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“An Introduction to Mindfulness Meditation”

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An Introduction to Mindfulness Meditation

1 CEU Credit Hour (FREE!)

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Course Description:

This course provides an overview of Mindfulness Meditation techniques, its variations, uses and proven research outcomes for impacting a wide spectram of clients, both physically and emotionally.

Course Objectives:

At the conclusion of this course, the professional will be able to:

- 1) Understand the terms of four common mindfulness meditation methods
- 2) Identify key research outcomes promoting the efficacy of meditation
- 3) Discuss the many treatment uses for mindfulness meditation techniques

Purpose of this course:

The primary purpose of this course is to present an overview of mindfulness meditation approaches to mental health counselors, nursing staff, social workers and allied health professionals for a broader understanding of the practical treatment uses of these techniques with both medical and psychological clients.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the course materials (this document)

Part 3: Administration and Completion of the Evaluation of Learning Quiz

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1 Clock Hours / CE Credits

If you ever have any questions concerning this course, please do not hesitate to contact **PeachTree at (800) 390-9536.**



Your instructor is **Richard K. Nongard**,
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An Introduction to Mindfulness Meditation

Greetings!

I am Richard Nongard and I would first like to thank you for participating in this 1-hour free CEU course from PeachTree Professional Education and FastCEUs.com.

As word of its effectiveness gains more attention, Mindfulness Meditation and its related approaches are quickly becoming more and more prominent in the mental health counseling and social work field, and our office has received many phone calls asking, What is MBSR? and How can I learn more about it? This course is designed to give you a little overview of the methodology as well as encouragement to learn more about this practical, proven treatment modality.

I began doing meditation with my clients early on in my career. I have a background and degrees in both ministry and counseling, and so from my own personal religious traditions I was familiar with meditation and the benefits, and the feelings of peace that meditation can bring personally.

At one of my first jobs in inpatient psychiatry, in a secular treatment setting, I was taught a technique by the 'blue haired' ladies on the floor, which was derived from the principles of Autogenic Training, or AT, to help my clients take physical control of their bodies, so that they would be able to externalize their emotions, thoughts and social interactions in a healthy and positive way.

Now, Autogenic Training may sound like a fancy term, but really it simply means 'from within.' Learning autogenic training techniques equipped me with skills to teach my clients - apart from or in conjunction with talk or medication therapy - to help them solve problems.

At the same time that I was enjoying these new experiences at work, clinical research was going on analyzing the use of Mindfulness-Based Meditation (MBM) techniques for pain management and in other areas of both behavioral and psychological medicine.

The basic concept of Mindfulness Meditation is an ancient Buddhist principle. One, of course, does not have to be a Buddhist to use the meditation techniques of mindfulness, and the idea behind MBM or Mindfulness-Based Stress Reduction (MBSR) is simply to teach the concepts of mindfulness to clients, so that they can use the skills to pay more attention to life, in a particular, positive way.

Gestalt therapy talked about being 'in the now,' and MBSR is a technique that teaches the concepts of acceptance and experience - in the now - nonjudgementally, in a way that can help them to see things from a new perspective, taking new courses of action, that are healthy to themselves and others.

In the current era of managed care, third-party payers and limited time and resources, we are all looking for methods of therapy to impact clients that have been proven in clinical trials, with outcomes based on clinical research.

Over the last 50 years or so, the techniques of various approaches to meditation have been studied, researched and documented - in religious, secular and medical settings - and the evidence shows positive clinical outcomes, again and again and again.

