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**Mindfulness Research Paper: Proposed Application and Research for MBCT
Correctional Settings**

Neva Hagedorn

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Taught by Dr. Richard Sears

Union Institute & University

Mindfulness-based interventions have been shown to offer meaningful treatment alternatives for addressing a myriad of longstanding mental health concerns. While considerable research on mindfulness has been done in a variety of settings, there are many areas where mindfulness philosophy is less known or applied. One such area is the practice of mindfulness in working within the prison setting. Given the limited research available in this area of practice, arguably a proposed new application of mindfulness provides a meaningful opportunity to garner empirical evidence as to the efficacy of mindfulness practices within correctional settings. Throughout this paper, an outline of a proposed application for mindfulness will be introduced, including existing research in this area, and a hypothetical research proposal, which would provide the framework for contributing to the empirical data available on this topic.

The proposed application of mindfulness, Mindfulness-Based Cognitive Therapy (MBCT), is outlined as a mindfulness intervention well suited to be offered within a correctional facility. Given the prevalence of thought disorders, histories of substance abuse, and depressive symptoms, MBCT could provide an alternative approach to dealing with some of the incarcerated population's most difficult presenting issues. This less applied intervention in correctional settings is proposed herein to play a dual role as both a pilot project and a potential research project with the propensity to assist the field of psychology in determining the utility of such an approach within correctional settings.

For the pilot project, proposed selection for the participants of the MBCT class will be based on interest in class; availability of scheduling; referrals from correctional staff; and authorization to attend. Given the constraints of the correctional environment, the selection of subjects will most likely require facilitation through designated correctional program staff.

For the purpose of the proposed pilot project, 20 class participants are recommended. According to Segal et al., (2002), smaller classes can be more problematic because it too easily reverts to a therapy mode rather than a class mode" (p.86). In keeping with the Segal et al. (2002) model of MBCT, producing outlines including a theme and curriculum for each class assists in the facilitation of a well-prepared group experience.

One notable variation from the Segal et al., (2002) MBCT model when providing MBCT in a correctional setting is that many correctional facilities may not allow a therapist to provide any written literature or “handouts” to inmates. As such, it will be necessary for the therapist to know this information in advance of the class in order to develop a modification plan to accommodate for the utility of handouts. Class space must also be considered in this highly structured environment. Often class space is a limited resource in correction facilities. While the MBCT classes could be done in a traditional classroom if necessary, securing optimum space for walking, sitting, and developing a setting (space) as pleasant as possible may be helpful to class facilitation.

While Segal, et al. (2002) recommends follow-up of MBCT participants within the next year after the end of the last class, given the transient nature of inmates, this may provide a challenge for the practitioner to achieve. In terms of class duration, recommendations include following Segal et al.’s (2007) suggestions of facilitating eight weekly, 2-hour classes. Following the Segal et al. (2002) model for facilitating an MBCT class, with slight modifications based on the unique nature of the correctional setting, offers a viable framework for facilitating the pilot class.

According to Segal, et al. (2002) this MBCT class structure includes: Week 1-Automatic Pilot Summary; Week 2 – Dealing with Barriers; Week 3 – Mindfulness of Breath; Week 4 – Staying Present; Week 5 – Allowing/Letting Be; Week 6 – Thoughts are not Facts; Week 7 – How Can I best Take Care of Myself; and Week 8 – Using What’s Been Used to Deal with Future Moods.

Tying together research related to the issues of the incarcerated with research related to varying areas where mindfulness interventions have been known to be effective helps to develop a case for additional research exploring the efficacy of offering mindfulness-based strategies within correctional settings. While not specific to MBCT, there is research, albeit it limited, that discusses the implications of offering mindfulness-based interventions in correctional settings. Bowen, et al. (2006) conducted a research study, which included offering Vipassana Meditation (VM) in a correctional facility and found “participants in the (VM) course, as compared with those in a treatment-as-usual control condition, showed significant reductions in alcohol, marijuana, and crack cocaine use.”

According to Morgan, et al. (1999), “inmates may benefit from services that focus on helping them alter dysfunctional patterns”. Given the Bowen, et al. (2006) study findings that VM participants showed decreases in alcohol-related problems *and* psychiatric symptoms as well as increases in positive psychosocial outcomes with the participation in the VM group, this suggests mindfulness interventions may be a viable approach in assisting inmates in altering dysfunctional patterns.

