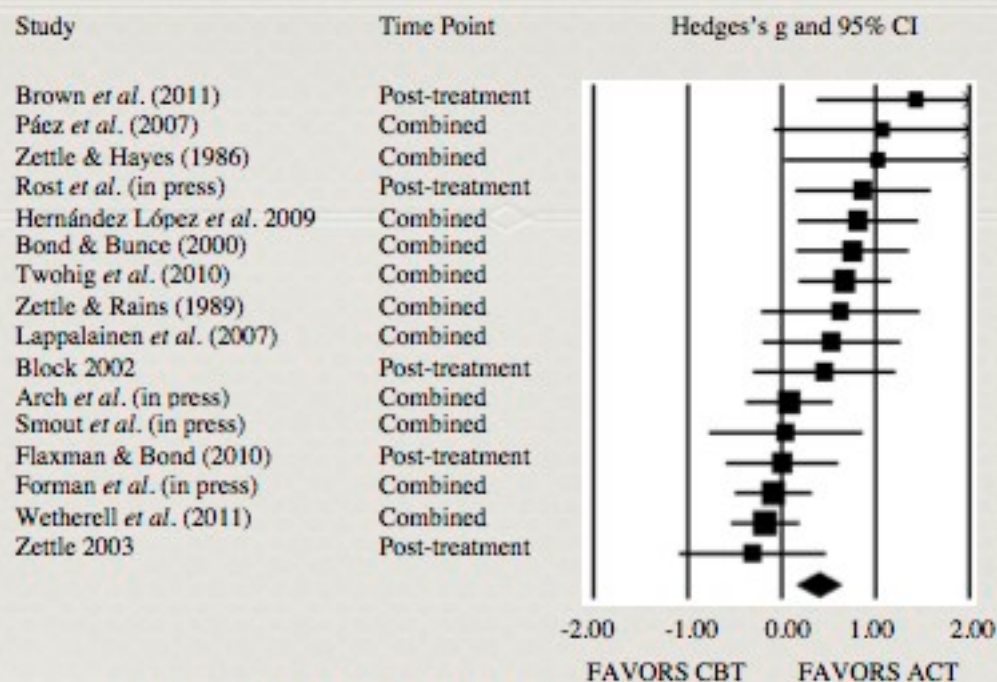


Figure 1. Forest plot of the mean effect sizes on primary outcomes.

Ruiz (2012) ACT and traditional CBT: Systematic review and meta-analysis

Component Analysis - Precision

- Need to move away from the comparison between treatment packages, to understand the theoretically-specified components
- (Levin, Hildebrandt, Lillis & S. Hayes. (in press) Behavior Therapy)
- Testing the **psychological flexibility** model
 - Experimental test of precision of 6 core concepts
 - Meta-analysis of 66 lab-based component studies

Component Analysis - Precision

- ⊛ Compared to inactive conditions:
 - ⊛ Psych flex components have significant medium effect on targeted outcomes - task persistence, willingness, believability of thoughts ($g = .68$, 95% CI = .50, .85, $z = 7.53$, $n = 28$)
 - ⊛ + Small effect size on non-targeted outcomes - frequency/intensity of distressing internal experiences ($g = .25$, 95% CI = .08, .41, $z = 2.91$, $n = 30$)
- ⊛ Compared to theoretically distinct conditions:
 - ⊛ Favoured psychological flexibility components over control conditions on all outcomes ($g = .20$, 95% CI = .07, .33, $z = 2.98$, $n = 39$) and primary targeted outcomes ($g = .48$, 95% CI = .29, .67, $z = 4.90$, $n = 26$).
 - ⊛ (Levin, Hildebrandt, Lillis & S. Hayes. (in press) Behavior Therapy)

Table 2. *Effect Sizes Comparing ACT Components to Inactive Conditions*

Component	Number of Studies	Effect Size (Hedge's g)	95% CI	z -Score	Outcomes
All Components	44	.44	.31, .58	6.33***	All outcomes
	28	.68	.50, .85	7.53***	Targeted outcomes
Acceptance	3	.32	-.03, .68	1.80†	All outcomes
	3	.81	.45, 1.18	4.38***	Targeted outcomes
Defusion	6	.74	.37, 1.11	3.90***	All outcomes
	4	.77	.16, 1.37	2.49*	Targeted outcomes
Values	8	.61	.19, 1.04	2.81*	All outcomes
	5	.41	.01, .82	2.00*	Targeted outcomes
Present Moment	8	.22	.03, .40	2.29*	All outcomes
	4	.64	.30, .98	3.74***	Targeted outcomes
Mindfulness Combinations	15	.27	.14, .40	4.04***	All outcomes
	8	.46	.29, .64	5.27***	Targeted outcomes
Mindfulness/Values Combination	5	.78	.19, 1.36	2.59**	All outcomes
	5	1.37	.74, 2.00	4.26***	Targeted outcomes

† $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

Process Analysis - Precision

- Mediation analysis (Ruiz, (2012). ACT and traditional CBT: Systematic review and meta-analysis. *International Journal of Psychology & Psychological Therapy*)
- 9/16 included mediation
 - ACT showed a greater impact on its putative processes of change, $g= 0.38$, $p=.03$
 - No differences were found regarding CBT putative processes, $g= 0.05$, NS
- Suggesting ACT seemed to work through its proposed processes of change, τ -CBT did not.

