

Mindfulness- Based Cognitive Therapy (MBCT) and Breathwork

Rivendell Day Patient program- a brief evaluation

Mindfulness-Based Cognitive Therapy (MBCT) is an evidence-based therapy developed by Seagal, Williams and Teasdale, 2013¹. Although originally developed specifically for people recovering from depression, it has since been expanded and shown to be effective for a range of other diagnoses, including depression, anxiety, post-traumatic stress disorder (PTSD). MBCT is a type of psychotherapy that integrates cognitive therapy, meditation, and the cultivation of a present-oriented, non-judgmental attitude called "mindfulness" and is highly focused on practicing and experiencing concepts rather than just learning about them in a theoretical way.

The specific type of breathwork used in the program is a gentler variant of the original Holotropic Breathwork developed by Stanislav Grof², typically lasting about 60 minutes. After a sharing circle the individual is guided through regular breathing to build coherent heart rate variability and increase parasympathetic arousal. The person is then guided to breathe more deeply as music builds, which causes a safe level of respiratory alkalosis. When charging music stops and breathing is encouraged to slow the individual typically experiences a sense of wellbeing and emotional release. In this stage the individual is instructed to observe their experience with mindful awareness and curiosity. Relaxing music encourages safe recovery and grounding. The process is fully supervised and supported by an experienced and certified practitioner for participants during and after the breathing.

This type of breathwork has been used in the inpatient program since mid 2020 with significant observed clinical and therapeutic benefit³. In the day patient program it is applied in a gentler version integrated with the MBCT component. One of the rationales behind combining the two modalities is that MBCT promotes present moment awareness, reality-acceptance and non-reactiveness in general. These skills can then also be applied in the moment to whatever thoughts, images, emotions and sensations come up during and after Breathwork.

The groups were conducted as a 9-week Day patient program running for five hours (plus a 30 min lunch break) facilitated by Gilad Shavit, a group facilitator trained and experienced in various modalities of mindfulness techniques, yoga, Breathwork and life coaching. Face to face clinical support to the group was provided each week as needed by the principal clinical psychologist Dr Sabrina Maeder.

¹ Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression* (2nd ed.). The Guilford Press.

² Grof, S. & Grof, C. (2010). *Holotropic Breathwork*. State University of New York Press.

³ Formal evaluation pending

The group program has been run twice two date in 2021 (in March/April and May/June 2021). A total of eight participants registered for the first program, seven for the second group. One participant had to stop the program in the first group due to transport difficulties. Three participants were unable to finish the second group for varies personal reasons. The attendance rate of all people completing the program was very high overall, with all participants attending 7-9 sessions.

The following pre-and post questionnaires were completed by all participants in accordance with the Healthcare requirements: Depression, Anxiety and Stress Scale-21 (DASS-21), the Mental Health Questionnaire-14 (MHQ-14), and the Health of the Nation Scale (HoNOS). A mindfulness questionnaire was added for the second group (Five Facet Mindfulness Questionnaire, FFMQ-15). A program feedback sheet was also completed at the end of each group.

Outcomes

Questionnaire scores

The individual scores for each group participant on the three measures pre-and post program are summarised in Table 1.

Table 1.

Participant	Pre MHQ-14	Post MHQ14	Pre DASS	Post DASS	Pre HoNOS	Post HoNOS
1	710	930	32	15	18	11
2	290	455	37	33	18	18
3	470	725	42	23	14	10
4	600	970	32	9	7	4
5	220	250	37	31	18	15
6	360	1150	41	6	10	5
7	560	810	21	11	16	8
8	680	675	21	12	13	10
9	910	1110	13	12	13	5
10	880	1040	17	6	21	15
11	120	185	48	41	19	15
Mean	527	755	31	18	15	11

All the individual scores are showing an improvement across all the questionnaires and they are displayed in Figures 1, 2 and 3 for the individual measures.

