

# Development, delivery and evaluation of a Brief Mindfulness Based Stress Reduction Group in a FHT:

## Practical advice and lessons learned

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uOttawa

SOINS CONTINUS  
**Bruyère**  
CONTINUING CARE



ÉQUIPE DE SANTÉ FAMILIALE UNIVERSITAIRE  
**BRUYÈRE**  
ACADEMIC FAMILY HEALTH TEAM

SOINS CONTINUS  
**Bruyère**  
CONTINUING CARE



# Presenter Disclosure

- **Presenter:** Vela Tadic MSW RSW
- **Relationships with commercial interests:**
  - Not Applicable

# Disclosure of Commercial Support

- No Commercial Support

# Mitigating Potential Bias

- Not Applicable

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# Learning Objectives

- **Participants will learn about the development, delivery and evaluation of an abbreviated Mindfulness Based Stress Reduction (MBSR) group, led by social workers, in an interdisciplinary primary care setting.**
- **Participants will come away with practical advice to assess the feasibility of offering a similar abbreviated MBSR in their own clinical setting.**

# Bruyère Academic Family Health Team

*July 2006 we became the Bruyère Academic Family Health Team*



24 physicians (some part time)

47 medical residents

47 allied health, nursing & ancillary staff



# Bruyère Academic Family Health Team

16,300 patients

47% male, 53% female

18% born outside of Canada

11% speak a language other than  
French or English at home

## Chronic Disease Profile (2014):

2,116 Mental health

1,725 Hypertension

1,400 COPD

1,244 Asthma

830 Diabetes

554 Heart Disease

522 Osteoporosis

# Bruyère Academic Family Health Team

University of Ottawa,  
Department of Family Medicine

Bruyère Continuing Care

Bruyère FHO physicians

Bruyère Academic Family Health Team

Bruyère Family Medicine Centre



Primrose Family Medicine Centre

# Rationale

Mental health conditions among most common and disabling in Primary Care.

Increasing patient interest and increased recommendations from care providers for mindfulness as adjunct therapy and recovery focused care.

Mindfulness Based Stress Reduction (MBSR), typically 8 week group, effective to reduce stress and improve mood.

Emerging evidence that 4 wk as effective as 8 wk group.

The potential benefit of a shortened program: fewer resources, easier for patients, more feasible for primary care teams, better access over all.

One of the goals was to improve access to MBSR for those who would not otherwise afford in community.



# Objectives

## Decreasing barriers

- Decide to offer as introduction to mindfulness with minimal restriction to who can attend.

## Innovation and Optimization Concept

- Develop a modified 4 week MBSR group module based on traditional 8 week module.

## Testing Feasibility

- Deliver at least one brief MBSR group to patients to explore uptake, explore content usefulness, integrate patient feedback, and incorporate evaluation component from outset.

## Evaluate

- Evaluate the usefulness of brief MBSR for patient well-being and patient practice of mindfulness using validated measure.

## Knowledge translation

- Share knowledge within team and externally.

# Strengths

- Leadership support
- Clinician support
- Research support and guidance
- Two social work facilitators already separately sought beginner MBSR training before talk about offering groups.
- Shared interest and value in mindfulness as practitioners.
- Connection with experienced community mindfulness professionals

# Challenges

- At planning stage, unsure of uptake since previous types of group offerings had not necessarily gone well for various reasons.
- Going the research route meant delays from ethics process.
- Lack of protected time for program development.
- Barriers with administrative support.
- Scheduling challenges.

# Factoring New Developments

- During this process, shared care team hired new social worker who completed her MBSR training. Materials shared. She offered MBSR group to other sites.
- MBSR training has evolved to be more rigorous; certification now available and recommended.
- Mental health team and administrative leaders had retreat on program redesign. Recommendations for improved collaboration.
- Opioid deprescribing and anticipation of improving wholistic management of chronic pain.

# Methods

**Setting**: Urban, academic, interdisciplinary Family Health Team in Ottawa with a patient population of 16, 000.

**Patients**: Adult patients voluntarily self-selected, or by recommendation of their health or mental health care provider. Cohort study.

**Exclusion**: Those with severe mental health conditions, active suicidal ideation or active substance use; previous participation in another formal mindfulness program.

**Intervention**: A four-week MBSR, led by two social workers

Research Ethics approval was obtained.