There are four primary therapeutic modalities at this time that use mindfulness as a core guiding principle to help clients be successful in medical and behavioral health settings. These include:

- **Mindfulness-Based Stress Reduction (MBSR)**, which was originally studied and began as a technique using the principles of Mindfulness-Based Meditation to help people experience relief in pain management settings.
- **Dialectical Behavioral Therapy (DBT)** is one of the most researched and most effective treatments for the Borderline Personality Disordered individual and the para-suicidal individual. It is used successfully with adults, teens, suicidal clients, self-mutilators and even the most difficult or challenging of clients in psychiatric settings.
- **Acceptance and Commitment Therapy (ACT)** has been proven in randomized clinical trials to be a successful method for positively impacting clients who experience social anxiety and other anxiety-related disorders.
- **Mindfulness-Based Cognitive Therapy (MBCT)**, applied to both children and adults, has been used to treat a wide range of social and emotional stressors.

Let us now explore the concept of meditation a little more thoroughly with an overview extracted from the NIH - National Institute of Health's NCCAM division, the National Center for Complementary and Alternative Medicine:

The term *meditation* refers to a variety of techniques or practices intended to focus or control attention. Most of them are rooted in Eastern religious or spiritual traditions. These techniques have been used by many different cultures throughout the world for thousands of years.

Today, many people use meditation outside of its traditional religious or cultural settings as a form of mind-body medicine. Many claims have been made about its value in promoting or improving health and wellness. Research on these claims, as well as on how meditation might work, is important for NCCAM and other components of the National Institutes of Health (NIH).

Introduction

Meditation is a mind-body practice in complementary and alternative medicine (CAM). There are many types of meditation, most of which originated in ancient religious and spiritual traditions. Generally, a person who is meditating uses certain techniques, such as a specific posture, focused attention, and an open attitude toward distractions. Meditation may be practiced for many reasons, such as to increase calmness and physical relaxation, to improve psychological balance, to cope with illness, or to enhance overall wellness.

The following information provides a general introduction to meditation and suggests some resources for more information.

Overview

The term *meditation* refers to a group of techniques, such as mantra meditation, relaxation response, mindfulness meditation, and Zen Buddhist meditation. These techniques have been used by many different cultures throughout the world for thousands of years. Today, many people use meditation outside of its traditional religious or cultural settings, for health and wellness purposes.

In meditation, a person learns to focus attention. Some forms of meditation instruct the practitioner to become mindful of thoughts, feelings, and sensations and to observe them in a nonjudgmental way. This practice is believed to result in a state of greater calmness and physical relaxation, and psychological balance. Practicing meditation can change how a person relates to the flow of emotions and thoughts in the mind.

Most types of meditation have four elements in common:

- **A quiet location.** Meditation is usually practiced in a quiet place with as few distractions as possible. This can be particularly helpful for beginners.
- **A specific, comfortable posture.** Depending on the type being practiced, meditation can be done while sitting, lying down, standing, walking, or in other positions.
- **A focus of attention.** Focusing one's attention is usually a part of meditation. For example, the meditator may focus on a mantra (a specially chosen word or set of words), an object, or the sensations of the breath. Some forms of meditation involve paying attention to whatever is the dominant content of consciousness.
- **An open attitude.** Having an open attitude during meditation means letting distractions come and go naturally without judging them. When the attention goes to distracting or wandering thoughts, they are not suppressed; instead, the meditator gently brings attention back to the focus. In some types of meditation, the meditator learns to "observe" thoughts and emotions while meditating.

Meditation used as CAM is a type of mind-body medicine. Generally, mind-body medicine focuses on:

- The interactions among the brain/mind, the rest of the body, and behavior.
- The ways in which emotional, mental, social, spiritual, and behavioral factors can directly affect health.

Uses of Meditation for Health in the United States

A 2007 national Government survey that asked about CAM use in a sample of 23,393 U.S. adults found that 9.4 percent of respondents (representing more than 20 million people) had used meditation in the past 12 months—compared with 7.6 percent of respondents (representing more than 15 million people) in a similar survey conducted in 2002.

The 2007 survey also asked about CAM use in a sample of 9,417 children; 1 percent (representing 725,000 children) had used meditation in the past 12 months.

