

# Mindfulness- and Acceptance-Based Behaviour Therapies

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Mindfulness- and acceptance-based therapies have been taking Canada, the U.S., and Britain by storm. But what are they, what is their role in treating mental health problems, and how are CDMH Program psychologists using them?

Mindfulness- and acceptance-based therapies are based on the idea that distress is not inherent in an experience; rather it is caused by a reactive relationship to it (Abba, Chadwick, & Stevenson, 2008). The focus of such treatments is on anchoring our attention to what is happening in the present moment (Segal, Williams, and Teasdale, 2002). The idea is to actively engage our mind's tendency to be all over the place, not with a desire to suppress or control our inner experiences, but with a nonjudgmental curiosity about them, and a willingness to simply observe what happens. In contrast to relaxation training, which has as its goal the release of tension, mindfulness has no predetermined endpoints (Segal et al.). Whether we find the practice easy or difficult is less important than meeting our thoughts, feelings, and sensations with awareness and curiosity. Moreover, in contrast to insight-oriented therapies, mindfulness is not about analyzing inner experience; rather, it is about simply becoming aware of and receptive to alternate ways of relating to inner experiences. The therapist's personal practice of mindfulness, both in daily life and in the therapy session, is considered a cornerstone of mindfulness-based treatments (Germer, Siegel, & Fulton, 2005).

Several cognitive behavioural therapies include mindfulness as a central concept. These "third-generation" cognitive behavioural therapies include the following:

- Mindfulness-Based Cognitive Therapy (MBCT; Segal et al., 2002; developed for the treatment of depression);
- Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982, 1990; initially developed for patients with chronic pain);
- Dialectical Behaviour Therapy (DBT; Linehan, 1993; core mindfulness skills are central to this comprehensive treatment program, which was initially developed to treat individuals with borderline personality disorder); and
- Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999; this approach focuses on full acceptance of present experience and mindfully letting go of obstacles to pursuing life goals).

Common among these approaches is the idea that it is the *context* and *function* of internal events not their *form* (the focus of first- and second generation behaviour therapies) that can be problematic (Hayes, Folette, & Linehan, 2004).

A rapidly growing body of research suggests that mindfulness- and acceptance-based approaches are effective treatments for several mental health conditions including depressed mood, generalized feelings of anxiety, and chronic pain (e.g., Teasdale et al., 2002; Zettle & Hayes, 1986; see Baer, 2003, for a review). Although dismantling studies have yet to be conducted, mindfulness also appears to play an important role in dialectical behaviour therapy for problems associated with emotion regulation (e.g., borderline and antisocial personality disorders, eating disorders, substance use disorders; see Dimeff & Koerner, 2007, for a review),

and preliminary studies suggest that mindfulness may alleviate the distress associated with the positive symptoms of psychosis (Chadwick, Newman-Taylor, and Abba, 2005).

Several psychologists in the CDMH Program regularly use mindfulness-based therapy. Here are some examples.

Dr. Paul Freeman offers a Mindfulness-Based Stress Reduction group at Dartmouth Community Mental Health. The eight-session program is intended for clients who, primarily due to intense fear of emotional distress and the resultant avoidance, find themselves becoming "stuck" in treatment. Clients develop a greater capacity to accept and co-exist with their pain and fears, thus undoing the avoidance patterns that are both creating their clinical problem and slowing therapeutic progress.

Drs. Cheryl Aubie and Yvette Scattolon integrate mindfulness principles into many of the components of the Eating Disorders Treatment Program. They explicitly teach Linehan's Core Mindfulness Skills and help clients learn mindfulness of their eating behaviours and how they think about and respond to their body.

At the East Coast Forensic Hospital, Dr. Jacquie Cohen and psychology intern Chantal MacDonald, M.A., are developing and evaluating a mindfulness-based group for psychosis. The group is for forensic inpatients and is aimed at helping them to (a) understand voices and intrusive thoughts as experiences of the self and not as defining the self, (b) observe voices and thoughts enter in and out of their awareness without needing to ruminate about or confront them, and (c) develop their capacity to experience psychotic symptoms while working towards valued behavioural goals.

Dr. Joanne Watkins, a psychologist with the Bayers Road Community Health Team, also incorporates mindfulness- and acceptance-based therapies into her individual and group work.

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