Mindfulness is being...

- *Non judgemental, patient, accepting, trusting*
- *Nonstriving*
- *A very difficult concept for Westerners and one that we all grapple with. Nonstriving means suspending judgement. Not trying to make anything happen. Just doing the exercise and 'experiencing' what happens*

Mindfulness is...

- *Letting go*
 - *Letting things be, in Eastern philosophies described as nonattachment. Mindfulness allows you to see the attachment to your thoughts*
- *Having a 'beginner's mind'*
 - *Every moment is new. Approaching each mindful exercise with freshness. Whether the adolescent has had good, bad or neutral experiences – each experience is new*

When to use Mindfulness

- *It can be anywhere, but commonly:*
 - *At the start of a session, a short breathing exercise can make both of you present in the room (just as we did earlier),*
 - *At the end of the session to reflect,*
 - *In session, when patients seems emotionally distressed: "what are you feeling right now, lets stay here for a bit and notice what's happening here"*
- *If clients seem overwhelmed by private experiences you can use mindfulness of something external*
 - *e.g the warm air, their body in the chair*

Designing mindfulness

Three steps (Harris 2006)

- 1. Pause*
- 2. Fix attention on breath, body posture, or some other anchor*
- 3. Observe with openness, interest and receptiveness whatever thoughts, feelings or private experiences come up*

Getting Started with Mindful Exercises

- Simplify your explanations of what mindfulness is*
 - Use concrete explanations or activities,*
 - Practice it yourself first, regularly if you can,*
 - Practice in session, and experience it with the client*
 - Keep it short at the start,*
 - Use what shows up in the session,*
 - Pay attention to the way the experience unfolds for them*

Taking it out of session

- *Make mindfulness take home tasks relevant to everyday life*
 - *Formal sitting practice*
 - *Formal practice in everyday events - eating, walking, showering*
 - *Informal practice - reading to the kids, conversations,*

Mindfulness of your hand

An exercise by Russ Harris.

MP3 version available free

www.actmadesimple.com

Kids

An example for 3-7 year olds..

✿ *Amy Saltzman (2008) Still Quite Place*

I would like to share with you one of my favourite places. Its not a place you travel in a car, or in a train, or in a plane. It is a place inside you that you can find just by closing your eyes. Let's find it now.

Close your eyes and take some slow breaths. See if you can feel a kind of warm, happy smile in your body. DO you feel it? This is your Still Quite Place. Take some more deep breaths and snuggle in.

The best things about your still quiet place is that it is always inside you. You can visit it whenever you like. It is nice to visit your Still Quiet Place and feel the love that is there. It is helpful to visit your Still Quiet Place if you are angry, or sad, or afraid. The Still Quiet Place is a good place to talk with those feelings and make friends with them. When you rest in your Still Quiet Place and talk to you feelings, you may find that your feelings are not as powerful as they seem. Remember you can come here whenever you like and stay as long as you want.

✿ *Also see itunes store for the Amy's CD*



Youth

Find your inner stillness in the
midst of the storm

● **B.O.L.D.**

● *Breath deeply and slowly*

● *Observe*

● *Listen to your values*

● *Decide and do*

Resources to find out more

- **Books – listed on contextualpsychology.org or check out amazon for the range**
 - Ciarrochi, J., Hayes, L., Bailey, A. (2012) *Get out of Your Mind and Into Your Life for Teens*. New Harbinger
 - Harris, R. (2009). *ACT made simple*. Oakland, CA: New Harbinger.
 - Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. New York: The Guilford Press.
- **Journal articles**
 - Hayes, L. L., Bach, P. A., & Boyd, C. P. (2010). *Psychological Treatment for Adolescent Depression: Perspectives on the Past, Present, and Future*, *Behaviour Change*, 27(1), 1-18. doi: 10.1375/becb.27.1.1
 - Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). *Acceptance and commitment therapy: Model, processes and outcomes*. *Behaviour Research and Therapy*, 44(1), 1-25.
 - Hayes, S. C., Masuda, A., Bissett, R., Luoma, J., & Guerrero, L. F. (2004). *DBT, FAP, and ACT: How empirically oriented are the new behavior therapy technologies?* *Behavior Therapy*, 35(35-54).

○ *World Conference XI, Sydney July 2013*

○ *anzact.com to register*



**Embracing
the moment**



Methodological Review

- ✿ Review n=17 studies. (Smout, L. Hayes, Atkins, Klaussen, Duguid (2012). Clinical Psychologist)
- ✿ Follows from the Ost review (2008) and criticisms of methodology in ACT early studies
- ✿ On average methodology has improved :
 - ✿ Especially monitoring treatment adherence and competence of ACT
- ✿ Issues to address:
 - ✿ Use of treatment as usual continues to be widespread, unmatched for contact and unmonitored for competence a problem
 - ✿ Increases in competence and attention need to be ruled out
- ✿ CBS model for working makes sense that some of these issue were present in early work