People use meditation for various health problems, such as:

- **Anxiety**
- **Pain**
- **Depression**
- **Stress**
- **Insomnia**
- **Physical or emotional symptoms that may be associated with chronic illnesses (such as heart disease, HIV/AIDS, and cancer) and their treatment.**
- **Overall wellness.**

Examples of Meditation Practices

Mindfulness meditation is a common form of meditation. NCCAM-sponsored research projects are studying both of these types of meditation.

In one common form of mindfulness meditation, the meditator is taught to bring attention to the sensation of the flow of the breath in and out of the body. The meditator learns to focus attention on what is being experienced, without reacting to or judging that experience. This is seen as helping the meditator learn to experience thoughts and emotions in normal daily life with greater balance and acceptance.

How Meditation Might Work

Practicing meditation has been shown to induce some changes in the body. By learning more about what goes on in the body during meditation, researchers hope to be able to identify diseases or conditions for which meditation might be useful.

Some types of meditation might work by affecting the autonomic (involuntary) nervous system. This system regulates many organs and muscles, controlling functions such as the heartbeat, sweating, breathing, and digestion.

It has two major parts:

- The **sympathetic nervous system** helps mobilize the body for action. When a person is under stress, it produces the "fight-or-flight response": the heart rate and breathing rate go up and blood vessels narrow (restricting the flow of blood).
- The **parasympathetic nervous system** causes the heart rate and breathing rate to slow down, the blood vessels to dilate (improving blood flow), and digestive juices to increase.

It is thought that some types of meditation might work by reducing activity in the sympathetic nervous system and increasing activity in the parasympathetic nervous system.

In one area of research, scientists are using sophisticated tools to determine whether meditation is associated with significant changes in brain function. A number of researchers believe that these changes account for many of meditation's effects.

It is also possible that practicing meditation may work by improving the mind's ability to pay attention. Since attention is involved in performing everyday tasks and regulating mood, meditation might lead to other benefits.

A 2007 NCCAM-funded review of the scientific literature found some evidence suggesting that meditation is associated with potentially beneficial health effects. However, the overall evidence was inconclusive. The reviewers concluded that future research needs to be more rigorous before firm conclusions can be drawn.

Side Effects and Risks

Meditation is considered to be safe for healthy people. There have been rare reports that meditation could cause or worsen symptoms in people who have certain psychiatric problems, but this question has not been fully researched. People with physical limitations may not be able to participate in certain meditative practices involving physical movement. Individuals with existing mental or physical health conditions should speak with their health care providers prior to starting a meditative practice and make their meditation instructor aware of their condition.

If You Are Thinking About Using Meditation Practices

- Do not use meditation as a replacement for conventional care or as a reason to postpone seeing a doctor about a medical problem.
- Ask about the training and experience of the meditation instructor you are considering.
- Look for published research studies on meditation for the health condition in which you are interested.
- Tell your health care providers about any complementary and alternative practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care.

NCCAM-Supported Research

Some recent NCCAM-supported studies have been investigating meditation for:

- Relieving stress in caregivers for elderly patients with dementia
- Reducing the frequency and intensity of hot flashes in menopausal women
- Relieving symptoms of chronic back pain
- Improving attention-related abilities (alerting, focusing, and prioritizing)
- Relieving asthma symptoms.

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<http://nccam.nih.gov/health/meditation/overview.htm>

And now here are some research study excerpts, articles and abstracts on the benefits of meditation:

Meditation May Increase Empathy

Previous brain studies have shown that when a person witnesses someone else in an emotional state—such as disgust or pain—similar activity is seen in both people's brains. This shows a physiological base for empathy, defined as the ability to understand and share another person's experience. Now research at the University of Wisconsin has used advanced brain images (fMRI, functional magnetic resonance imaging) to show that compassion meditation—a specific form of Buddhist meditation—may increase the human capacity for empathy.

In the study, researchers compared brain activity in meditation experts with that of subjects just learning the technique (16 in each group). They measured brain activity, during meditation and at rest, in response to sounds—a woman in distress, a baby laughing, and a busy restaurant—designed to evoke a negative, positive, or neutral emotional response.

