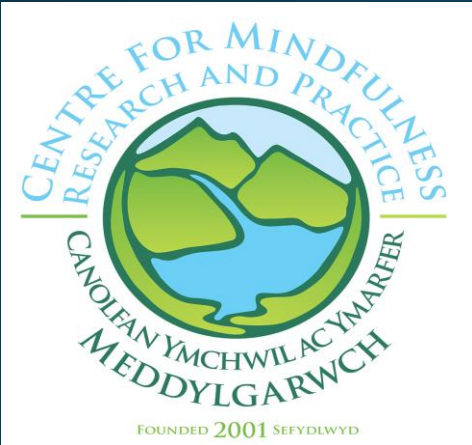


Making Research Doable

IRISH MINDFULNESS TEACHERS ASSOCIATION

November 2021



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Outline

- A personal perspective and some MBP context
- Evidence-based practice
- Practice-based evidence



Mindfulness (2010) 1:74–86
DOI 10.1007/s12671-010-0010-9

ORIGINAL PAPER

Training Teachers to Deliver Mindfulness Interventions: Learning from the UK Experience

Rebecca S. Crane · Willem Kuyken ·
Richard P. Hastings · Neil Rothwell ·
J. Mark G. Williams

Mindfulness (2012) 3:76–84
DOI 10.1007/s12671-011-0073-0

MINDFULNESS

Competence

Mindfulness (2015) 6:1104–1114
DOI 10.1007/s12671-014-0361-8

ORIGINAL PAPER

Disciplined Improvisation: Characteristics of Mindfulness-Based Teaching

Rebecca S. Crane · Steven Stanley · Michael Rooney ·
Trish Bartley · Lucinda Cooper · Jody Mardula

Mindfulness (2013) 4:246–
DOI 10.1007/s12671-012-0012-0

ORIGINAL PAPER

TEACHER

Mindfulness
DOI 10.1007/s12671-017-0750-x

ORIGINAL PAPER

Impact of Mindfulness-Based Teacher Training on MBSR Participant Well-Being Outcomes and Course Satisfaction

Pauline Eva Ruijgrok-Lupton¹  · Rebecca S. Crane¹ · Dusana Dorjee¹

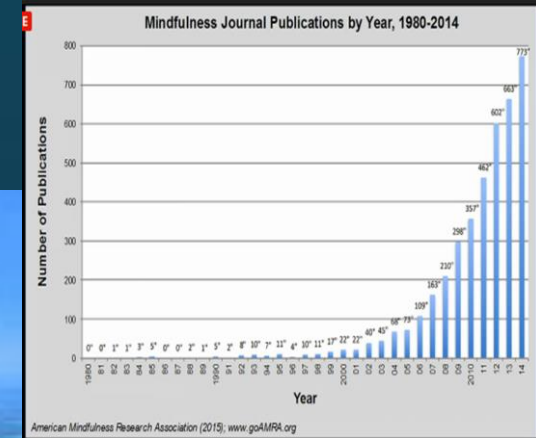
Open access

Original research

BMJ Open ‘Mind the gaps’: the accessibility and implementation of an effective depression relapse prevention programme in UK NHS services



Confluence of different streams of thinking....



Bridging paradigms/worlds

SCIENCE/EMPIRICISM

The MB-TEACHER

Ancient wisdom;
Contemplative
teaching/practice

Mainstream,
academia,
policy,
empiricism

Why is research Important?

- A tool for building a knowledge base and understanding of important issues
- To find the answers to questions in a systematic, non-biased, reliable way
- A matter of ethics - ensuring what we do is effective, does no harm, is value for money,



Why is research Important?

- Research enables us to
 - To challenge beliefs
 - Example: "Does holding your breath really cure the hiccups?"
 - To explore new applications
 - Example: "Could MBPs be used to reduce cognitive decline in persons with Alzheimer's Disease?"
 - To explore profile of factors influencing outcome
 - Example: "What role does retreat attendance have on MBP teacher effectiveness?"

Why is research Important?

