

Mindfulness, CBT, and the Internet: Pilot trial of a Mindfulness-Enhanced Internet-Delivered Program for Anxiety and Depression

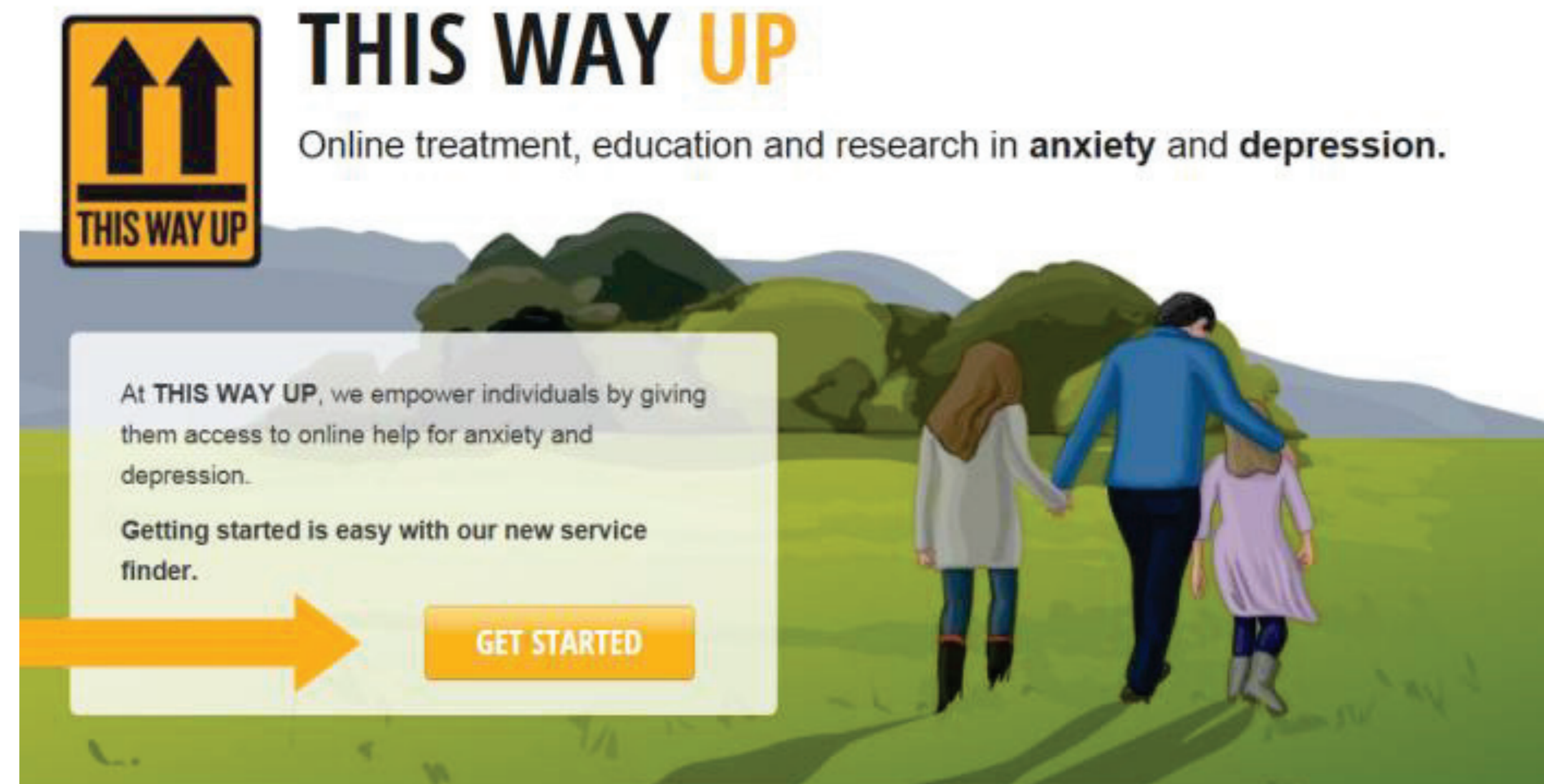
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INTRODUCTION



Guided, face-to-face mindfulness-based treatments are effective, but not always easily accessible. Preliminary evidence suggests that mindfulness may be learnt online, without extensive practitioner guidance. However, only one study to date investigated an unguided online mindfulness-based treatment in a clinically anxious sample (Boettcher et al., 2014). Further research into the effectiveness of guided mindfulness-based interventions in diverse clinical populations is needed. The effectiveness of such interventions when used alongside other evidence-based therapies like Cognitive Behavioural Therapy (CBT) also needs clarification.

We aimed to explore whether mindfulness skills can be effectively learnt online with minimal clinician guidance, and whether such skills can be effectively taught as part of an internet-delivered CBT (iCBT) for mixed anxiety and depression.

METHOD

We designed a 7-lesson integrated program, in which audio-based mindfulness exercises (on a CD), including mindful breathing, body scan, breathing space, mindful eating, and mindfulness of difficulty, were incorporated into a transdiagnostic CBT program for anxiety and depression, which included traditional techniques like behavioural activation, thought monitoring and challenging, structured problem-solving, exposure and relapse prevention (Newby et al., 2013).