The researchers found that both the novice and the expert meditators showed an increased empathy reaction when in a meditative state. However, the expert meditators showed a much greater reaction, especially to the negative sound, which may indicate a greater capacity for empathy as a result of their extensive meditation training.

An increased capacity for empathy, the authors say, may have clinical and social importance. The next step, they add, is to investigate whether compassion meditation results in more altruistic behavior or other changes in social interaction.

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Meditation May Make Information Processing In the Brain More Efficient

"Attentional-blink" occurs when two pieces of information are presented to a person in very close succession, and the brain doesn't perceive the second piece of information because it is still processing the first. Richard Davidson and colleagues attempted to determine if intensive mental training through meditation could extend the brain's limits on information processing, reducing "attentional-blink."

The researchers compared two groups of people—17 expert meditators and 23 novices—to see if either was better at recognizing two pieces of information shown in quick succession.

The participants were tested at the beginning and end of a 3-month period. For the intervening 3 months, the meditation practitioners participated in a retreat, during which they meditated for 10-12 hours a day. The novices participated in a 1-hour meditation class, and were asked to meditate for 20 minutes a day for the week before each test.

The researchers found that intensive training did reduce "attentional-blink." The participants who had gone through the mental training were more likely to perceive both pieces of information instead of just the first because the brain used fewer resources to detect the first piece of information—leaving more resources available to detect the second. The researchers also note that this study supports the idea that brain plasticity, or the ability of the brain to adapt, exists throughout life.

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The benefits of meditation practice in the correctional setting.

Author(s): Sumter MT, Monk-Turner E, Turner C

Departments of Sociology and Criminal Justice, Old Dominion University, Norfolk, Virginia.

Source: *J Correct Health Care* 2009 Jan; 15(1):47-57.

http://www.unboundmedicine.com/medline/ebm/journal/J_Correct_Health_Care

Pub Type(s)Journal Article - PubMed ID19477811

Abstract: This research examined the impact of a structured meditation program intervention on female detainees, comparing an experimental group and a control group for medical symptoms, emotions, and behaviors before and after the intervention. A 2 1/2-hour meditation session was held once a week for 7 weeks. Study participants completed a medical symptoms checklist before the program began and after it ended.

At the posttest period, the experimental group experienced fewer sleeping difficulties, less desire to throw things or hit people, and less nail or cuticle biting; were more hopeful about their future; and felt less guilt. Meditation was beneficial for this population and may be a cost-effective tool for inmates and administrators. Meditation effects, especially among inmates, merit further research attention.

"I Felt Like a New Person." The Effects of Mindfulness Meditation on Older Adults With Chronic Pain: Qualitative Narrative Analysis of Diary Entries.

Author(s): Morone NE, Lynch CS, Greco CM, Tindle HA, Weiner DK

Department of Medicine, Division of General Internal Medicine, Pittsburgh, Pennsylvania.

Source: J Pain 2008 Jun 10.

http://www.unboundmedicine.com/medline/ebm/journal/J_Pain

Pub Type(s) JOURNAL ARTICLE - PubMed ID18550444

Abstract: To identify the effects of mindfulness meditation on older adults with chronic low back pain (CLBP), we conducted a qualitative study based on grounded theory and used content analysis of diary entries from older adults who had participated in a clinical trial of an 8-week mindfulness meditation program. Participants were 27 adults ≥ 65 years of age with CLBP of at least moderate severity and of at least 3 months duration. We found several themes reflecting the beneficial effects of mindfulness meditation on pain, attention, sleep, and achieving well-being. Various methods of pain reduction were used, including distraction, increased body awareness leading to behavior change, better pain coping, and direct pain reduction through meditation. Participants described improved attention skills. A number of participants reported improved sleep latency as well as quality of sleep. Participants described achieving well-being during and after a meditation session that had immediate effects on mood elevation but also long-term global effects on improved quality of life. Several themes were identified related to pain reduction, improved attention, improved sleep, and achieving well-being resulting from mindfulness meditation that suggest it has promising potential as a nonpharmacologic treatment of chronic pain for older adults.