Expert

- May be biased or subjective
- Statements often accepted without question

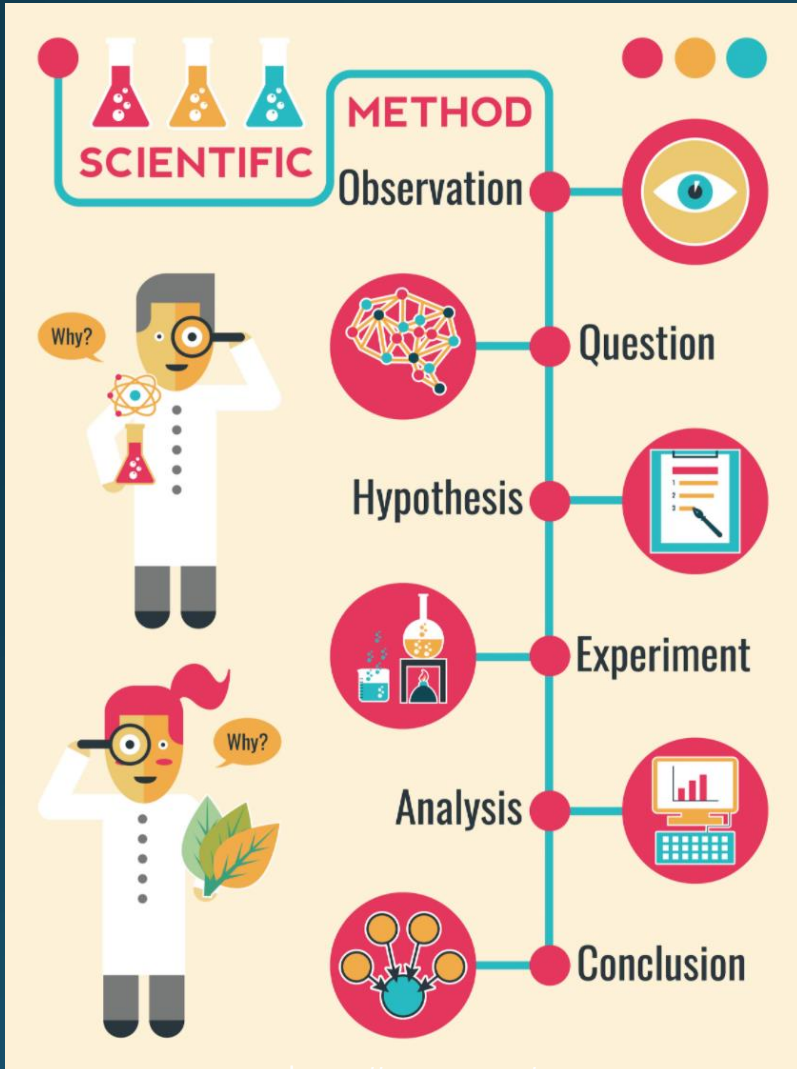
Intuition

- May be unreliable
- Difficult to separate accurate from inaccurate information



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The Scientific Method



- Uses rational (logical inferences) modes of inquiry to observe, hypothesise, and evaluate
- Aims to avoid pitfalls of any individual method used by itself

Important principle....

Science doesn't prove truth – suggests phenomena likely to be true

Many studies have reported that MBPs can lower anxiety



Vs

It is proven that MBPs reduce anxiety



Translating the evidence to teaching practice – core principles -

- Ensure that changing your teaching practice will do no harm to participants
- Ensure that studies that influence any changes in your teaching are supported by the wider literature on the theoretical underpinnings of MBPs.
- Do not change your teaching practice based upon a single study or review that is unsupported by wider literature.

Translating the evidence to teaching practice – core principles -

- Ensure that no changes you make contradict the mindfulness training you received.
 - If you are unsure, bring this as a topic of discussion with your mindfulness supervisor.
- Is the population the study looked at the same as the population you teach?
- Be prepared to tweak your teaching methods again when new research emerges - hold it lightly!

Evidence-informed teaching

An example question:

"How many minutes of home mindfulness practice per day is optimum for participants on an MBP?"

What research tells us:

- *"How many minutes of home mindfulness practice per day is optimum for participants on an MBP?"*
- The most robust evidence I could find is a review that combined data from 59 studies (Parsons et al., 2017).
- The authors examined
 - 1) how much home practice participants reported doing, and
 - 2) whether more home practice led to improved psychological outcomes.

