Beyond Symptom Reduction: Changes in Mindfulness, Meaning, Acceptance, and Positive Emotions in Treatment at Higher Levels of Care

Dan V Blalock, PhD[1,2,3]; Bonnie Brennan, MA, LPC, CEDS[2]; Angela Derrick, PhD, CEDS[2]; Susan McClanahan, PhD, CEDS[2]

[1]Eating Recovery Center;

[2]Department of Veterans Affairs; [3]Duke University School of Medicine,

Introduction

- Most psychological treatments focus on symptom reduction, especially at higher levels of care where "patient stabilization" is often the primary objective.[1]
- Historically, few treatment settings at higher levels of care actively examine the development or nurturance of positive psychological states and overt mindfulness and acceptance skills. More recently, programs have been created to address these shortcomings.[2]
- Some evidence suggests increases in mindfulness, acceptance, and other positive psychological states are associated and even predictive of lower levels of psychopathology at the end of treatment, [3] including at higher levels of care.[4]
- The current study is an observational examination of changes in typical mood and anxiety symptoms, as well as changes in positive psychological states, acceptance skills, and mindfulness skills.

Methods

Treatment: Patients admitted to partial hospitalization program (PHP) level of care for mood and anxiety treatment. Treatment consists of between 5 and 7 days of 8-hour care, including group, individual, and family therapy consisting of several different modalities (ACT, DBT, CBT, and ERP).

Average length of stay is 20 days.

N=30 adult patients enrolled in a mood and anxiety partial hospitalization program in a major American city.

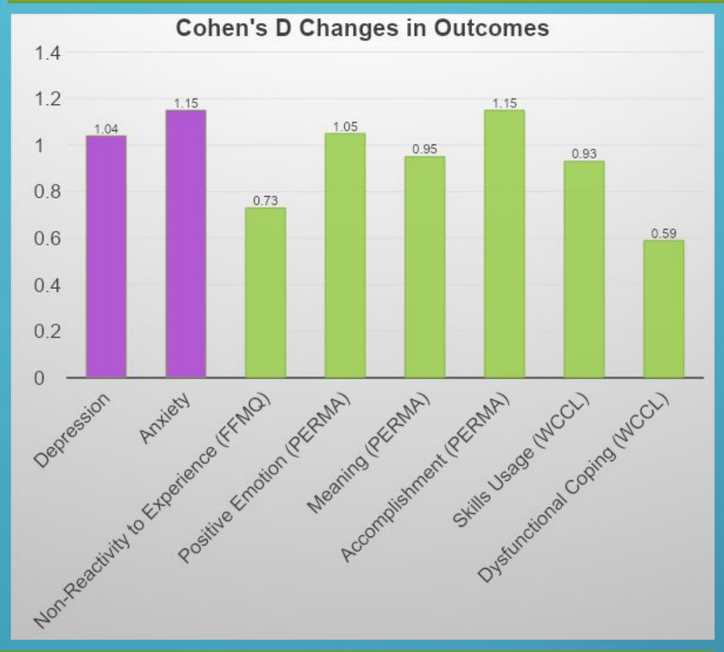
Self-report measures completed at intake and discharge:

- Beck Depression Inventory-II (BDI-II)
- Anxiety Reactivity and Perseveration Scale (ARPS)
- DBT Ways of Coping Checklist (DBT-WCCL)
- Five Faced Mindfulness Questionnaire (FFMQ)
- Seligman's PERMA Model (PERMA)

Results Chart 1

Outcome	Change During Tx	T-Test
Traditional Symptoms		
Depression (BDI-II)	-13.49	-11.32***
Anxiety (ARPS)	-13.00	-4.45***
Mindfulness and Acceptance-Based Skills		
Five-Facet Mindfulness Questionnaire		
Observing	0.10	0.25
Describing	0.45	1.09
Acting with Awareness	0.38	0.83
Non-Judgment of Experience	0.28	0.79
Non-Reactivity of Experience	2.38	3.95***
PERMA		
Positive Emotion	1.94	4.32***
Engagement	0.53	1.59
Relationships	0.47	1.05
Meaning	1.65	3.93**
Accomplishment	2.77	4.74***
DBT Ways of Coping Checklist		
Skills Usage	14.89	4.91***
General Dysfunctional Coping	-4.11	-3.10**
Blaming Others	-0.39	-0.64

Results Chart 2



Conclusions

- Standard symptoms of depression and anxiety significantly decreased by the end of treatment with large effect sizes.
- Almost half (6/13) measures of mindfulness and acceptance-based skills acquisition exhibited significant increases by the end of treatment.
- These increases in mindfulness and acceptance-based skills ranged from medium to large effect sizes.

Clinical Implications

- At higher levels of care, symptom reduction is and will likely always be the primary goal and most robust outcome.
- Current treatment models at higher levels of care may already be adept at improving acceptance, positive emotions, meaning, sense of accomplishment, and skills usage.
- It is unclear to what extent more advanced mindfulness skills and positive engagement with a patient's environment are improved with treatment in higher levels of care. It is possible that there is a latency in the visible improvements in these skills, or that there is no measurable improvement in these skills.
- Future studies should examine the degree to which the development of positive psychological states, acceptance, and mindfulness skills have downstream effects on patients' symptoms, quality of life, and likelihood of returning to treatment at higher levels of care.

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Contact

Bonnie Brennan
Eating Recovery Center & Insight Behavioral Health
Email: bonnie.brennan@eatingrecovery.com
Website: www.eatingrecovery.com
Phone: 1-877-825-8584

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