Where research shows that a majority of severely mentally ill inmates meet criteria for alcohol disorders, drug disorders, or antisocial personality disorders (Abram & Teplin, 1991), the results of the Bowen, et al. (2006) study further suggests VM to be effective in treating drug and alcohol issues within correctional settings. Research suggests these co-disorders related to anti-social behaviors may be rooted in depression, and MBCT has been shown to help prevent depressive relapse. According to Kuyken, et al. (2008), “for people at risk of depressive relapse, mindfulness-based cognitive therapy (*MBCT*) has an additive benefit to usual care”.

According to findings in Washburn, et al. (2007), “Depressive symptoms in adolescence may manifest externally through antisocial behavior in emerging adulthood. Chronic symptoms of hopelessness, irritability, low self-esteem, and pessimism may contribute to a pattern of argumentativeness and interpersonal conflict. Impaired prosocial decision-making and coping skills associated with chronic depressive symptoms may further increase the risk for engaging in irresponsible behavior. Youths with depressive symptoms may be more willing than youths without depression to take risks and engage in self-destructive or reckless behavior than their peers” (Washburn, et al., 2007).

Hypothetically, if mentally ill and incarcerated individuals have histories of depressive episodes stemming from adolescence, as inferred by Washburn, et al. (2007), which later have the propensity to manifest in antisocial behaviors leading to criminal deviance, then research may help to determine the propensity for MBCT to be effective in treating the symptoms of those incarcerated and in addressing the underlying issues as well, resulting in improved treatment outcomes.

As far back as 1984 there is research available supporting paradoxical interventions within a prison setting. According to Chase, et al. (1984), “a majority of inmates fall into three categories: those with severe thought or affective disorders, those who are attempting to manipulate their environmental circumstances for

secondary gain, and inmates who have been management problems at other correctional institutions”.

Paradoxical interventions in the Chase, et al. (1984) study included placing the client in a therapeutic double bind wherein symptomatic behaviors come either under control or are dropped in defiance of the therapist. This research suggests MBCT has the proclivity to facilitate behavior change in clients within correctional settings by acting as a mindfulness paradoxical approach to treatment in these settings (e.g., turning toward feelings instead of pushing them away).

Research also shows a need to explore the broader expectations of psychologists in providing professional expertise beyond direct services when operating in correctional settings. According to Morgan et al. (1999), given psychologists’ expertise in therapeutic treatment, their skills may be helpful to improving the relationship between correctional staff and mental health staff. There is also a need for psychologists to incorporate group research into practices, including special attention to correctional facilities (Morgan, et al., 1999), suggesting opportunities to facilitate group research targeting mindfulness interventions such as MBCT within correctional settings.

Even amid support for future practice and research in offering mindfulness interventions within correction settings, providing mental health services in these settings brings about a propensity for ethical and professional conflicts important to anticipate prior to pursuing the work. “The primary role of mental health professionals as perceived by correctional administrators has evolved into that of applying their expertise and skills to custody matters” (Weinberger, & Sreenivasan, 1994). This perceptual role pulls the psychologist to consider the institution as the primary client rather than the individual(s) inmates served (Weinberger & Sreenivasan, 1994).

“As prisons have shifted away from providing adequate rehabilitative services to inmates, prisons have continued to employ psychologists in roles shifting away from rehabilitation and towards security and incapacitation of inmates” (Weinberger & Sreenivasan, 1994). While standards have been developed to offer psychologists guidelines in making this transition, insofar as sensitivity to both institution needs and

preservation of the therapeutic alliance, ethical and professional dilemmas continue to exist (Weinberger & Sreenivasan, 1994). As such, preparing for the organizational culture and structure of correctional settings may strengthen the research process and also help prepare the practitioner.

As I move from existing research to a hypothetical research proposal, there is a specific social justice component identified which calls for more focused research consideration. In the study by Abram & Teplin (1991), "African Americans were identified as more likely to have additional disorders than were severely ill Euro-Americans, suggesting that codisordered African American persons may have particular difficulty finding suitable treatment prior to incarceration, thus resulting in incarceration." This disparity illuminates a potential (if not probable) social justice issue to be researched further.

The following hypothetical research proposal has been developed in order to test the efficacy of offering MBCT in a correctional setting, grounded in the following hypothesis: if individuals who are incarcerated and have demonstrated psychiatric symptoms are provided with MBCT then their psychiatric symptoms will decrease and they will report improved self-satisfaction and awareness of increased adaptive coping mechanisms resulting in less depressive or psychotic events, prison incidents, and behavioral problems while incarcerated.