Twelve participants (11F:1M, aged 20-66) diagnosed with an anxiety and/or depressive disorder using the M.I.N.I. 6.0 Neuropsychiatric Interview completed the program over a 12 week period. Their levels of distress (K10), depression (PHQ-9), anxiety (GAD-7), mindfulness (FFMQ) and well-being (WEMWBS) were monitored.

RESULTS

Paired samples t-tests were used to compare the means prior to and following the completion of the program. Seven participants completed the post-treatment questionnaires and were included in the analyses.

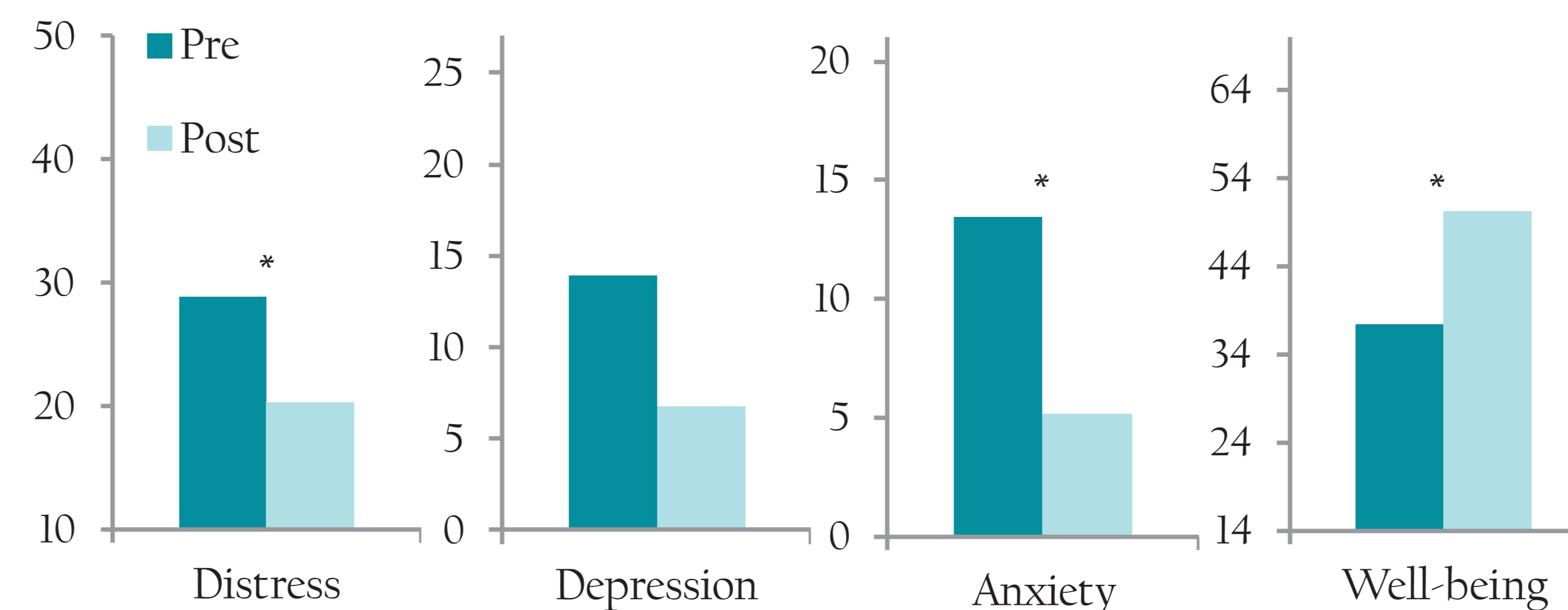


Figure 1. $*=p<.05$. Mean pre- and post- ratings showing significant reductions in levels of distress (K10, $p<.05$) and anxiety (GAD-7, $p<.05$); and a reduction in levels of depression (PHQ-9, $p=.062$), as well as a significant increase in well-being (WEMWBS, $p<.05$).