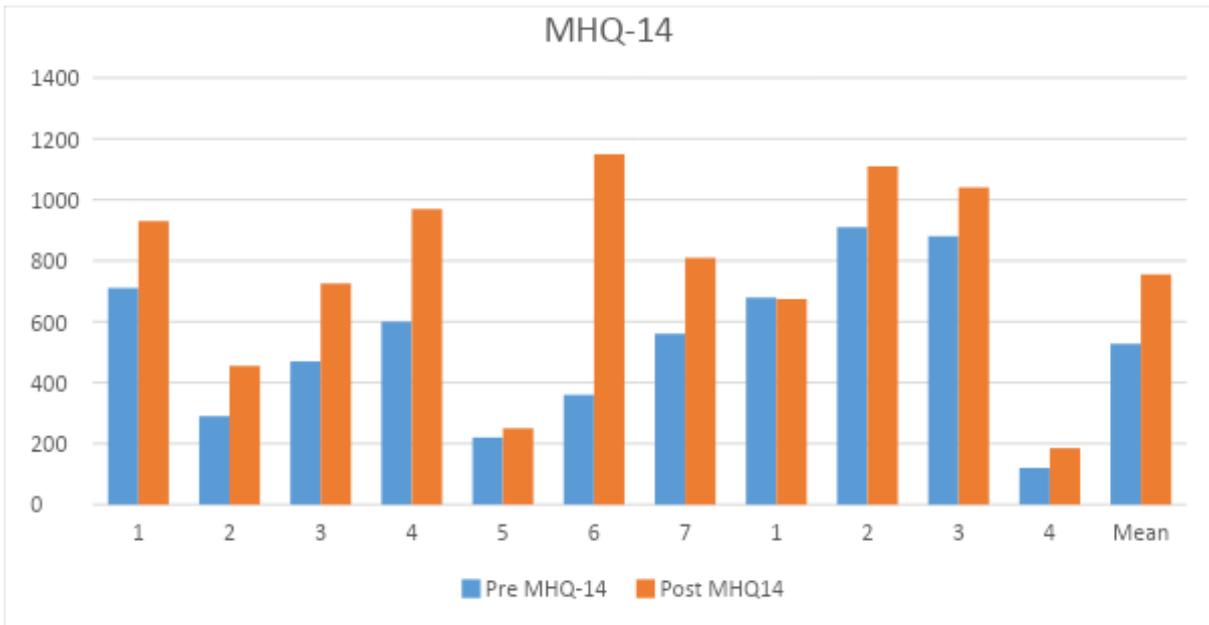


Figure 1. Pre and post scores on the MHQ-14 for each individual participant and overall mean.

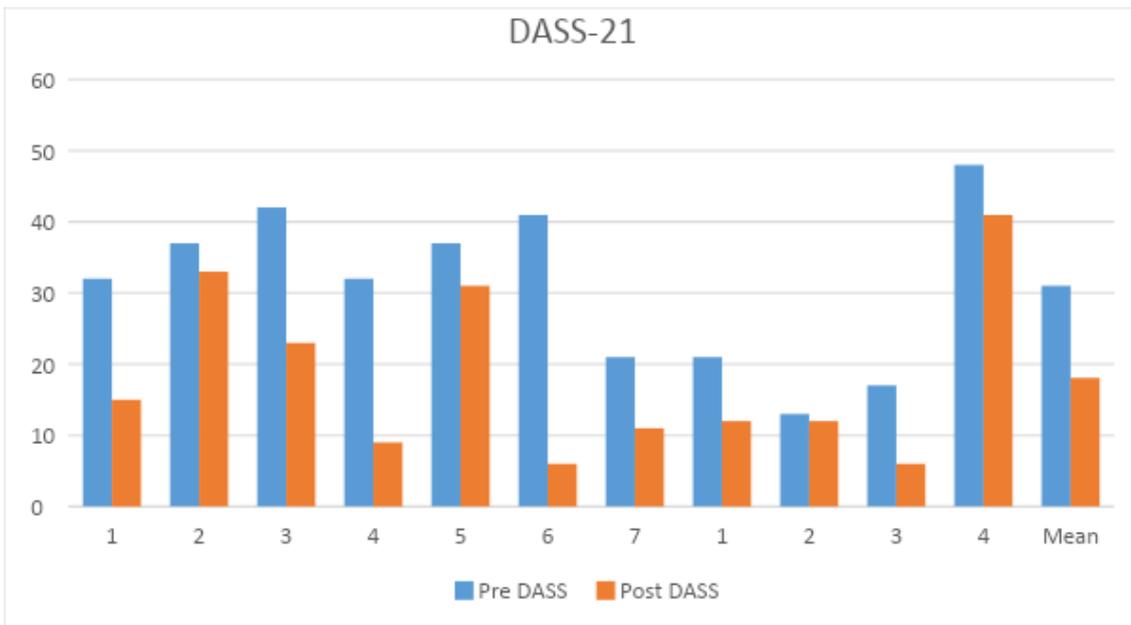


Figure 2. Pre and post scores on the DASS-21 for each individual participant and overall mean.

