

MINDFULNESS & MEDITATION

CONTEMPLATIVE PRACTICES TO ENHANCE PSYCHIATRIC CARE

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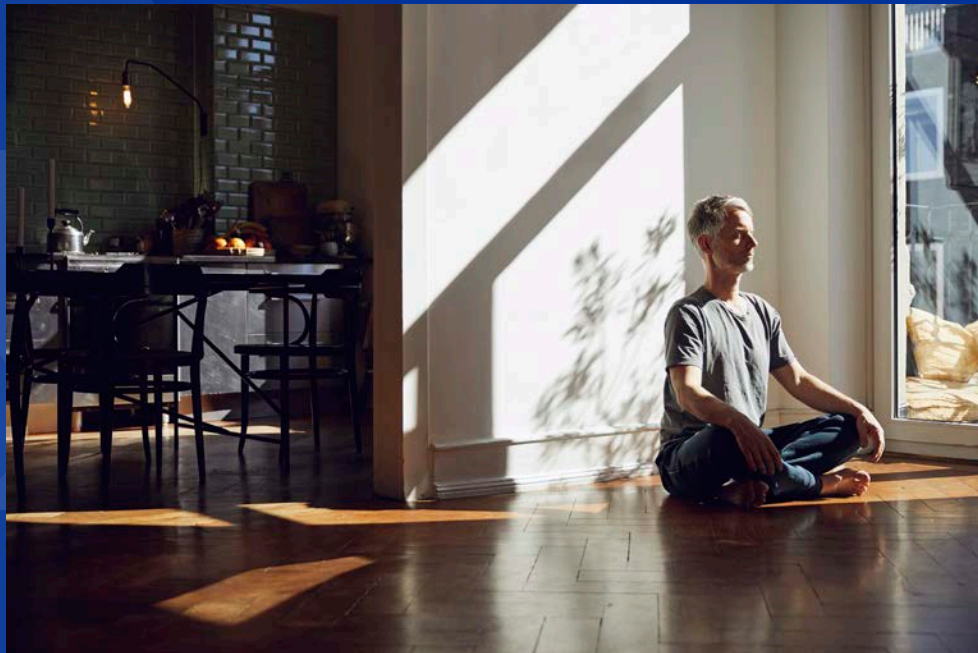
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- No disclosures

- 1). Learn common applications of mindfulness-based therapies, and the disorders they are used to treat.
- 2). Understand practical applications of mindfulness-based therapies and treatments in clinical setting.
- 3). Evaluate when integrating mindfulness-based interventions into disaster/trauma psychiatry response is most appropriate and how to do so effectively to support individual trauma recovery.
- 4). Apply mindfulness strategies and techniques to your own life to reduce potential for burnout.



MEDITATION MINUTE





WHAT DOES MINDFULNESS MEAN TO YOU?



What does mindfulness mean to you?



- Mindfulness & Mindfulness Based Therapies (MBTs) have roots in Indian philosophy & tradition
- Yoga & Transcendental Meditation begin to catch on in the West in the 1960s
- Dr. Jon Kabat-Zinn introduced Mindfulness Based Stress Reduction (MBSR) to Western medicine in 1970s¹



Bronze figure of Kashmiri in Meditation by Malvina Hoffman. Field Museum, Chicago

MINDFULNESS IS TIED TO A RELIGIOUS PHILOSOPHY

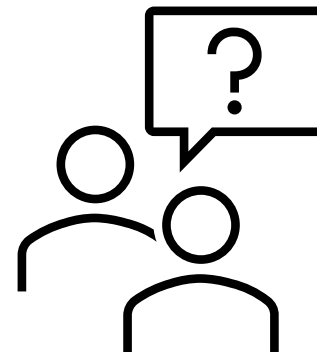
While Mindfulness has roots in Hinduism & Buddhism, it is not necessarily linked to any ideology (especially in medicine)²

MINDFULNESS AND MEDIATION ARE THE SAME THING

Mindfulness is not just another name for meditation

MINDFULNESS FIXES ALL THAT AILS HUMANS

Mindfulness is not about fixing something that is wrong, but feeling and fostering better understanding of the connection between mind and body



- Mindfulness is the concept of being present and aware in the moment, in a non-judgmental way.
- Meditation is a formal practice to strengthen one's ability to be mindful.³
- Common types of meditation include:
 - Mental focus on a particular sensation such as breathing or an auditory/visual cue
 - Repeating a mantra (e.g. “Ohm”)



- Longstanding belief that mindfulness supports mental health and general wellbeing supported by a growing body of research
- Stress and anxiety reduction are the most commonly cited benefits of mindfulness interventions³, making it helpful in treating burnout
- Actively practicing mindfulness associated with various health-determining lifestyle choices⁴



WHAT IS MINDFULNESS BASED STRESS REDUCTION (MBSR)?