PERSPECTIVE: Community-dwelling older adults with chronic low back pain experience numerous benefits from mindfulness meditation including less pain, improved attention, better sleep, enhanced well-being, and improved quality of life. Additional research is needed to determine how mindfulness meditation works and how it might help with other chronic illnesses.

Randomized, controlled trial of breath therapy for patients with chronic low-back pain.

Author(s): Mehling WE, Hamel KA, Acree M, Byl N, Hecht FM

Osher Center for Integrative Medicine, Department of Family and Community Medicine, University of California, San Francisco, USA.

Source: Altern Ther Health Med 2005 Jul-Aug; 11(4):44-52.MeSH

http://www.unboundmedicine.com/medline/ebm/journal/Altern_Ther_Health_Med

Pub Type(s)Clinical Trial, Journal Article, Randomized Controlled Trial, PubMed ID16053121

Abstract:

CONTEXT: Patients suffering from chronic low back pain (cLBP) are often unsatisfied with conventional medical care and seek alternative therapies. Many mind-body techniques are said to help patients with low back pain by enhancing body awareness, which includes proprioception deficit in cLBP, but have not been rigorously studied in cLBP. Breath therapy is a western mind-body therapy integrating body awareness, breathing, meditation, and movement. Preliminary data suggest benefits from breath therapy for proprioception and low back pain.

OBJECTIVE: To assess the effect of breath therapy on cLBP.

DESIGN: Randomized, controlled trial.

SETTING: Academic medical center.

PARTICIPANTS: Thirty-six patients with cLBP.

INTERVENTIONS: Six to eight weeks (12 sessions) of breath therapy versus physical therapy.

MAIN OUTCOME MEASURES: Pain by visual analog scale (VAS), function by Roland Scale, overall health by Short Form 36 (SF-36) at baseline, six to eight weeks, and six months. Balance as a potential surrogate for proprioception and body-awareness measured at the beginning and end of treatment.

RESULTS: Pre- to post-intervention, patients in both groups improved in pain (VAS: -2.7 with breath therapy, -2.4 with physical therapy; SF-36: +14.9 with breath therapy and +21.0 with physical therapy). Breath therapy recipients improved in function (Roland: -4.8) and in the physical and emotional role (SF-36: +15.5 and 14.3). Physical therapy recipients improved in vitality (SF-36: +15.0). Average improvements were not different between groups. At six to eight weeks, results showed a trend favoring breath therapy; at six-months, a trend favoring physical therapy. Balance measures showed no improvements and no correlations with other outcomes.

CONCLUSIONS: Patients suffering from cLBP improved significantly with breath therapy. Changes in standard low back pain measures of pain and disability were comparable to those resulting from high-quality, extended physical therapy. Breath therapy was safe. Qualitative data suggested improved coping skills and new insight into the effect of stress on the body as a result of breath therapy. Balance measures did not seem to be valid measures of clinical change in patients' cLBP.

Nurse leader mindfulness meditation program for stress management: a randomized controlled trial.

Author(s): Pipe TB, Bortz JJ, Dueck A, Pendergast D, Buchda V, Summers J

Department of Psychiatry/Psychology, Section of Biostatistics, Division of Nursing, Mayo Clinic Arizona, Mayo Clinic Hospital, 5777 E Mayo Blvd., Phoenix, AZ 85054, USA.

Source: J Nurs Adm 2009 Mar; 39(3):130-7.

http://www.unboundmedicine.com/medline/ebm/journal/J_Nurs_Ad

Pub Type(s)Journal Article - Research Support, Non-U.S. Gov't - PubMed ID19590469

Abstract:

OBJECTIVE: The aim of this study was to rigorously evaluate a brief stress management intervention for nurse leaders.