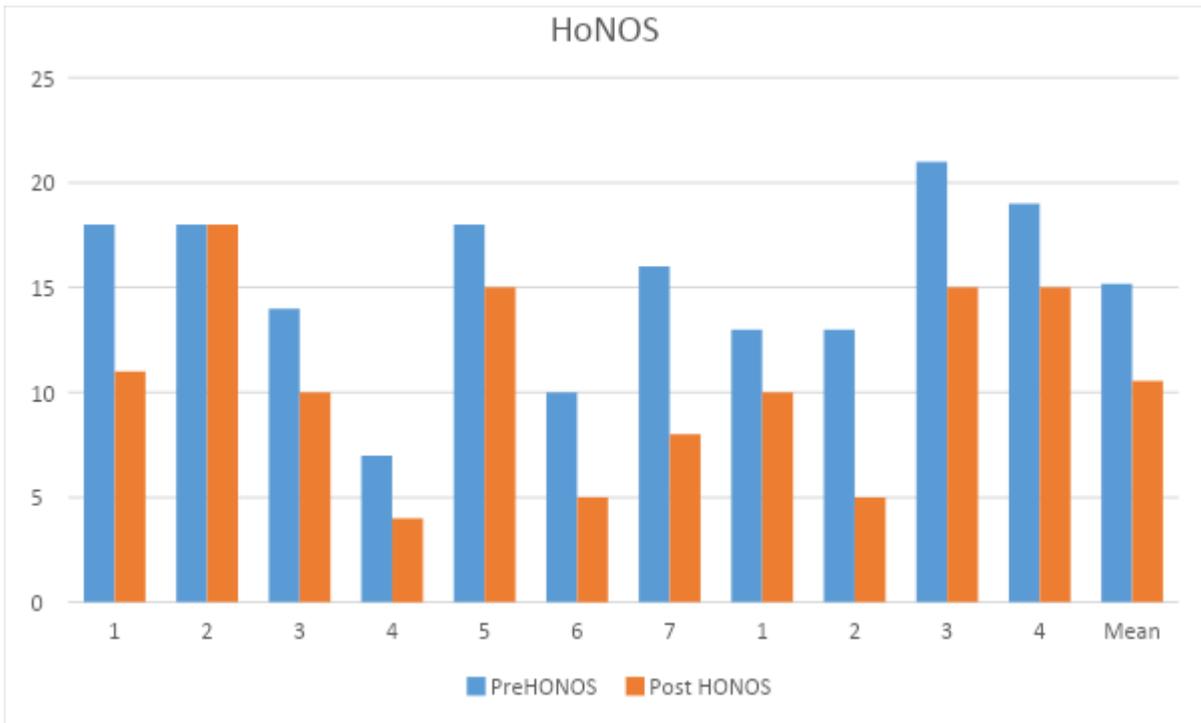


Figure 3. Pre and post scores on the HoNOS for each individual participant and overall mean.

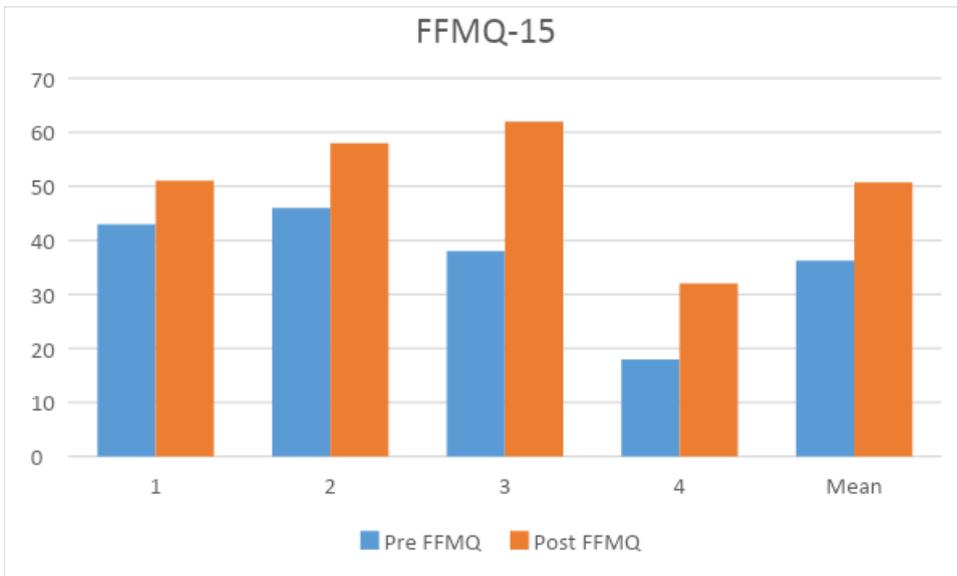


Figure 4. Pre and post scores on FFMQ-15 for the second group program – individual scores and overall mean.

As demonstrated in the results of all measures, the mean scores for all measures improved significantly. All individual scores also improved (to varying magnitudes).

Qualitative Feedback

Individual qualitative feedback was also collected from each participant in the last group session by way of a feedback questionnaire.

Participants all reported that the program met or exceeded their expectations (mean score of 4.6/5). When asked whether the program improved aspects of their health or wellbeing participants reported they all improved from “a fair bit” to “a lot” or more (mean score of 4.1/5).

When asked what specifically improved for participants there were clear themes of improving in general acceptance, but particularly acceptance of themselves and their emotions. Also improvement in capacity to be self-aware, less judgmental, being able to calm and support themselves, being less reactive and more in the moment.

In terms of what aspects of the program were most beneficial, the most helpful aspects were seen as the breathwork, sharing circle and connecting with others. The mindfulness practice and access to meditations and breathwork recordings was also mentioned.

Conclusion

The results of the outcome measures and self-reported qualitative feedback suggests that the new Rivendell Day Patient program, combining Mindfulness-Based Cognitive Therapy (MBCT) with Breathwork is effective and beneficial for this client group. The results suggest that participants have significant reductions in symptoms and significant perceived improvements in their general wellbeing.

Dr Sabrina Maeder

Principal Clinical Psychologist