- Combines elements of mindfulness meditation, Hatha yoga, and body awareness practices to identify stress triggers and automatic stress reactions
- Standardized 8-week program focused on:
 - Developing coping skills and reducing stress
 - Cultivating non-judgmental awareness of the present moment
 - Enhancing self-compassion
 - Facing and responding to stressors with clarity and resilience
 - Improving overall well-being and quality of life

- **Mindfulness Based Cognitive Therapy (MBCT)**

- Synthesis of Cognitive Behavioral Therapy (CBT) and MBSR⁶
- Used to treat:
 - Generalized anxiety disorders
 - General emotional distress
 - Addictions

- **Dialectical behavior therapy (DBT)**

- Developed by psychologist Marsha Linehan in the 1970s
- Uses principles of CBT and mindfulness to help patients manage emotions⁷
- Designed to treat patients who self harm, have BPD, or suicidal ideation

- **Mode Deactivation Therapy (MDT)**

- Originally developed by Jack A. Apsche to treat adolescents with conduct and emotional disorders, also commonly used in group, couples and family therapy⁸

STUDY: MBSR VS SSRI IN TREATMENT OF ANXIETY DISORDERS⁹

- Study sought to compare effectiveness of Mindfulness Based Stress Reduction (MBSR) techniques vs common first-line treatments like SSRIs for anxiety treatment
- Randomized clinical trial compared MBSR to Escitalopram, an SSRI commonly used to treat anxiety disorders
- Trial found MBSR to have “comparable effectiveness” to first-line medication for patients with anxiety disorders
- MBSR encouraged patients to treat thoughts and sensations as transient mental phenomena and not necessarily accurate representations of reality
- MBSR was delivered in person with trained meditation teachers weekly to assist in administration of treatment, warranting further study of digital interventions for MBSR (Ex. mindfulness apps, virtual delivery)
 - Study published in JAMA Psychiatry January 2023⁹
 - Authors: Hoge EA, Bui E, Mete M, Dutton MA, Baker AW, Simon NM



HEALING AFTER DISASTER

THE ROLE OF MINDFULNESS IN BUILDING MENTAL RESILIENCE

Psychological impact of disasters & trauma

Neurobiological Effects:

- Trauma affects the amygdala, hippocampus, and prefrontal cortex, increasing stress responses. (Yehuda et al., 2015)



Common Mental Health Effects:

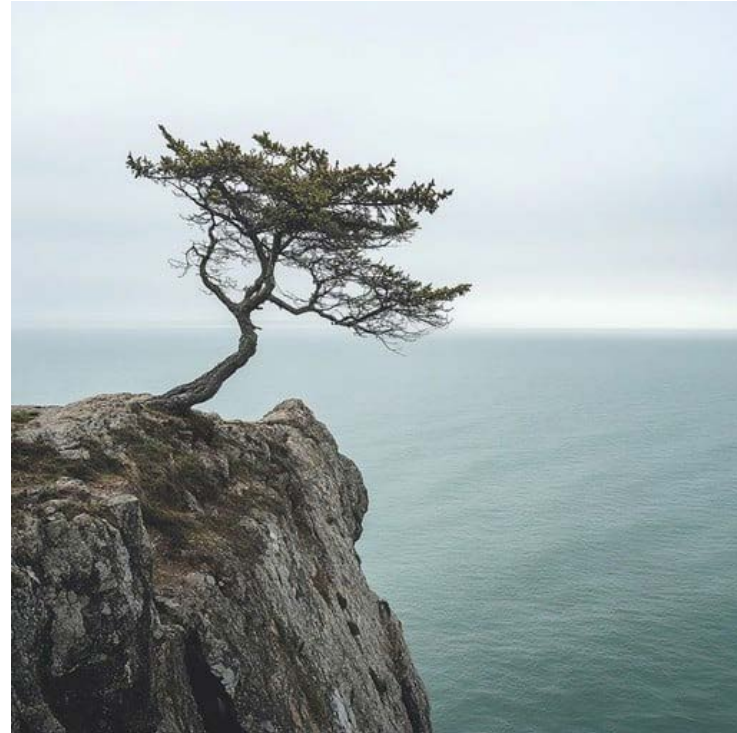
- Post-Traumatic Stress Disorder (PTSD)
- Anxiety, depression, and grief
- Cognitive impairments (e.g., difficulty focusing, intrusive thoughts)
- Increased substance use and sleep disturbances

