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MINDFULNESS RESEARCH MONTHLY

INTERVENTIONS
Articles testing the applied science and implementation of mindfulness-based interventions


Tomasino, B., Fabbro, F. (2016). Increases in the right dorsolateral prefrontal cortex and decreases the rostral prefrontal cortex activation after 8 weeks of focused attention based mindfulness meditation. Brain and Cognition. [link]


**Associations**

Articles examining the correlates and mechanisms of mindfulness


**METHODS**

Articles developing empirical procedures to advance the measurement and methodology of mindfulness


**REVIEWS**

*Articles reviewing content areas of mindfulness or conducting meta-analyses of published research*


**TRIALS**

*Research studies newly funded by the National Institutes of Health (DEC 2015)*


University of California, San Francisco. (O. Tymofiyeva, PI). *A network approach to study brain plasticity in children with cognitive training.* NIH/NCCIH project #1R21AT009173-01. [link]

University of Texas MD Anderson (K. Milbury, PI). *Couple-based meditation program for patients with metastatic lung cancer and their partners.* NIH/NCI project #1R21CA191711-01A1. [link]
Highlights

A summary of select studies from the issue, providing a snapshot of some of the latest research

Infertility is a heartbreaking condition affecting approximately 6% of American married women. In vitro fertilization (IVF) is a voluntary fertility treatment that involves combining a sperm and egg outside of a woman’s body and implanting the resulting embryo in her uterus. IVF success rates vary widely depending on multiple factors including a woman’s age, general health status, and the specific IVF method used.

IVF can be emotionally and physically taxing due to the demands of the procedure and the uncertainty of success. There is currently a need to improve the quality of life of women undergoing this procedure. Li et al. [Behaviour Research and Therapy] investigated whether a mindfulness-based intervention can improve both the quality of life and pregnancy rates of women undergoing first-time IVF treatment.

The researchers assigned 108 women (average age = 30 years) seeking IVF at a Chinese medical center to either IVF plus a mindfulness-based intervention or IVF alone. Assignment was not random, but based on patient convenience in terms of time constraints and travel distance to the medical center. The six-week mindfulness program was a group-based intervention that was specifically tailored to IVF and infertility concerns and contained elements of MBSR, MBCT, Mindfulness-Based Childbirth and Parenting, and Acceptance and Commitment Therapy.

Participants completed self-report measures of mindfulness (the Five Facet Mindfulness Questionnaire), self-compassion, fertility quality of life, difficulties in emotional regulation, and infertility coping styles both at baseline and post-intervention.

Mindfulness and control participants did not differ in any of these self-report measures at baseline. Pregnancy status was assessed at six-months post-intervention.

Mindfulness participants showed significantly greater increases in self-reported levels of mindfulness (partial η²=0.10), self-compassion (partial η²=0.08), and quality of life (partial η²=0.07), and significantly greater decreases in emotional regulation difficulties (partial η²=0.06) compared to the control group. All of these between-group changes represented medium-sized treatment effects.

Mindfulness participants also significantly increased their reliance on meaning-based coping strategies (e.g., growing as a person) and decreased their reliance on avoidance-based coping strategies (e.g., avoiding pregnant women) to deal with thoughts and emotions related to IVF and infertility. Finally, at six months post-intervention, mindfulness participants were significantly more likely to have become pregnant (45%) than were controls (26%).

The study supports the use of a mindfulness-based intervention to improve indicators of quality of life, coping, and pregnancy rates in this sample of Chinese women undergoing first-time in vitro fertilization. However, the study is limited by its lack of randomization and its reliance on a treatment-as-usual control. The lack of an active placebo makes it hard to tell how much of the improvement is specifically due to mindfulness instruction and how much is due to general factors such as group social support and altered expectancies.
Alzheimer's Disease is a progressive neurodegenerative illness characterized by short-term memory loss, disorientation, and impairments in socialization, self-care and behavioral regulation. It is primarily a disease of old age and affects over 5,000,000 Americans. Medications are often prescribed to manage its symptoms, but no medication has been shown to halt or delay the progression of the disease.