BACKGROUND: Despite the nursing shortage, evidence-based workplace approaches addressing nurse stress have not been well studied.

METHODS: Nurse leaders (n = 33) were randomly assigned to brief mindfulness meditation course (MMC) or leadership course (control). Self-report measures of stress were administered at baseline and within 1 week of course completion.

RESULTS: Among MMC participants, change scores (from baseline to postintervention) on several subscales of the Symptom Checklist 90-Revised showed significantly more improvement in self-reported stress symptoms relative to controls. Mindfulness meditation course participants had significantly more improvement in Positive Symptom Distress Index (P = 0.010; confidence interval [CI] = -0.483 to -0.073) and Global Severity Index (P = 0.019; CI = -0.475 to -0.046) and nearly significantly more improvement in Positive Symptom Total (P = 0.066; CI = -16.66 to 0.581) compared with controls.

CONCLUSION: Results support preliminary effectiveness of a 4-week MMC in reducing self-reported stress symptoms among nursing leaders.

Do improvements in emotional distress correlate with becoming more mindful? A study of older adults.

Author(s): Splevins K, Smith A, Simpson J

Lancaster University, Institute of Health Research, Lancaster LA1 4YT, UK.

Source: Aging Ment Health 2009 May; 13(3):328-35.

http://www.unboundmedicine.com/medline/ebm/journal/Aging_Ment_Health

Pub Type(s)Journal Article - PubMed ID19484596

Abstract:

Objectives: The study aimed (1) to investigate changes in older adults' emotional wellbeing (specifically depression, anxiety and stress levels) and mindful ability following a mindfulness-based cognitive therapy (MBCT) course; (2) to explore correlations between mindfulness (measured as an overall ability and as individual components; observe, describe, act with awareness and accept without judgement) and changes in depression, anxiety and stress levels.

Method: Twenty-two participants took an eight-week MBCT course. Levels of depression, anxiety and stress were recorded pre- and post-intervention, as was mindfulness ability (measured both as an overall ability and as individual components).

Results: Significant improvements in emotional wellbeing and mindfulness were reported post-MBCT, with large to moderate effect sizes. Increased mindfulness was moderately and significantly associated with improved emotional wellbeing. Increases on all four components of mindfulness were positively associated with greater emotional wellbeing, however only act with awareness and accept without judgement were significantly correlated (with reduced depression). Older adults in our sample reported higher scores on observe and act with awareness than other populations.

Conclusion: This study adds to a growing evidence-base indicating the efficacy of MBCT for depression, anxiety and stress, and extends these finding to older adults. This study found older adults to have elevated levels of certain facets of mindfulness and recommendations are made for researching the possibility that mindfulness may be an extension of the developmental process.

Central and autonomic nervous system interaction is altered by short-term meditation.

Author(s): Tang YY, Ma Y, Fan Y, Feng H, Wang J, Feng S, Lu Q, Hu B, Lin Y, Li J, Zhang Y, Wang Y, Zhou L, Fan M

Institute of Neuroinformatics and Laboratory for Body and Mind, Dalian University of Technology, Dalian 116024, China.

Source: Proc Natl Acad Sci U S A 2009 Jun 2; 106(22):8865-70.MeSH

http://www.unboundmedicine.com/medline/ebm/journal/Proc_Natl_Acad_Sci_U_S_A

Pub Type(s)Journal Article - Research Support, Non-U.S. Gov't - PubMed ID19451642

Abstract:

Five days of integrative body-mind training (IBMT) improves attention and self-regulation in comparison with the same amount of relaxation training. This paper explores the underlying mechanisms of this finding. We measured the physiological and brain changes at rest before, during, and after 5 days of IBMT and relaxation training.

During and after training, the IBMT group showed significantly better physiological reactions in heart rate, respiratory amplitude and rate, and skin conductance response (SCR) than the relaxation control. Differences in heart rate variability (HRV) and EEG power suggested greater involvement of the autonomic nervous system (ANS) in the IBMT group during and after training. Imaging data demonstrated stronger subgenual and adjacent ventral anterior cingulate cortex (ACC) activity in the IBMT group. Frontal midline ACC theta was correlated with high-frequency HRV, suggesting control by the ACC over parasympathetic activity.