Defining Resilience:

The ability to adapt, recover, and thrive in the face of adversity, including natural disasters, personal trauma, and crises. (Bonanno, 2004)

Role of Mindfulness:

Facilitates adaptive coping, emotional regulation, and stress reduction following trauma. (Garland et al., 2011)



HOW MINDFULNESS SUPPORTS RESILIENCE IN TRAUMA RECOVERY



Reduces Stress Response

Lowers cortisol levels and promotes relaxation.
(Hölzel et al., 2011)



Enhances Emotional Regulation

Strengthens prefrontal cortex activity, improving response to distressing emotions.
(Tang et al., 2015)



Encourages Present-Moment Awareness

Helps survivors process trauma without overwhelming distress.
(Garland et al., 2011)

- **Diaphragmatic Breathing:** Activates the parasympathetic nervous system, reducing hyperarousal.
- **Body Scan Meditation:** Helps reconnect with the body safely after trauma. (Kabat-Zinn, 2003)
- **Grounding Exercises:** Techniques such as 5-4-3-2-1 sensory awareness counteract dissociation.
- **Mindful Self-Compassion:** Reduces self-criticism and shame, common post-trauma responses. (Neff & Germer, 2013)

Why Mindfulness-Based Interventions are Effective

MBSR reduces stress by lowering cortisol and enhancing emotional regulation. (Kearney et al., 2012)

Neuroplasticity improvements strengthen the prefrontal cortex, reducing amygdala hyperactivity. (Tang et al., 2015)



MBCT prevents depressive relapse by disrupting negative thought patterns. (Williams et al., 2014)

Mindfulness enhances self-awareness and emotional control, promoting resilience. (Hölzel et al., 2011)

These techniques foster self-compassion, reducing self-criticism and supporting trauma recovery. (Neff & Germer, 2013)

TIME FOR ANOTHER MINDFULNESS MOMENT

THE FIVE SENSES GROUNDING TECHNIQUE



Take out a piece of paper

- Write down 5 things you can see right now
- Write down 4 things you feel right now
- Write down 3 things you can hear right now
- Write down 2 things you can smell right now
- Write down 1 things you can hear right now

What is the point of this technique?

- Calming exercise
- Turning attention away from thoughts, memories, worries
- Regaining control of your mind
- Refocusing on the present moment

When is it best used?

- Period of high anxiety or panic
- Trauma sufferers
- Public speaking events, stressful situations, or overwhelmed
- Work related stress or performance reviews



Does a mindfulness approach affect
the doctor-patient relationship?

- Encourages attentive listening for both practitioner & patient¹⁰
- Promotes open communication and higher self-awareness
- Focus on positivity can reduce treatment anxiety for patients





Mindfulness is not just for patients

- Research shows positive benefits for mindfulness in addressing physician burnout^{11, 13}
- Principles of mindfulness can help make you a better caregiver^{11, 13}
- Concepts of increased self reflection and awareness can aid in decision making^{12, 13}



- There is a growing body of evidence that supports mindfulness-based interventions being associated with positive outcomes for patients
- This is just one tool in our toolbox as physicians
- Combining principles of mindfulness with other core parts of our training can yield the best results



QUESTIONS?

