

## **RUBRIK**

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A MINDFULNESS STRESS REDUCTION, MBSR PROGRAM FOR PSYCHIATRIC PATIENTS: IS THERE A LINK BETWEEN INTENT AND ATTENDANCE, OR IS ATTENDANCE ENGINED BY SUFFERING? – A PILOT STUDY

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## **INTRODUCTION**

Mindfulness Based Stress Reduction (MBSR) developed 25 years ago by Dr Kabat-Zinn (1) has shown effects in somatic conditions. The method is increasingly used treating psychiatric disorders (2,3). In a study of 684 patients enrolled in MBSR programs because of somatic disorders, 76% completed. Kabat-Zinn suggests that one mechanism may have reinforced patient's motivation to complete is self-efficacy experiences (4). However, for patients with severe mental illness, adherence to treatments may be challenging just because of difficulties with change, decision making, intentionality, commitment, i.e., self-efficacy (5). Another idea of motivation is that individuals pass along stages: pre-contemplation, contemplation, determination, action, and maintenance (6). We sought to investigate a possible connection between intent and attendance, in a MBSR program.

## **METHODS**

### ***Program***

MBSR was offered at an outpatient psychiatric clinic. MBSR is a 9-session-, operationalized secular, condensate of techniques for mindful awareness manual (1).

### ***Subjects***

39 patients with a diagnosis of depression and/or anxiety, were suggested MBSR by their doctor or therapist, as adjuvance for patients who were treatment refractory to pharmacotherapy and/or psychotherapy. After interview by the MBSR instructors (NJ and KE) 35 patients were included to start the program. Thus, four patients decided after a discussion around their intent according to this scale, to post-pone their participation in the program. 31 patients (9 m, 26 f) completed the program. Approval by Ethics Review Board.

### ***Intent scale***

Bandura coined the term "self-efficacy" (7) describing people's belief in their capabilities to produce given attainments. Self-efficacy is believed to regulate behavior (e.g. attendance) indirectly via several domains e.g., expectations, goals etc. Therefore, self-efficacy is not a global personal trait, but rather differentiated to distinct tasks and interests in an individual. Scales of perceived self-efficacy must be tailored to the particular domain of functioning that is the object of interest (8). The current self-efficacy Intent scale was developed by Irena Makower according to Bandura's Guide for constructing self efficacy scales to measure intent to psychotherapy attendance (8).

### ***Results***

There was a significant correlation between self-reported intent to pursue MBSR and attendance (Spearman,  $R=0,50$ ) (see Figure 1). Furthermore, we noted a higher attendance rate (89%) compared to reported prospectively measured visits in psychiatric care (9).

### ***Discussion***

The results indicate a correlation between perceived self-efficacy and MBSR program attendance. Furthermore, this scale seems to predict attendance. In addition, we noted higher attendance than MBSR completion for somatic illness and for patients with psychiatric diagnoses in open clinics. Our patients, supposedly engaged by the psychiatric suffering from depression and/ or anxiety, which in turn creates a need for change, do attend when this need is accordingly met by the MBSR program. However, caution is warranted that the discussion of intent may exclude just those individuals most in need for MBSR creating a catch 22 since pre-contemplators seldom present for treatment. We still consider it ethically and clinically important to treat exactly those individuals. Therefore, in the future, we would like to explore an additional intervention that still does not force a person towards change, e.g. MI (10).

Caution is also warranted in the interpretation of the data since this is just a pilot study. The number of patients included is small. Larger study populations are needed to clearly state any link between intent and attendance. Using the Intent scale as a basis for discussion with the patients whether this is the right time for the individual to attend the program, does per se affect the attendance result, thus creating bias. Even for patients who chose to enroll, the idea of highlighting intent as a basis for attendance may have created bias for some individuals i.e, the screening with the Self-efficacy Intent scale both may have excluded patients who were in pre-contemplation states as well as made patients aware of their own motivation.

In summary, for further investigation whether this Intent scale can predict attendance behavior, in this case attendance to MBSR programs, a larger study population will be included.

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