APA; American Psychiatric Association annual meeting 2013, San Fransisco, abstract no: 3832

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

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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.

METHODS

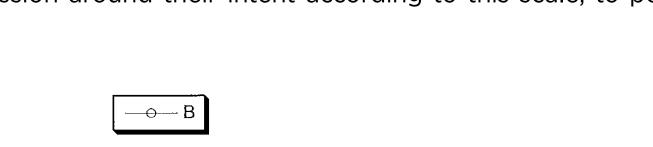
Program

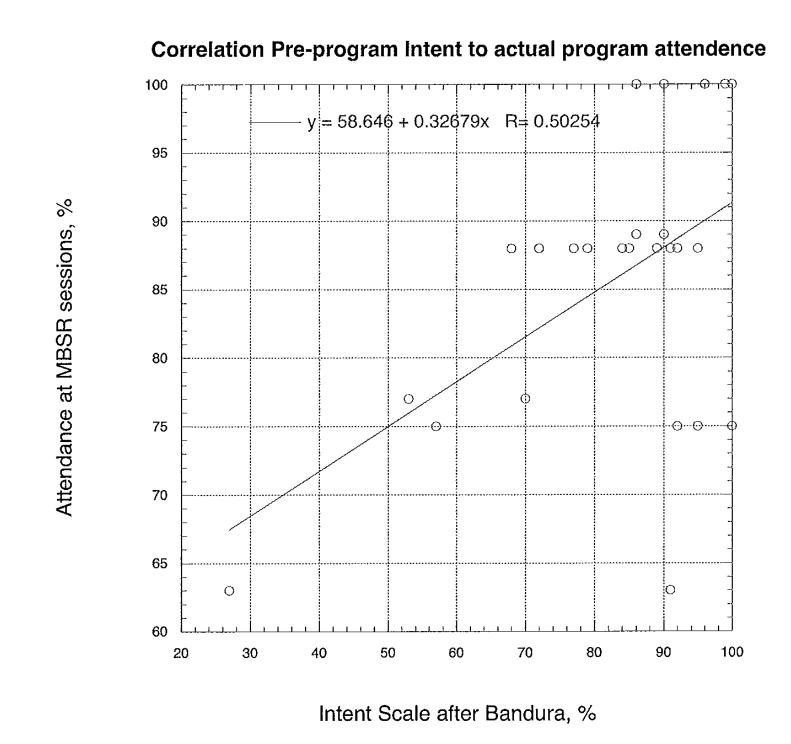
MBSR was offered at an outpatient psychiatric clinic. MBSR is a 9-session-, operationalized secular, condensate of techniques for mindful awareness manual (1).

Subjects

39 patients with a diagnosis of depression and/or anxiety, were suggested MBSR by their doctor or therapist, as adjuvant 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, 22 f) completed the program. Approval by Ethics Review Board

Intent scale

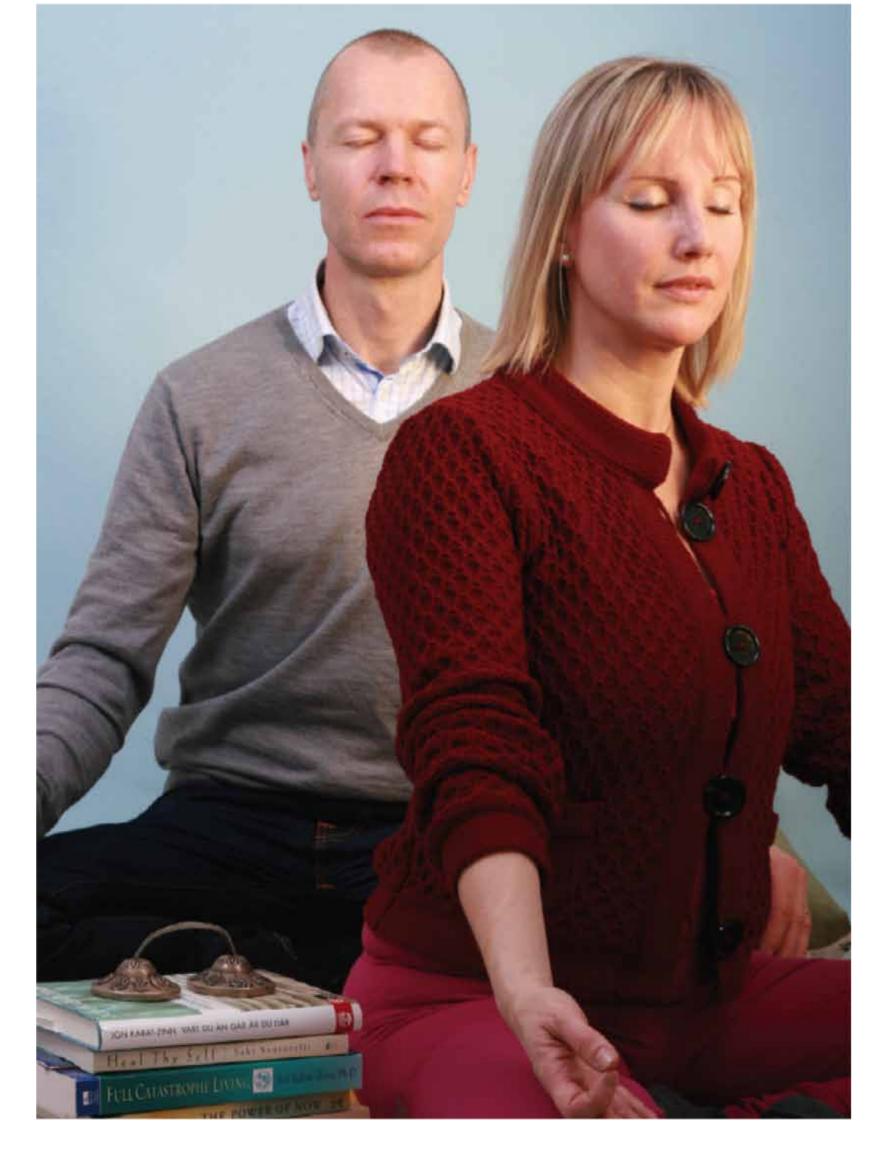
Bandura coined the term" self-efficacy" (7) describing people's belief in their capabilities to produce given attainments. Self-efficacy is believed to regulate behavior (e.g. attendance) indirectly via several domains e.g., expectations, goals etc. Therefore, self-efficacy is not a global personal trait, 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. In addition, we noted higher attendance than MBSR completion for somatic illness and for patients with psychiatric diagnoses in open clinics. Our patients, supposedly engined 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 or the data since this is just a pilot study. The number of patients included is small. Using the Intent scale as a basis for discussion with the patients weather this is the right time for the individual to attend the program, may per se affect the attendance result and may cause bias. 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, this self-efficacy scale seems to predict attendance in an MBSR program. Further studies should include a larger study population with a control group.

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