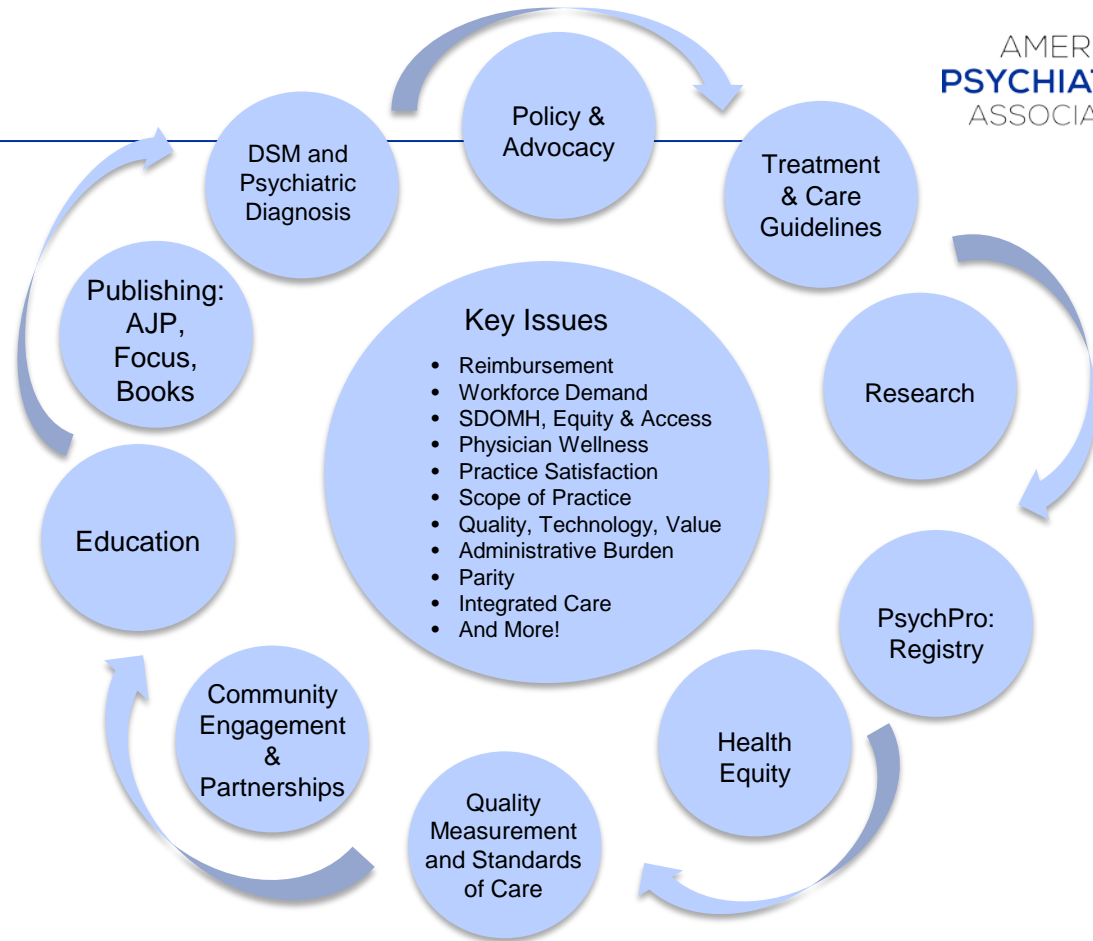
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APA is Psychiatry's voice on national stage. We advocate and educate on behalf of you, our patients and our profession:

- **To Lawmakers**
- **To the Media**
- **To the Private Sector**
- **To the Public**

We need your voice too!

Driving Progress to Transform Tomorrow



GUIDING PRINCIPLES FOR ADVOCACY IN 2025



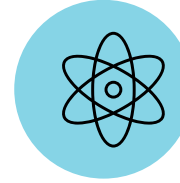
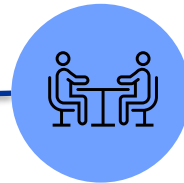
Staying focused on psychiatry, mental health, and substance abuse



Working with the new Administration and Congress on both sides of the aisle



Partnering across the house of medicine and seeking broader mental health collaborations and alliances



Attacking positions w/science and evidence-based medicine vs. attacking people

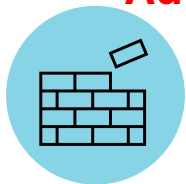


Protecting vulnerable communities including institutions and patients

Advocacy not activism



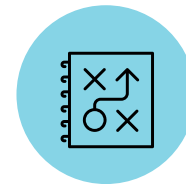
Being nonpartisan



Protecting and standing tall on already existing APA policy compendium



Respecting that we have membership and staff across all parts of the political spectrum, valuing & acknowledging all perspectives



Being strategic wisely using both public statements and other advocacy levers

WHAT ARE THE KEY RISKS FOR APA?