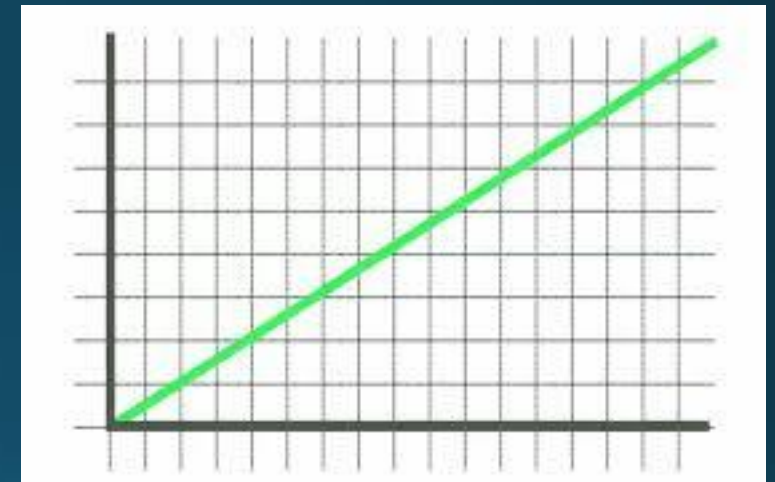
Do MBP participants actually practice for the recommended time?

- *Courses that asked for the traditional 45 minutes of home practice; Across studies (n=43); participants engaged in about 64% of the recommended home practices – equivalent to 29 mins per day*
- ***What about courses that asked for less than the standard 45 minutes of practice per day?***
 - *The less practice that is asked, the less participants do.*
 - *But a greater proportion of requested practice (84%)*
 - *Equivalent to 25 mins per day*

Does more home practice lead to better outcomes?

(Parsons et al., 2017)

- Twenty-eight studies required the standard home practice of 45 minutes a day and reported on participant well-being outcomes. Participants who reported practicing more were *significantly more likely* to report psychological benefits.
- There was no evidence of a linear relationship though, so psychological benefits were *not directly dependent* on the amount of time a participant practiced.

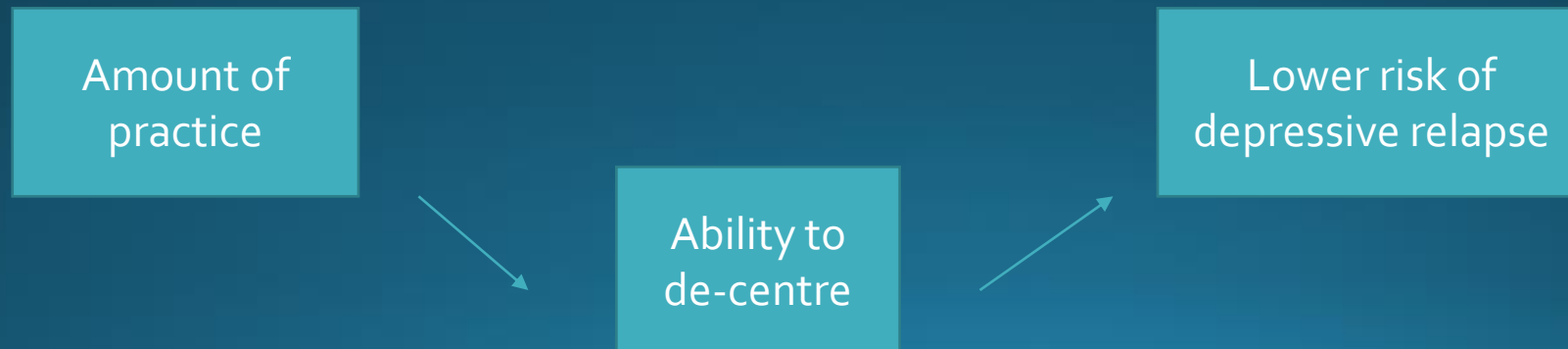


Segal et al., (2019)

- At this point, I would also like to bring in a recent study I read by Segal et al. (2019)
- Conducted a longitudinal study on depressive relapse after an MBCT course.
- Two years after the course; those who engaged in regular formal practice were *significantly less likely* to relapse back into depression than those who stopped regular mindfulness practice.
- But: (this is where it gets a tad complex...)....this was not a direct association (i.e., more practice = less likely to relapse)
- They found that in between more practice and less likely to relapse was another factor....which was decentering.

