

What is Mindfulness-Based Cognitive Therapy for Depression ?

Mindfulness-Based Cognitive Therapy (MBCT), is a specific 10-week psycho-educational **relapse prevention program** that was developed by and through the research of **Dr. Zindel Segal, Dr. J. Mark Williams, and Dr. John D. Teasdale**. Originally funded through a **MacArthur Foundation grant**, and then further developed by grants from the United Kingdom's National Health Service's Wales Office of Research, and the National Institute of Mental Health in Washington, D.C., the **mission** of this research was to **develop cognitive therapy based interventions** that would be **clinically and cost effective in preventing chronic depression relapse**.

This research went through many stages of conceptualization and development. Initially it focused on integrating previous findings in the causes and treatment of depression, and then on investigating new areas of research. The latter research focused particularly on the **causes of chronic repeated relapse**, where patient's **vulnerability** apparently increased with each new episode; and on developing **specific cognitive therapy relapse prevention**.

This phenomena (of vulnerability increasing with each episode) is called **"autonomous triggering"**, and means that the more depressive episodes a person has experienced, their **"threshold"** for getting triggered into depression becomes more internal, and takes less to start the process. So, small amounts of mood changes can bring big biological, thinking, and feeling changes, very quickly, and often not consciously.

Very early on in this process, Segal, Williams and Teasdale saw crucial connections between cognitive approaches proving to be the most effective in their research, and the works of **Dr. Jon Kabat Zinn and Dr. Marsha Linehan**, which integrates **Mindfulness meditation**. Specifically, they explored the technique of: **"decentering"**, mentally distancing from ruminative thought patterns, triggered by mildly unpleasant moods, that were found to be precursors in depression relapse. They also included the skills of acknowledging, but not fighting unpleasant mood states, and focusing attention in a non-reactive way, which serves to break the cycle of ruminative worrying. Zinn and Linehan applied Mindfulness meditation in a non-religious, western, psychological context, and used it with different populations. They created methods of developing attention, relaxing with pain and stress, rather than resisting it, developing an attitude of compassion towards the self, and exposing patients to very difficult emotions, as well as slowly developing a different world view that encouraged a more resourceful response to pain.

The result of Segal, et al's research is an eight week course that is in some ways structurally similar to **Jon Kabat Zinn's Mindfulness Based Stress Reduction classes**, but with a much more specific focus on relapse prevention for this specific population. The differences are: **specific psycho-educational tools on the causes, maintenance and vulnerability for relapse in clinical depression, and specific cognitive therapy interventions proven to be highly effective in working with depression.**

The focus in this model is not as much stress reduction as utilizing mindful (relaxed and focused) attention as an **alternative to ruminative, and worrying thought processing**. This kind of thinking tends to put the patient on "**Automatic Pilot**", a worrying "trance" where they become even more vulnerable to relapse. Their research clearly indicated that this style of "problem solving" (i.e. worrying, looping and "over-thinking") amplifies and aggravates the hallmarks of depression: feelings of worthlessness, global negativism, guilt, perfectionism, self-condemnation, and intense fear of the future. **By breaking these patterns, this model presents alternatives of mental flexibility and behavioral choice.**

The populations best served by these groups are people who carry the diagnoses of either **Major Depression or Dysthymia**, and have had one or more relapses since their initial episode. They should not be in the acute phase of treatment, but do not have to be fully recovered. They may or may not be on antidepressant medication, but should be able to concentrate well enough to follow a simple guided meditation, and have the ability to commit to an eight-week class with some homework each week. These groups are experiential and psycho-educational, similar in structure to Marsha Linehan's D.B.T. groups, and Jon Kabat Zinn's M.B.S.R classes.

A General structure of the group is as follows:

Weeks 1-5

- * Learning to pay attention: recognizing "automatic pilot", the trance-like state of mind where one pays little attention to daily life.
- * Learning to recognize how quickly the mind jumps from one topic to another.
- * Learning focused non-judgmental awareness and attention, first to the body, and then to the breath.
- * Developing awareness of how the mind's wandering can allow negative thoughts and painful feelings to occur.
- * Developing an attitude of allowing and being, rather than resisting.

Weeks 6-10:

- *Applying awareness: becoming vigilant for mood shifts.
- *Learning new habits of reacting to shifts in moods ("being mode" observing and

exposing mindfully.)

- *Applying specific mindful strategies: focusing on breath and body sensations rather than worrying or ruminating thought patterns.
- *Developing mental and emotional flexibility.
- *Finally, participants are encouraged to become more aware of their own unique warning signs of impending depression, and to develop specific actions plans.

Many insurances may apply. The cost of the ten week program is \$450.00 - \$600 (fixed sliding scale) for entire program. (Not including interview, price is also sliding scale). I would be happy to answer any questions of general interest, or that referring professionals may have.

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