



Symposium 1.6 | Effectiveness of Mindfulness-Based Interventions

Proposed timeslot	13.30 – 14.30
Language	English
Speakers	<ul style="list-style-type: none">• Nienke Siebelink• Eva Potharst• Mira Cladder-Micus• Annelieke van Velthoven
Convenor	tba
Abstracts	see following pages

Effects of a family mindfulness-based intervention for children with remaining ADHD symptoms and their parents: a randomised-controlled trial

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Background: Despite having received care-as-usual (CAU), many children with Attention Deficit/Hyperactivity Disorder (ADHD) suffer from remaining symptoms and impairment. Compromised parental mental health is also common. Family mindfulness-based interventions (MBIs) have potential to address limitations of CAU.

Methods: A pre-registered RCT compared a group-based 8-week protocolised family MBI (MYmind) as an add-on to CAU with CAU-only. Participants were children with remaining ADHD-symptoms after CAU ($N=103$, aged 8-16 years) and their parents. Assessments were conducted at baseline, post-treatment, 2- and 6-month follow-up. Parent outcomes included self-report of mindful parenting (primary), psychological symptoms, well-being and self-compassion; child outcomes included parent-, teacher- and self-report of self-control deficits (primary, parent-report), psychological symptoms, well-being and mindfulness. Intention-to-treat (ITT) and per-protocol (PP) analyses were performed using ANCOVAs. Individual response patterns were explored with the Reliable Change Index.

Results: Relative to CAU-only, the addition of family MBI improved mindful parenting at short- and long-term. Significantly more parents in the MBI-group showed reliable pre-post improvement of mindful parenting compared to control. In addition, positive short- and/or long-term effects were found for parental psychological symptoms, self-compassion and well-being. Furthermore, significantly more children in the MBI-group showed reliable pre-post improvement of self-control compared to control. In addition, significant and non-significant post-treatment reductions of parent-rated child psychological symptoms and teacher-rated self-control deficits were found, consistently in favour of the MBI-group.

Discussion: Family-MBI improved both mindful parenting and parental mental health and was effective for a proportion of children with ADHD who did not/partially benefitted from prior treatment.

Validity of the Interpersonal Mindfulness in Parenting scale (IM-P): the association between self-report mindful parenting scores and observed quality of mother-child interaction

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Background: Mindful parenting has been described as certain parenting skills and practices, namely the ability to maintain present-centered attention and awareness, be open, receptive, non-judgmental and compassionate towards both the self and the child, and regulate emotions and impulses in parenting interactions. Because evidence showing the value of mindful parenting as a concept in developmental psychology and psychopathology is growing, it is important that a valid measure of mindful parenting is available. The Interpersonal Mindfulness in Parenting (IM-P) aims to measure mindful parenting. The question is whether the IM-P scores are associated with observed quality of parent-child interaction.

Methods: Sixty-four mothers with their zero to four-year old children completed the IM-P. Mother-child interaction video-observations were carried out, measuring the quality of mother-child interaction (maternal sensitivity, acceptance of the child, mind-mindedness and emotional communication). Correlations between IM-P scores and parent-child interaction outcomes were calculated. Also, regression analyses were performed to assess what IM-P subscales predicted mother-child interaction best.

Results: IM-P total scores were not associated with any of the parent-child interaction measures. However, subscales Listening with full attention and Compassion for the child were significantly associated with sensitivity. Listening with full attention was also associated with mind-mindedness. Non-judgmental acceptance of parental functioning, Compassion for the child, Emotional awareness of self and Emotional awareness of child were significantly associated with emotional communication outcomes.

Discussion: Although some subscales of the IM-P are associated with some measures of quality of mother-child interaction, the IM-P as such can not be used to assess quality of parent-child interaction.

Long-term effects of mindfulness-based cognitive therapy (MBCT) for chronic, treatment-resistant depression

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Background: Mindfulness-based cognitive therapy (MBCT) is an effective treatment to reduce depressive symptoms. In a previous randomized controlled trial (RCT) we assessed the effectiveness of MBCT for chronically, treatment-resistant depressed patients (Cladder-Micus et al., 2018). However, long-term effects of MBCT for this patient group are unknown.

Methods: The effects of MBCT on depressive symptoms, quality of life, rumination, mindfulness skills and self-compassion were assessed in a non-randomized design (N=106). Measurements were taken before MBCT, after MBCT, at 3 months follow-up, and at 6 months follow-up.

Results: Results of linear mixed effect models reveal that the effects of MBCT on depressive symptoms, quality of life, rumination, mindfulness skills and self-compassion consolidated during follow-up. There was no increase in symptoms during follow-up. Levels of rumination on baseline predicted depressive symptoms at 6 months follow-up; patients with higher levels of rumination showed less depressive symptoms. Residualized change scores of mindfulness skills –but not rumination- from pre to post MBCT predicted depressive symptoms at 6 months follow-up.

Discussion: Results indicate that effects of MBCT for this severely impaired group of chronically, treatment-resistant depressed patients stay stable up to 6 months after completing treatment. Patients with high levels of rumination seem to benefit most of MBCT, which is in line with results of the RCT. In contrast, we found no indication that rumination is a working mechanism of MBCT. Results need to be confirmed by randomized studies.

Discontinuation of antidepressant medication in primary care supported by Mindfulness-Based Cognitive Therapy in addition to monitoring versus monitoring alone – a cost-effectiveness study

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Background: Discontinuing antidepressant medication (ADM) seems to be challenging, and impeded by withdrawal symptoms. In the context of rising healthcare costs and in order to find strategies to enhance the discontinuation process our aim was to assess cost-effectiveness of Mindfulness Based Cognitive Therapy (MBCT) in addition to supported protocolized discontinuation (SPD) compared to SPD alone in discontinuing long-term use of ADM in primary care.

Methods: Data were derived from a cluster-randomized controlled trial comparing MBCT+SPD (N=73) to SPD alone (N=46). We performed a cost-utility analysis from a societal perspective over a period of one year. Costs were determined by using the Treatment Inventory of Costs in Patients with psychiatric disorders (TIC-P) questionnaire. Quality Adjusted Life Years (QALYs) were assessed by using the EuroQol-5D-3L questionnaire. Secondary analyses included analyses from a health care perspective, per protocol analyses and multiple imputation (MI).

Results: Societal costs per patient were approximately the same for MBCT+SPD as for SPD alone (bootstrapped incremental costs=€1286, SD=1346). Even when adjusted for cluster randomization, total societal costs did not significantly differ between conditions. Besides we found no significant difference in QALYs across two conditions. Considering a willingness-to-pay-threshold of €20.000/QALY, the chance of MBCT+SPD being cost-effective was 35.3%. Analyses from a healthcare perspective, with the per protocol sample and those including MI demonstrated the same trend.

Discussion: We did not find convincing evidence that MBCT+SPD is more cost-effective than SPD alone. Our recommendations for further research focus on the importance of subgroup analyses, long-term follow-up and using different comparators.