Segal et al., (2019)

- Participants who practiced more were more likely to approach their experience from a decentred perspective.
- It suggests that participant's ability to decentre from thoughts is a key factor in preventing depressive relapse, rather than amount of meditation practice per se.
- And the more someone practices meditation, the more likely they are to decentre.



*Translating this evidence to our
teaching practice....*

How this investigation might influence my teaching (1)

- There is no 'magic' amount of home practice that leads to greater wellbeing.
- The evidence from the review does strongly suggest that the more a participant practices, the more likely they are to experience improved outcomes (Parsons et al., 2017), but this is not a linear relationship.
- There is currently no specific evidence that people practicing for (say) 20 minutes vs 45 minutes will strongly differ in outcomes.

Any length of practice is to be strongly encouraged during the 8-week course, with an emphasis on the curriculum standard.

How this investigation might influence my teaching(2)

- A key factor in people with depression reporting improved outcomes seems to be whether a participant is able to decentre (Segal et al., 2019).

Put greater emphasis on the theme of decentring during inquiry and practice guidance

- A key factor supporting decentering is building in meditation practice beyond the 8-week course

Put greater emphasis on making plans for supporting learning in 8th session, and build in followup sessions

Hang on a minute...

- You may have noticed that I am suggesting changing teaching based upon a single study (Segal et al., 2019) that looked at people with depression, which differs from the general public population I teach.
- This contradicts the principles of 1) not changing teaching practice based on one study or 2) of a different populations outlined above,
- So why do I think generalising to a different population in this instance is ok?
 1. because the other core principals outlined above are being followed. The changes are to do with *emphasis*, not shifts in the core curriculum.
 2. the findings from the Segal et al. (2019) study match broader theoretical underpinnings of the mechanisms of mindfulness (e.g. Shapiro et al., 2006).

In conclusion....

- We likely use scientific underpinnings in teaching more than we realise...
- there are no definitive, clear-cut answers that are provided by the studies explored;
- This is often the case with research, it can (and indeed, probably will) feel messy;
- Helps to keep us curious
- We owe it to our participants to teach in the most evidence informed way as possible.

Keeping up to date with mindfulness research:

- Attend conferences
- Email alerts – American Mindfulness Research Association
- Special issue – Current Opinion in Psychology
- Google scholar: mindfulness + XXX
- Look for reviews, meta analyses: mindfulness + XXX + review
- Familiarise yourself with the literature in your speciality

Outline

- A personal perspective and some MBP context
- Evidence-based practice
- *Practice-based evidence*

Complementary methods

Evidence-based practice

- Randomised controlled trials etc
- But can be problematic if used in isolation...
- Diagnostic classification
 - Bias towards certain interventions
 - Bias towards certain groups
 - Evidence gap is not evidence of ineffectiveness
 - May not reveal important factors

Practice-based evidence

- Wider base of evidence
- Real world settings
- Incorporates practice observations
- Enables clinicians to monitor, reflect and improve

Evaluating my MBP course...

Developing a research mindset

Gathering practiced-based evidence to:

.....inform future delivery for myself and colleagues



Get feedback.....

- Brief
- Clear useful information to inform future delivery
- Complete within session

E.g.

- What did you find most useful about the course?
- What did you find most challenging about the course?
- What would have improved the course?
- How likely are you to carry on a regular mindfulness practice? Why? Whynot?

Scaled items.....

How likely would you be to recommend this course to other people?

Very unlikely

Maybe

Very likely

1 2 3 4 5 6 7 8 9 10

Or.....

How important was this course to you?