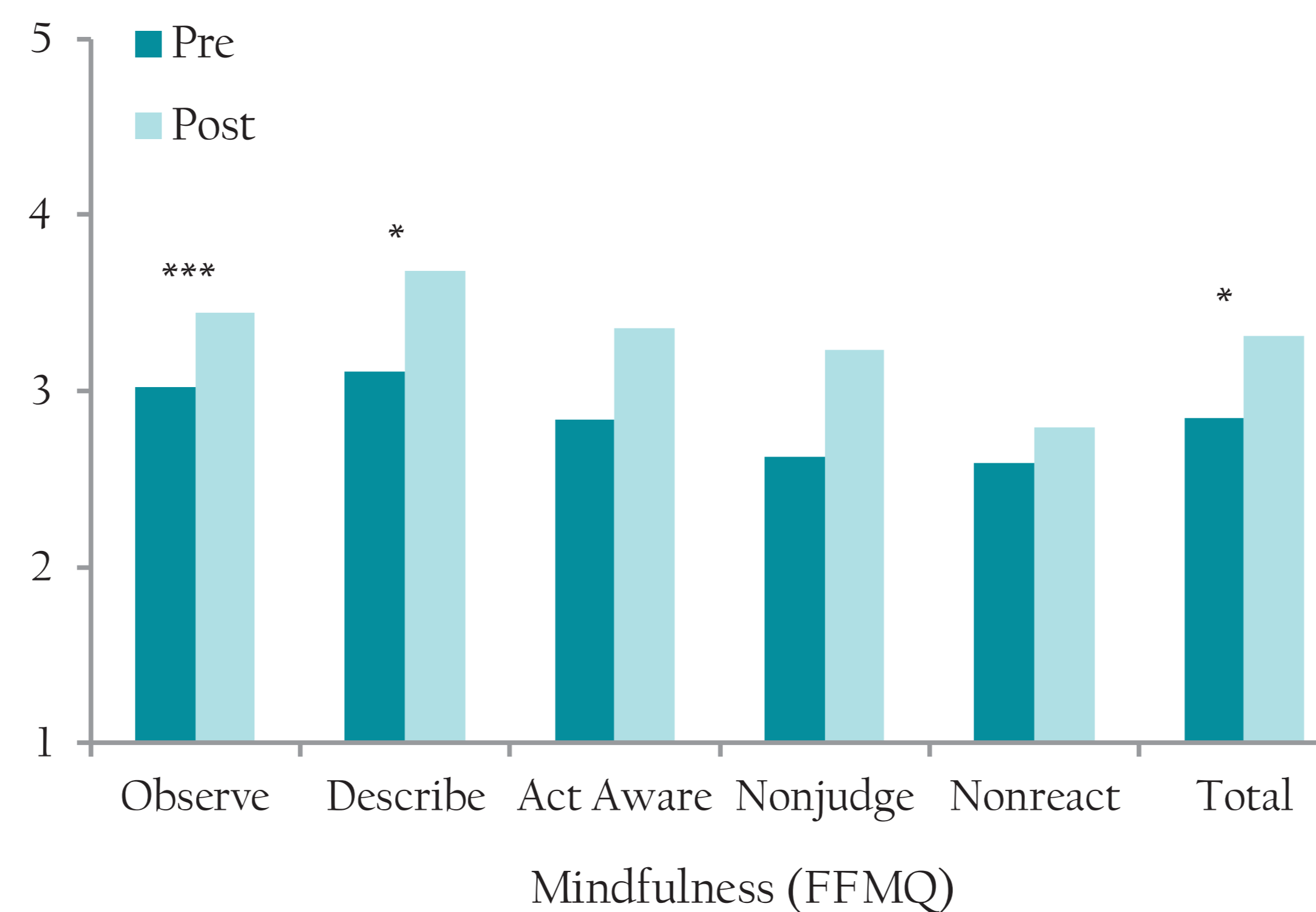


Figure 2. Mean pre- and post- rating of mindfulness, showing a significant increase in the 'observing' and 'describing' facets of mindfulness.

Overall, participants reported high levels of satisfaction with the program and spent on average three hours per week working through the lessons. Participants reported practicing mindfulness between 'several times per week' and 'multiple times per day' ranging between 5 minutes and 30 minutes of practice per occasion. Participants generally found mindfulness to be 'as helpful as other skills' taught ($n=3$), with the majority ($n=4$) finding it to be 'more helpful than other skills' taught, and one participant reporting it to be the 'most helpful' component of the program.

DISCUSSION

Previous research suggests that online mindfulness interventions can be effective in reducing levels of stress, anxiety, and depression in a general population (e.g., Cavanagh et al., 2013; Gluck & Maercker, 2011; Krusche et al., 2013), with only one study to date showing promising results with clinically anxious participants (Boettcher et al., 2014). Our findings suggest that self-guided mindfulness exercises can be effectively integrated into a standard cognitive behavioural intervention, and used in a clinical population with comorbid anxiety and depressive disorders.

Marked reduction in symptoms of distress, anxiety, and depression were observed, with scores on all three measures falling into non-clinical range following completion of the program. Improvements in mindfulness and well-being were also evident. Although the relative contribution of mindfulness versus cognitive-behavioural skills taught cannot be discerned from this study, our next aim is to conduct a randomized controlled trial comparing these interventions.

Overall, the preliminary results of this pilot trial suggest that integrating mindfulness into a traditional cognitive-behavioural intervention, and delivering it over the internet with minimal clinician guidance is not only feasible, but acceptable and valued by the participants.

SUMMARY

- Incorporating mindfulness instruction and exercises into a standard self-guided transdiagnostic CBT delivered over the internet appears to be feasible and acceptable to patients diagnosed with anxiety and/or depression.
- Mindfulness instruction delivered in the form of audio recordings and written guidelines could be effective in improving mindfulness skills and raising levels of mindfulness in participants.
- Next we will conduct a Randomized Controlled Trial to test the effectiveness of the integrated program compared with a pure iCBT and a pure mindfulness intervention, to establish the unique contribution of mindfulness to the reduction of anxiety and depressive symptoms.

