

# Improvement in Nonjudgment during the first week of treatment as a predictor for improved quality of life in treatment outcomes

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## OBJECTIVE

To investigate the link between early mindfulness improvement and later treatment outcomes

## INTRODUCTION

- Mindfulness is a robust predictor of mental health outcomes.
- Nonjudgment of inner experiences, which is a component of mindfulness, has been indicated in the literature as a moderator of a variety of important relationships impacting treatment.
- It is uncertain if initial increases in nonjudgment in treatment were predictors of progress in treatment.
- In the present study, improvement in self-reported mindfulness from pre-treatment to week 1 of mental health treatment was examined as a predictor of improvement in quality of life over time.

## DATA ANALYSIS

- Paired samples t-tests were conducted to examine changes in (1) quality of life from pre-treatment to the first month of treatment and (2) the five facets of mindfulness (i.e., observe, describe, act with awareness, nonjudgment, and non-react) from pre-treatment to the first week of treatment.
- Simple linear regression analyses were conducted to determine whether changes in FFMQ scores during the first week of treatment predicted changes in QOLI scores over time.

## PARTICIPANTS

- 48 participants presenting with multiple comorbidities who were receiving treatment from an intensive, individualized outpatient program completed the Five Facet Mindfulness Questionnaire (FFMQ) weekly and the quality-of-life inventory (QOLI) monthly as part of their progress monitoring plan.

Table 1. Sample Demographics

Sample Size	Mean Age (SD)	Gender	Race
Sample 48	31.08 (12.09)	Female= 62%	Caucasian= 77%

## RESULTS

- Non-judgment was the only facet of mindfulness that significantly differed from pre-treatment to the first week of treatment.
- 32 participants improved in non-judgment, whereas 16 did not. For both groups, quality of life was significantly higher at the first month of treatment compared to pre-treatment.

Table 2. T-test results

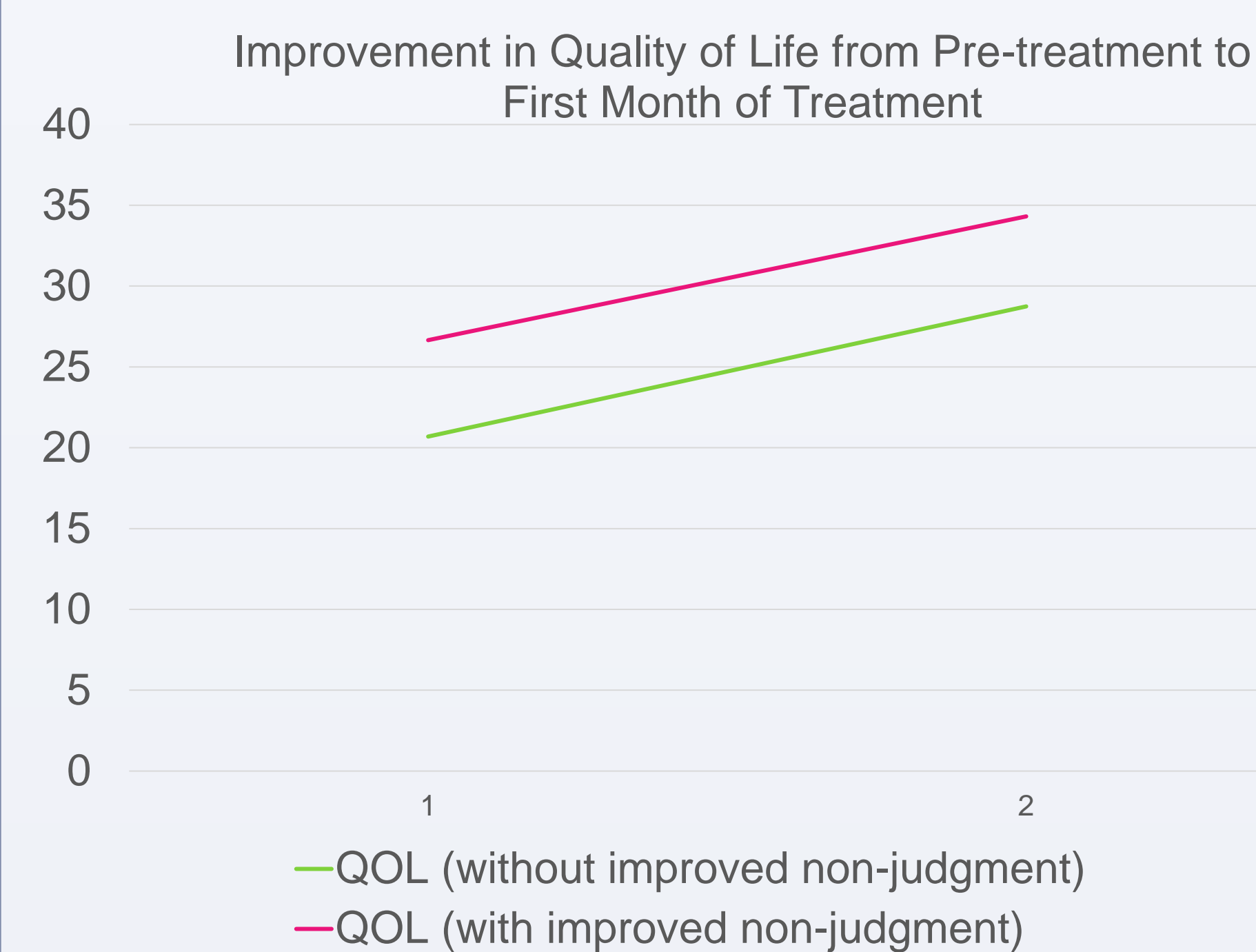
Test	T	P
FFMQ Observe	1.06	.295
FFMQ Describe	-.26	.798
FFMQ Act with Awareness	.95	.345
FFMQ Nonjudge	-2.56	.014*
FFMQ Nonreact	-.52	.606
QOLI (with improved non-judgment)	-4.18	<.001***
QOLI (without improved non-judgment)	-2.18	.045*
QOLI (overall)	-4.75	<.001***

\* Significant at the .05 level

\*\* Significant at the .01 level

\*\*\* Significant at the .001 level

Table 3. Change Over Time



- Changes in nonjudgmental mindfulness significantly predicted changes in QOL at discharge for the group with improved non-judgment,  $b = 1.26$ ,  $p = .008$  ( $p < .01$ ),  $R^2 = .215$ , accounting for approximately 22% of the total variance.
- However, this was not the case for the group with no improvement in non-judgment,  $p = .957$ .

## DISCUSSION

- Longitudinal findings suggest non-judgment is a unique dimension of mindfulness and that, if increased early in treatment, could lead to greater treatment effectiveness for with multiple comorbidities.
- Further research is needed to determine specific interventions or mechanisms through which an early increase in nonjudgment is related to better quality of life outcomes.

## CONTACT INFORMATION

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Presented at the Annual World Conference of the Association for Contextual Behavioral Science, 2021