Not important

Highly important

1 2 3 4 5 6 7 8 9 10

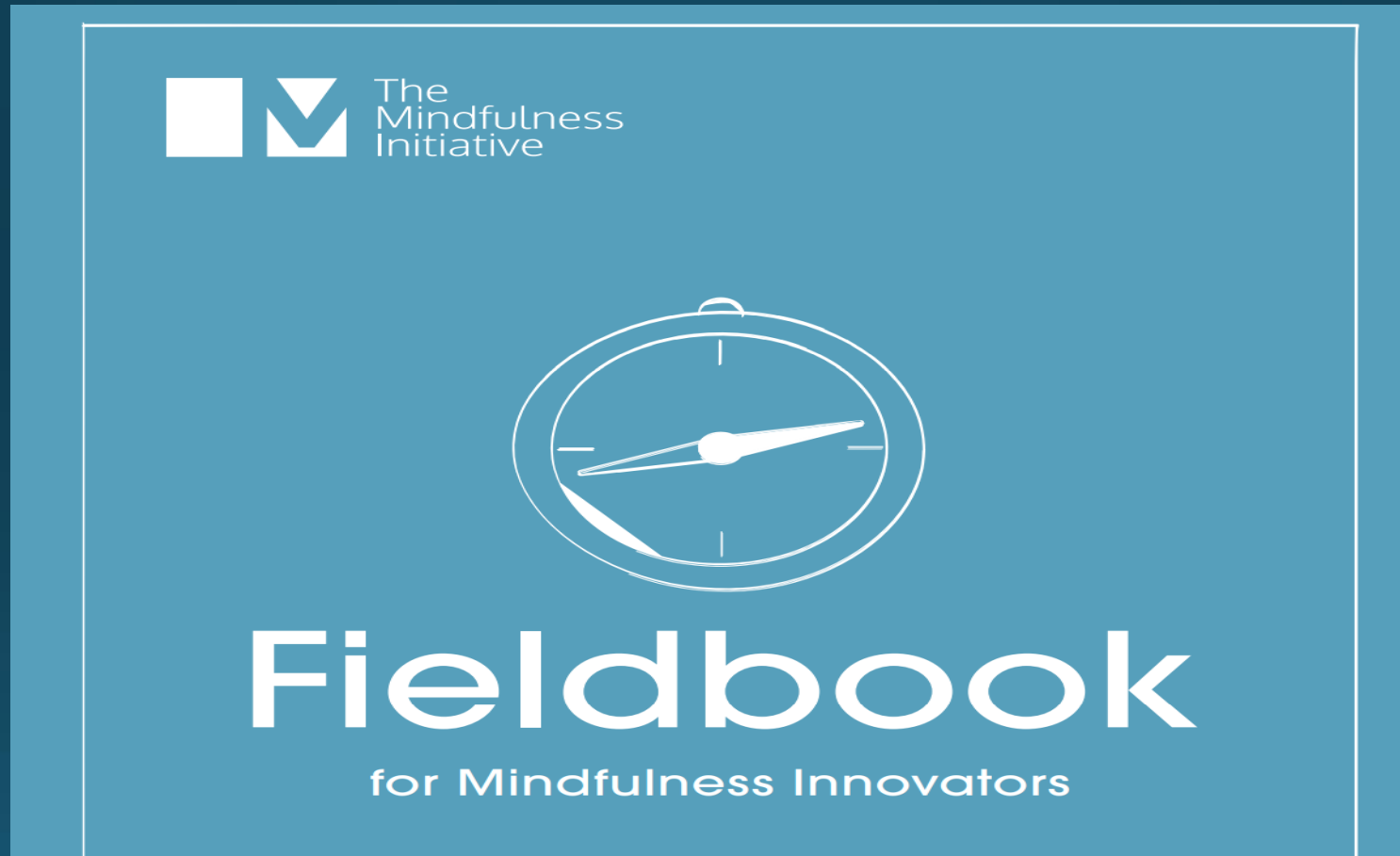
Other useful data....

- Attendance and drop out rates
- Demographic information – gender, age,
- Equality, diversity, inclusion monitoring – e.g. sexual identity, race, religion, income....
- Gathering the evidence your context needs
- Consider longer term followup
- Consider collecting on a regional/national level

Using measures and scales

- Optional.....
- Many are designed for research settings- and need statistical knowledge
- Contributing to a national data set?
- Only measure clinical outcomes if you are in a clinical setting
- Consider the the World Health Organisation- Five Well-Being Index (WHO-5)