Given the enormous personal, social, and economic consequences of this illness, researchers are actively seeking novel ways to slow and forestall its devastating effects. In a randomized clinical trial, Quintana-Hernández et al. [Journal of Alzheimer's Disease] compared the effectiveness of a Mindfulness-Based Alzheimer's Stimulation (MBAS) program in maintaining cognitive functioning in Alzheimer’s patients to that of two current non-pharmacological interventions for Alzheimer’s disease; namely, Progressive Muscle Relaxation (PMR) and Cognitive Stimulation Therapy (CST).

The researchers randomly assigned 168 Spanish-speaking men and women with Alzheimer’s Disease who were Canary Islands residents to one of four treatment groups: 1) Medication Alone, 2) MBAS+Medication, 3) PMR+Medication, or 4) CST+Medication. The medication was donepezil, a cholinesterase inhibitor that has a small beneficial effect on cognition in Alzheimer’s patients but does not slow or halt the progression of the disease. All of the non-pharmacological treatments were delivered three times weekly in 90-minute group sessions that continued over a two-year period.

MBAS was based on MBSR, Mindfulness-Based Elder Care, Kirtan Kriya technique, chair yoga, and multi-sensory stimulation. The MBAS patients’ caretakers also assisted the patients in brief moments of mindfulness during home practice.

The CST group employed visual imagery, errorless learning, spaced retrieval, encoding specificity, and external memory aids. The PMR group employed a standard 16 muscle group tensing and releasing sequence. Patient cognition was longitudinally assessed using the Mini-Mental State Examination (MMSE) and the Cambridge Cognitive Examination (CAMCOG) at baseline and at 6,12,18 and 24 months into the study.

MBAS and CST patients significantly preserved their cognitive functioning on the MMSE and CAMCOG better than those receiving medication alone, but MBAS and CST patients did not differ significantly from each other. MBAS patients also preserved their cognitive functioning on the MMSE significantly better than PMR patients. MBAS effect sizes were small for patients with moderate-to-severe disease (Cohen’s d < 0.20) but large for those with mild-to-moderate disease (Cohen’s d > 0.90). This study supports the equivalence of MBAS and CST and their superiority to medication alone and to medication plus PMR in limiting the rate of cognitive decline in patients with mild-to-moderately severe Alzheimer’s disease.
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**Categories:** Events & Conferences, Research & Education, Books & Media, and Employment & Volunteer

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<td><strong>Mindfulness &amp; Health Conference</strong></td>
<td><strong>Don't Try to Be Mindful</strong></td>
<td><strong>Meditators Needed</strong></td>
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<td>The first-ever State University of New York-funded mindfulness conference will be held on March 4th, 2016 at the University at Buffalo. This full-day event is designed to foster collaboration and initiate future research and education in the field of mindfulness statewide, and foster systems-level awareness. All faculty, staff, students, and practitioners, across the state and beyond, are welcome to join us for this groundbreaking event.</td>
<td>TEDx talk compares mindfulness practice to physical fitness to adjust expectations. Many who try mindfulness give up convinced they’re doing it wrong. It’s easy to confuse the practice with the potential outcomes and miss an opportunity to change the way we relate to discomfort.</td>
<td>If you are a meditator, US resident (18 and over), and work full time as a manager, director, or executive, please consider taking this 10-12 minute anonymous survey. The research purpose explores the relationship of meditation and health/motivational outcomes.</td>
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<td><strong>INFO:</strong> <a href="http://www.wnycollegeconnection.com/wny-contemplative-faculty-staff-group-conference">http://www.wnycollegeconnection.com/wny-contemplative-faculty-staff-group-conference</a></td>
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<td><strong>INFO:</strong> Complete the survey here: <a href="https://qaz1.az1.qualtrics.com/SE/?SID=SV_eaf3hBfcLrgLQ6F">https://qaz1.az1.qualtrics.com/SE/?SID=SV_eaf3hBfcLrgLQ6F</a></td>
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<td>Additional information can be provided by Jim Troyer, (251) 509-6626, <a href="mailto:cjamestroyer@capella.edu">cjamestroyer@capella.edu</a> Capella University doctoral candidate</td>
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| **New Book! Mindfulness for Teachers** |
| Based upon the author’s extensive experience as a mindfulness practitioner, teacher, teacher educator and scientist, this book offers valuable research-based information about how mindfulness can help teachers manage the stressful demands of the classroom, cultivate an exceptional learning environment, and revitalize teaching and learning. | **INFO:** [http://amzn.com/0393708071](http://amzn.com/0393708071) |

**Research & Education**

**No posts**