Recommended study participants include 20 inmates randomly selected, with a control group of 20 inmates randomly selected. The population recommendation includes adult incarcerated males between the ages of 18 and 65. Proposed tests and measures include, at minimum, pre and post-tests; professional observation; and quantitative data collection regarding attendance, punctuality, and administrative removal(s). Proposed methods include subject selection within a designated correctional facility, chosen based on voluntary participation and compared with those not participating in the class. Recommended proposed eligibility for participation limited to the participant's incarceration status (active) and voluntary participation. It would be recommended that subjects maintain all other previously regularly scheduled activities in addition to the MBCT class.

The proposed research study evaluative components include capturing verbal feedback at the onset, during, and after the MBCT class for qualitative research purposes. Behavioral observations will also be helpful for qualitative purposes. In addition to qualitative data collection, quantitative data will be important to collect as well, including attendance and punctuality, and completion of assigned homework. Also important to note will be any correctional administrative requirements, which result in participants missing classes or dropping out. Measurements for the study should be administered via self-report, questionnaires, and professional observation at baseline, during, and at end of class. Information including age, ethnic background, education level, employment history, and current religious practices should also be obtained for research purposes.

Building on the existing research related to the utility of mindfulness interventions assists in developing evidence-based practices for new or less applied clinical settings and offers future practitioners improved treatment intervention options for addressing complex mental health issues. Already, MBSR and MBCT “have both shown effectiveness in studies to warrant those approaches being recognized as an evidenced-based treatment approach”, according to studies presented by Denton & Sears (2009, p. 137). Bowen et al. (2006) suggests future research to investigate whether or not other mindfulness interventions, besides VM, yield similar results as to the findings in the Bowen, et al. (2006) study. According to Morgan et al. (1999), given the economic benefits and the lack of data to suggest individual psychotherapy is superior to group psychotherapy services with male inmates, increased attention should be placed on group methods.” Arguably, mindfulness-based interventions offer a refreshingly progressive approach to addressing a serious social issue – the mental health needs of the incarcerated.

References

- Abram, K. & Teplin, L. (1991). Co-occurring disorders among mentally ill jail detainees: Implications for public policy. *American Psychologist*, 46 (10), 1036-1045.
- Bowen, S., Witkiewitz, K., Dillworth, T., Chawla, N., Simpson, T., Ostafin, B., Larimer, M., Blume, A., Parks, G., Marlatt, G. (2006) Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors*, 20, 3.
- Chase, J., Shea, S., & Dougherty, F. (1984). The use of paradoxical interventions within a prison psychiatric facility. *Psychotherapy*, 21 (2).
- Denton, R., & Sears, R. (2009). The clinical uses of mindfulness. In J. Allen, E. Wolf, & L. VandeCreek, (Eds.), *Innovations in clinical practice* (pp. 135-148). Sarasota, FL: Professional Resource Press.
- Kuyken, W., Byford, S., Taylor, R., Watkins, E., Holden, E., White, K., Barrett, B., Byng, R., Evans, A., Mullan, E., & Teasdale, J. (2008). Mindfulness-based cognitive therapy to prevent relapse in recurrent depression. *Journal of Consulting and Clinical Psychology*, 76(6), 966-978.
- Morgan, R., Winterowd, C., & Ferrell, S. (1999). A national survey of group psychotherapy services in correctional facilities. *Professional Psychology: Research and Practice*, 30(6), 600-606.
- Segal, Z., Williams, J. M. G., & Teasdale, J. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.
- Segal, Z., Williams, J. M. G., & Teasdale, J. (2007) Title of Document: Welcome to www.mbct.com – Your guide to Mindfulness-Based Cognitive Therapy. Retrieved July 4th, 2009 from <http://www.mbct.com/Index.htm>.
- Washburn, J., Romero, E., Welty, L., Abram, K., Teplin, L., McClelland, G., Paskar, L. (2007). Development of antisocial personality disorder in detained youths: The predictive value of mental disorders. *Journal of Consulting and Clinical Psychology*, 75 (2), 221-231.
- Weinberger, L. & Sreenivasan, S. (1994) Ethical and professional conflicts in correctional psychology. *Professional Psychology: Research and Practice*, 25 (2), 161-167.