Integrating evaluation with the MBP adaptation process



www.themindfulnessinitiative.org/fieldbook-for-mindfulness-innovators

MBP innovating/adapting

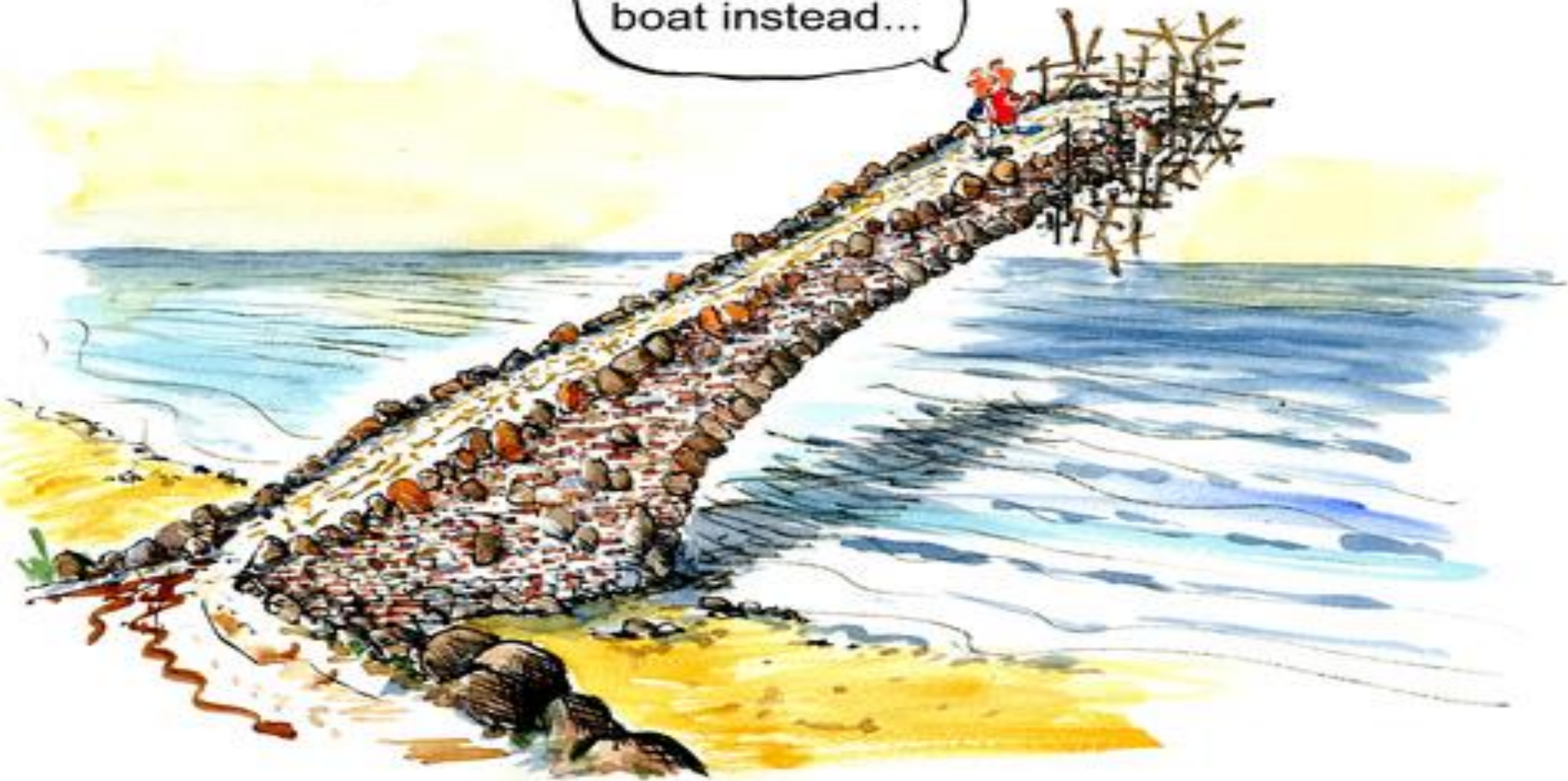
1. Depth understanding of population & context/culture
2. Depth understanding of current evidence
3. Depth understanding of aims
4. Generating ideas – interface with the MBP
5. Developing & testing
6. Implementing
7. Growing, scaling, spreading

Build your own evidence:

- Is it effective? – short/longer term
- How to make it better?
- Avoiding harm
- Sharing practice
- Influencing policy and practice

Testing
Iterating
Testing
Iterating

Maybe we
should build a
boat instead...