- **Strategic - The risk of a business being unable to pursue its core activities related to its mission**
 - Shifting landscape surrounding credibility of science impacts our voice, intellectual property, and our finances e.g., gender dysphoria and DSM
- **Financial - The risk of potential loss of money or key other assets**
 - Minority Fellowship Program
 - Recent NIH indirect costs caps on academic medical centers, may not be able to buy publications
 - Other grants/contracts
 - We believe this amount is roughly ~\$5mm+
 - Cost of defending against investigation or litigation
- **Political - The risk to business interests resulting from shifting external political landscape**
 - Jeopardize relationships with new Administration/Agencies or Congressional Representatives
 - Much of policy library built on named issues and we run the risk of things that we want advanced not being advanced or things that are already in federal being rescinded
 - APA target of litigation re: current policies; defending the science(\$\$)

WHAT ARE THE KEY RISKS FOR APA?

- Legal - Uncertainty related to lawsuits or the freedom to operate
 - Investigations under *Civil Rights Act*
 - Whistleblowing
- Operational - Uncertainty about inputs (supply chain) and the delivery of products and services
 - Access to CDC data and ICD data
 - Prospect of government agencies abandoning ongoing research and research paper submissions (downstream impact on Publications)
- Reputational - Any loss of confidence in our brand, product or offering
 - If we don't advocate, some members/staff may be turned off as they see APA as being strong enough to "fight back"
 - Also, our patient/public/partner constituencies may be counting on us as well
 - If we are the subject of an investigation, the bad press generated through Congressional hearings, etc. About psychiatry, psychopharmacology, DSM could be detrimental to APA's reputation

- ✓ **Join APAPAC:** Contribute today to help APA build relationships on Capitol Hill and amplify psychiatry's voice with lawmakers
- ✓ **Congressional Advocacy Network:** Build constituent relationships with your legislators to become a trusted resource on mental health and SUD issues
- ✓ **Monthly Advocacy Update newsletter:** Stay up-to-date on our work in Congress, with the Administration, and across states
- ✓ **Advocacy Action Alerts:** Take action by contacting your federal & state legislators as relevant legislation moves
- ✓ **Advocacy Action Challenge:** Engage in a friendly competition with your colleagues by joining the challenge

Advocacy Resources:



PROJECT APPROACH OVERVIEW



PHASE 1

Discovery & Research Preparation

- A. Project Kickoff
- B. Existing Materials Review
- C. Research Approach Development
- D. Stakeholder & Member Segments Identification
- E. Identification of Organizations for Competitive Market Scan

Deliverable: Research Plan, Finalized Project Timeline, and Identification of Research Stakeholders



PHASE 2

Member Research & Data Collection

- F. Qualitative Stakeholder Interviews
- G. Quantitative Member Survey
- H. Competitive and Market Analysis
- I. Data Synthesis

Deliverable: Research Report



PHASE 3

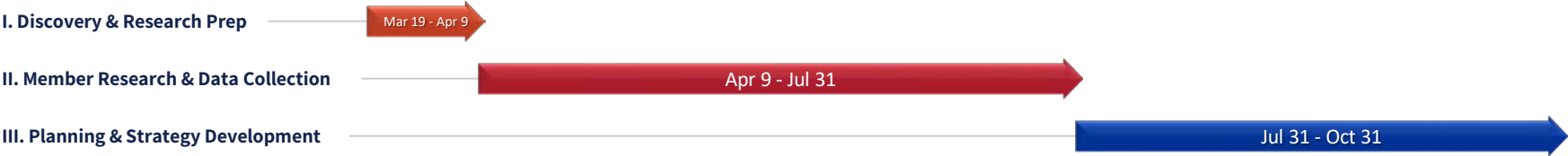
Planning & Strategy Development

- J. Major Goal Development
- K. Strategic Plan
- L. Socialization and Buy-In

Deliverable: Comprehensive Strategic Plan



PROJECT TIMELINE





EXCITED ABOUT APA'S FUTURE!

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