These results indicate that after 5 days of training, the IBMT group shows better regulation of the ANS by a ventral midfrontal brain system than does the relaxation group. This changed state probably reflects training in the coordination of body and mind given in the IBMT but not in the control group. These results could be useful in the design of further specific interventions.

Treating children traumatized by war and Tsunami: A comparison between exposure therapy and meditation-relaxation in North-East Sri Lanka.

Author(s): Catani C, Kohiladevy M, Ruf M, Schauer E, Elbert T, Neuner F

Source: BMC Psychiatry 2009 May 13; 9(1):22.

http://www.unboundmedicine.com/medline/ebm/journal/BMC_Psychiatry

Pub Type(s) JOURNAL ARTICLE - PubMed ID19439099

Abstract:

BACKGROUND: The North-Eastern part of Sri Lanka had already been affected by civil war when the 2004 Tsunami wave hit the region, leading to high rates of posttraumatic stress disorder (PTSD) in children. In the acute aftermath of the Tsunami we tested the efficacy of two pragmatic short-term interventions when applied by trained local counselors.

METHODS: A randomized treatment comparison was implemented in a refugee camp in a severely affected community. 31 children who presented with a preliminary diagnosis of PTSD were randomly assigned either to six sessions Narrative Exposure Therapy for children (KIDNET) or six sessions of meditation-relaxation (MED-RELAX). Outcome measures included severity of PTSD symptoms, level of functioning and physical health.

RESULTS: In both treatment conditions, PTSD symptoms and impairment in functioning were significantly reduced at one month post-test and remained stable over time. At 6 months follow-up, recovery rates were 81% for the children in the KIDNET group and 71% for those in the MED-RELAX group. There was no significant difference between the two therapy groups in any outcome measure.

CONCLUSIONS: As recovery rates in the treatment groups exceeded the expected rates of natural recovery, the study provides preliminary evidence for the effectiveness of NET as well as meditation-relaxation techniques when carried out by trained local counselors for the treatment of PTSD in children in the direct aftermath of mass disasters. Trial registration: ClinicalTrials.gov Identifier:NCT00820391.

Zen Meditation: An Integration of Current Evidence.

Author(s): Chiesa A

Institute of Psychiatry, University of Bologna , Bologna, Italy.

Source: J Altern Complement Med 2009 May 7.

http://www.unboundmedicine.com/medline/ebm/journal/J_Altern_Complement_Med

Pub Type(s) JOURNAL ARTICLE - PubMed ID19422285

Abstract:

Objective: Despite the growing interest in the neurobiological and clinical correlates of many meditative practices, in particular mindfulness meditations, no review has specifically focused on current evidence on electroencephalographic, neuroimaging, biological, and clinical evidence about an important traditional practice, Zen meditation. **Methods:** A literature search was conducted using MEDLINE, the ISI Web of Knowledge, the Cochrane collaboration database, and references of selected articles. Randomized controlled and cross-sectional studies with controls published in English prior to May 2008 were included.

Results: Electroencephalographic studies on Zen meditation found increased alpha and theta activity, generally related to relaxation, in many brain regions, including the frontal cortex. Theta activity in particular seemed to be related to the degree of experience, being greater in expert practitioners and advanced masters.

Moreover, Zen meditation practice could protect from cognitive decline usually associated with age and enhance antioxidant activity. From a clinical point of view, Zen meditation was found to reduce stress and blood pressure, and be efficacious for a variety of conditions, as suggested by positive findings in therapists and musicians.

Conclusion: To date, actual evidence about Zen meditation is scarce and highlights the necessity of further investigations. Comparison with further active treatments, explanation of possible mechanisms of action, and the limitations of current evidence are discussed.