A word of caution

Dimidjian & Segal (2015)

- Stage 1 studies 45%: Interventions which are modified or adapted, or feasibility and pilot testing);
- Implies that a lot of research energy is scattered among lots of slightly different MBP interventions; concerned with adaptations rather than a clear overall strategy;
- Concernthe field could stall by amassing more stage 1 studies;
- Quantity is no substitute for quality

Implementing new evidence is always challenging!

'Getting a new idea adopted, even when it has obvious advantages, is difficult...' Everett M Rogers

- Evidence is interpreted in different ways
- Action is contextually situated
- Implementation requires active effort & support

It is complicated & not value free

BMJ Open 'Mind the gaps': the accessibility and implementation of an effective depression relapse prevention programme in UK NHS services: learning from mindfulness-based cognitive therapy through a mixed-methods study

Jo Rycroft-Malone,¹ Felix Gradinger,² Heledd Owen Griffiths,¹ Rob Anderson,³ Rebecca Susan Crane,⁴ Andy Gibson,⁵ Stewart W Mercer,⁶ Willem Kuyken⁷

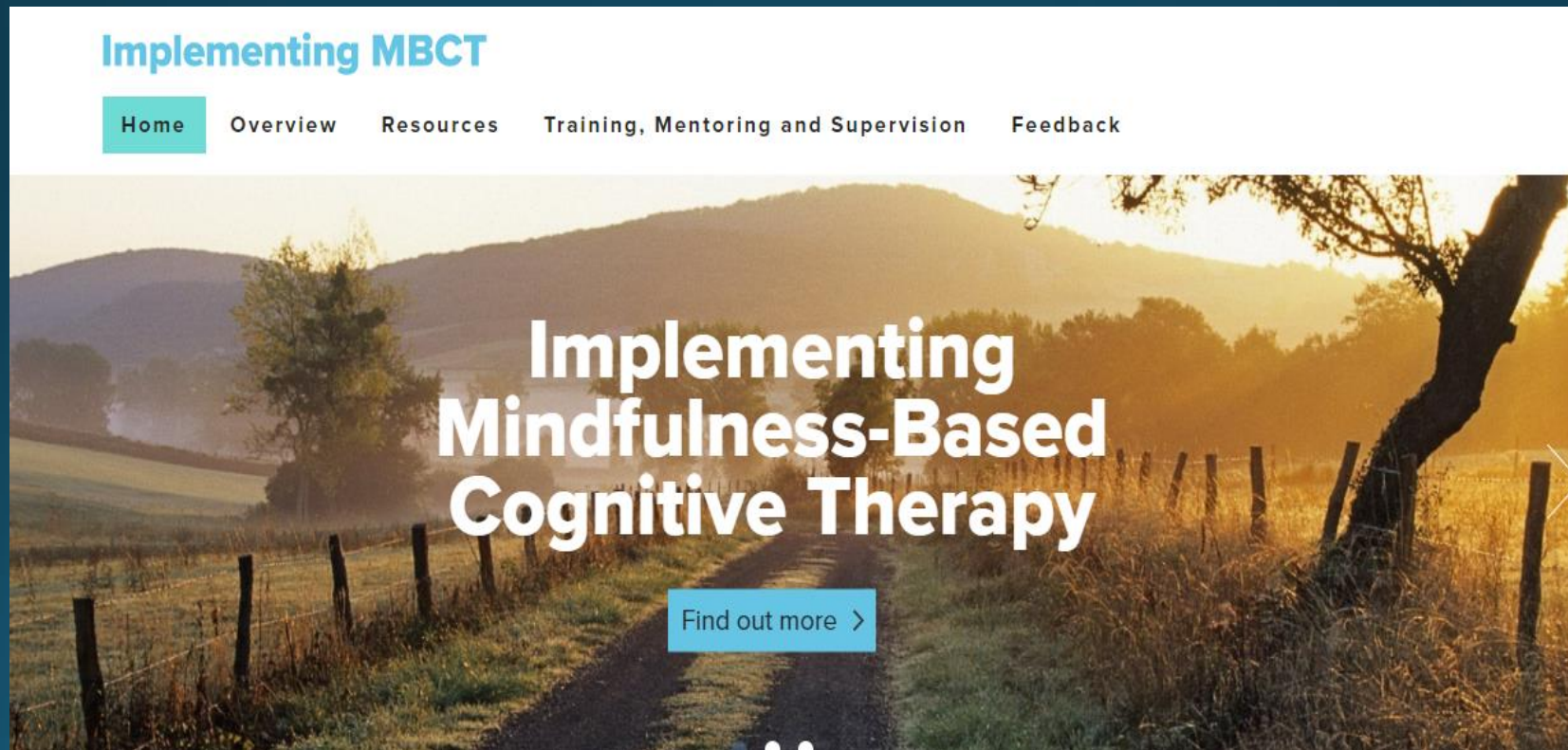
BMJ Open: first published as 10.1136/bmjopen-2018-026244 on 8 September 2018.

