Utilizing Mindfulness-Based Therapy Techniques to Treat Depression in Adults

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Abstract

Mindfulness-based therapy techniques are becoming increasingly prevalent and accepted in today’s society as a treatment for depression. Depression is a widespread mental health condition that approximately 6.7 percent of adults live with each year in the U.S. Social determinants, adverse childhood experiences, and stressors in adult life are contributors to the development of depression. Commonly, the medical model has led the way in the treatment and comprehension of depression. Whereas, the biopsychosocial model views symptoms, influences, and treatments of depression through a medical, social, and mental health view. Mindfulness-based interventions are person-centered approaches that utilize this holistic perspective. Specifically, mindfulness is described as having awareness of the present moment without judgment and promotes finding strength within oneself. Mindfulness-based stress reduction and mindfulness-based cognitive therapy are evidenced-based practices that can be used by social workers in the treatment of depression and other mental health conditions.

Mindfulness-Based Cognitive Therapy
- Treats depression & anxiety (Kuyken et al., 2008)
- Combines cognitive therapy & mindfulness
- Based on cognitive model of depression
- Reduces cognitive reactivity & depressive relapse
- “Being mind” vs “doing mind” (Kazantzis et al., 2009)
- 8 week group program, 8-15 individuals (Kuyken et al., 2008)

Mindfulness-Based Stress Reduction
- First mindfulness-based intervention developed by Dr. Jon Kabat-Zinn (Keng, et al., 2013)
- Reduces symptoms of depression, anxiety, and stress (Fjorback et al., 2011)
- 8 weekly classes
- Meditation, breathing techniques, yoga, relaxation, daily homework, gratitude journal (Noonan, 2014)

Mindfulness awareness foundation of both
- Meditation focused (keng, et al., 2013)
- Insight and reduction in reaction (Gu et al., 2015)

Symptoms
- Depressed mood, disinterest in activities once enjoyed, feelings of insignificance and hopelessness, motivation deficits, difficulties concentrating, suicidal thoughts/ attempts, alterations in weight and appetite, reduction in energy, sleep disturbances (APA, 2013)

Challenges
- Employment difficulties, relationship hardships, physical ailments, difficulties in self-discipline, cognitive deterioration (Clifton & Feeny, 2015)

Factors leading to depression
- Social determinants of health
- Low SES, low educational performance, unemployment & financial hardships (Allen et al., 2014)
- Adverse childhood experiences (ACES)
- Traumatic events in childhood including: physical, emotional, and sexual abuse, physical and emotional neglect, substance abuse in the household, parental separation/divorce, domestic violence, criminal activity, mental health disorder (Waite & Shewokis, 2012)
- Stressors in adult life
- Physical illness, interpersonal difficulties, mistreatment by others, domestic disturbances (Khalsa et al., 2011)

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Evidence of Effectiveness/ Recommendations

Evidence of Effectiveness
- A systematic review of 4 MBCT and 17 MBSR randomized control trials with at least 33 individuals was completed (Fjorback et al., 2011)
- MBSR proved to reduce symptoms of depression, anxiety, and stress
- MBCT proved to be an effective treatment for those with recurrent depression by aiding with the prevention of a relapse (Fjorback et al., 2011)

Recommendations
- Expanding mindfulness-based techniques towards other applications
- Panic disorder, bipolar disorder, ADHD, alcohol & substance abuse, eating disorders
- Lower income, children, adolescents with mental health conditions, inmates, school teachers & parents (Keng et al., 2011)
- Using mindfulness-based therapy techniques as a preventative measure

Evidence of Effectiveness
- Proposed by George L. Engel as a challenge to the leading medical model
- Encourages mental health providers and physicians to view and treat an individual through a biological, medical, social, and spiritual perspective
- Person-centered/ holistic approach
- Promotes reduction in mind-body disconnect and increases sense of understanding (Borrell-Carrio et al., 2006)

Biopsychosocial/ Spiritual Perspective
- Low SES, low educational performance, unemployment & financial hardships
- Adverse childhood experiences (ACES)
- Traumatic events in childhood including: physical, emotional, and sexual abuse, physical and emotional neglect, substance abuse in the household, parental separation/divorce, domestic violence, criminal activity, mental health disorder (Waite & Shewokis, 2012)
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Mindfulness
- Mindfulness involves becoming conscious of surroundings in a non-judgmental way
- Mindfulness focuses on one’s ability to have self-control over one’s awareness and attention (Keng, et al., 2011)
- An array of mindfulness-based techniques exist including: yoga, MBCT, MBSR, ACT, DBT (Keng, et al., 2011)
- Formal and informal interventions (Gu et al., 2015)