Hopefully by now you can easily see how truly practical and effective mindfulness meditation techniques can be for both yourself and your clients.

You can go ahead and take the True/False quiz and receive your 1 hour of Free CEU credit, found on the page after this next one, which explains how you can learn more about mindfulness meditation techniques.



The **Medical Meditation and Stress Management Consultant** certification course we offer will teach you the core principles and methods of impacting clients in a variety of different treatment settings using MBSR, DBT, ACT and MBCT.

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Autogenic Training for the Mind-Body Connection, and others.

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People may wonder, what is the benefit to receiving certification as opposed to simply earning CEUs? Well, **there are several benefits to certification.** First of all, I think it's important to seek out CEUs with meaning. It can be easy to simply take an online course here or there and meet your license renewal requirements, but earning CEUs that actually mean something to you as an individual and to your clients is a powerful way to use the resources available to you.

Secondly, today's world is full of third-party payers, managed care systems and state and federal agencies intervening in healthcare choices and decisions, and those agencies and institutions are looking for two things: One, qualified personnel and two, individuals who know how to use specific methods that have been demonstrated to be outcome-based, well-researched techniques.

The third reason why certification is important is that it can help you to accurately promote your qualifications, expertise and the type of services you offer to clients. Certification credentials can assist in your marketing to expand both your employment opportunities within agencies, and your appeal in the private-practice environment. Being Certified gives you the means to relate to the world in an interdisciplinary way, able to now meet the needs of clients that perhaps you have been unable to impact before.

This **30 CEU** course is entirely self-paced, designed to take approximately 30 hours to complete. It does entail two textbooks, and some people read and synthesize information more quickly or slowly than others, but 30 clock hours is a reasonable average approximation.

This program is a life-changing opportunity for many people. Learning mindfulness techniques is an educational experience that will not only benefit you personally by giving you new skills, but will also truly help the clients on your caseload, regardless of what type of medical or behavioral health setting you work in.

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EVALUATION OF LEARNING QUIZ - PAGE 1 of 3

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

* * * * OR * * * *

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EVALUATION OF LEARNING QUIZ - PAGE 2 of 3

"An Introduction to Mindfulness Meditation"

1 Hour of Approved Continuing Education Credit

The purpose of the following Evaluation of Learning questions is to:

- A.) Verify that you have read the required course materials
- B.) Demonstrate an understanding of the practical application of the course materials
- C.) Officially document your participation and completion of this course

➞ ANSWER THE FOLLOWING 10 T/F EVALUATION QUESTIONS.

- T F 1. I have read the entire required .pdf text file for this course.
- T F 2. Autogenic Training simply means 'from within.'
- T F 3. MBSR is a technique that teaches the concepts of acceptance and experience - in the now - nonjudgementally.
- T F 4. Dialectical Behavioral Therapy (DBT) is one of the most researched and most effective treatments for the schizophrenic.
- T F 5. Acceptance and Commitment Therapy (ACT) has been proven in randomized clinical trials to be a successful method for positively impacting clients who experience social anxiety and other anxiety-related disorders.
- T F 6. Many people use meditation outside of its traditional religious or cultural settings, for health and wellness purposes.
- T F 7. In one common form of mindfulness meditation, the meditator is taught to bring attention to the sensation of the flow of the breath in and out of the body.
- T F 8. Sympathetic nervous system helps mobilize the mind for grief and loss emotions.
- T F 9. Practicing meditation may work by improving the mind's ability to pay attention.
- T F 10. Meditation is dangerous as it can lead to insanity and many physical problems if not practiced according to specific guidelines published by the government.

GRADE THIS ONLINE COURSE! – Page 3

It is helpful to us to have you return this form via snail mail or fax, if you're not completing the Quiz & Payment info Online. Thank-you!

Participant Assessment of Home Study CEU Course

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1 Credit Hour

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- _____ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
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- _____ 4. I completed the 1 Hour PeachTree Online Home Study Course in approximately 1 hour.
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