Successful implementation required....

- Passionate champions who drive change
- Engaging stakeholders (m'ness experience)
- Networking – on all levels
- Bottom up/top down/middle management
- Strength of clarity re integrity
- Working proactively with implementation issues
- Context – blending in *and* influencing change
- Drawing on a range of evidence
- Building local evidence

Implementation Guidance

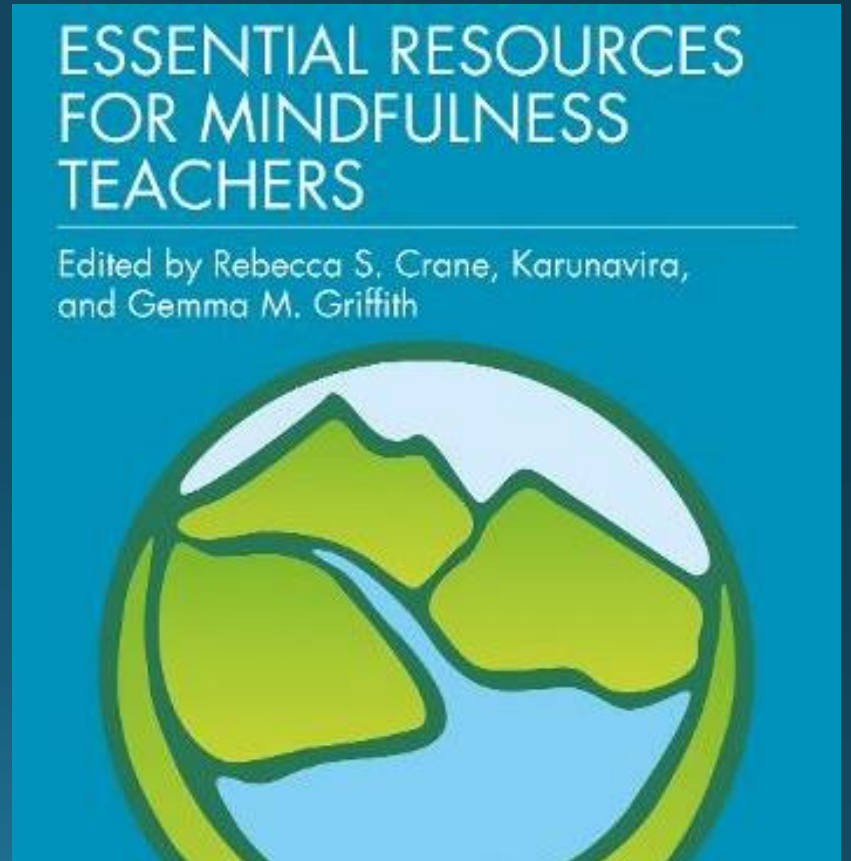
<https://implementing-mindfulness.co.uk>



The TLC – Teaching and Learning Companion

- a reflective tool to help mindfulness teachers at all stages develop their skills
- Available in 'Essential Resources' book and as a downloadable document.

https://www.routledge.com/Essential-Resources-for-Mindfulness-Teachers/Crane-Karunavira-Griffith/p/book/9780367330798?gclid=CjoKCQjwsZKJBhCoARIsAJ96n3UwCx8_kMImBEFWxoPoFVUCknavd8H4yOEMxfUQlrAx2y6FU47n84kaAohgEALw_wcB



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Thank you!

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- www.bangor.ac.uk/mindfulness
- www.mbitac.ac.uk
- www.bangor.ac.uk/psychology/staff/rebecca-crane/en#publications

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