# Evaluation

1. Evaluation of program implementation process.
2. Evaluation of usefulness of MBSR group.

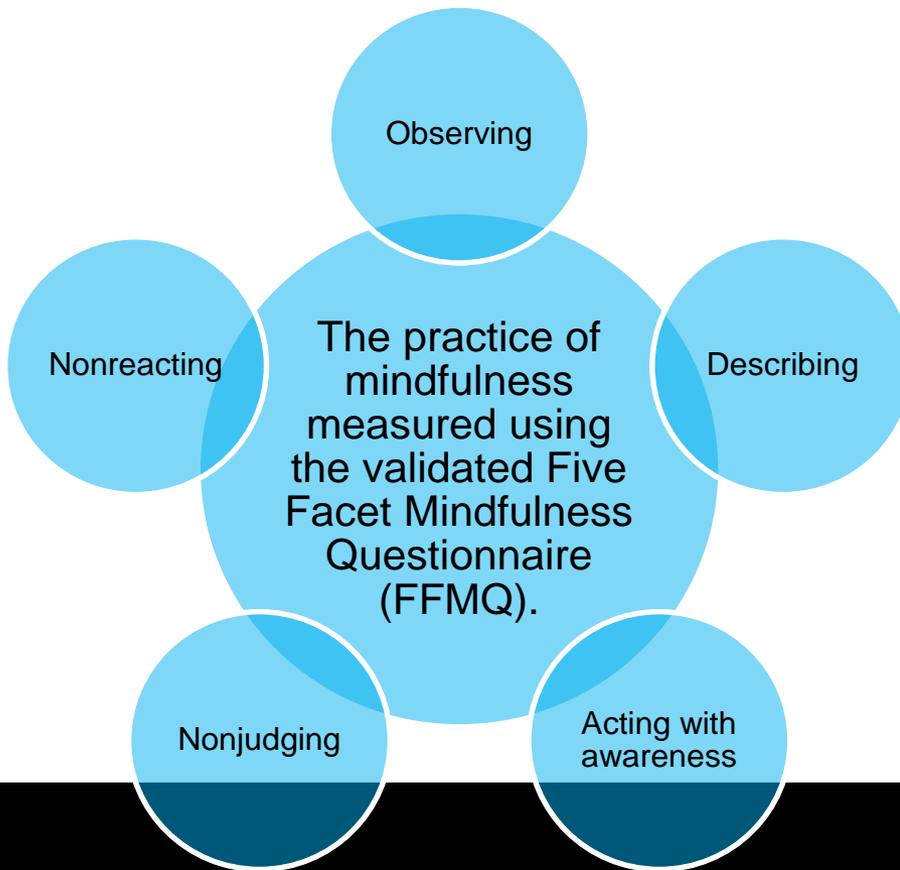
# Evaluation of program implementation process

- Uptake was higher than anticipated & there is waitlist
- Delays in offering ongoing groups due to scheduling and coordination challenges.
- Now that this has been identified as regular, feasible group offering, will establish in schedules.

# Evaluation of usefulness of MBSR group

## Primary outcome:

Evaluation done pre and post group, as well as mailed questionnaires at one, three and six months intervals.



## Secondary outcome:

Participant satisfaction measured post group.

*"I am extremely gratified for this opportunity & that it is something that I can do anywhere and that it is a tool that I enjoy using towards my recovery & I see wonderful results."*

Program Participant

# Preliminary Findings

Two groups: total of 12 participants over 24 month period.

First group reported increase in mindfulness in all five facets and preliminary analysis shows that those results were generally maintained in 6 months follow-up.

Due to small sample size as pilot these findings are not clinically significant.

Participants reported the benefits of starting to get know mindfulness information and practice, and that they were interested in more sessions.

# Additional patient feedback

- Interest in evening group
- Interest in additional group to maintain/deepen practice

# Data Gaps

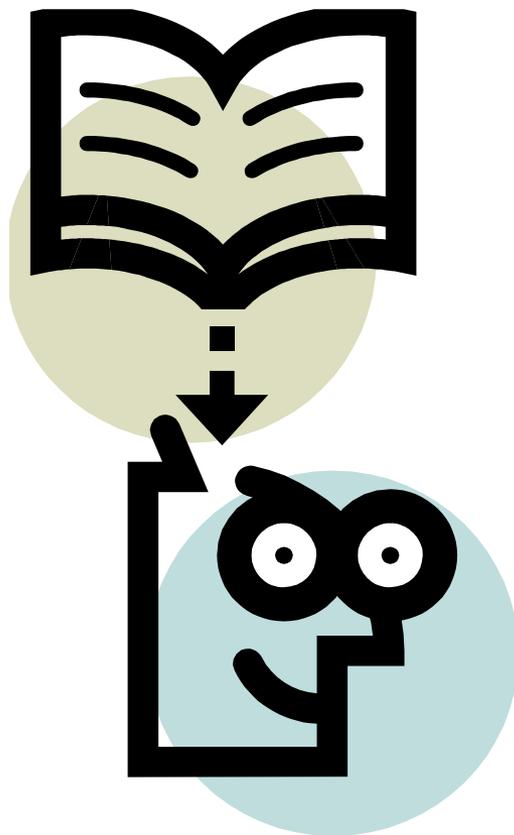
Small sample size.

Process outcomes were not evaluated to identify which specific formal and/or informal mindfulness practices are linked to benefits.

Additional pre/post outcomes were not included that might have measured mood, quality of life and/or function.

Level of teacher training may have had differential impact.

# Implementing changes from evaluation



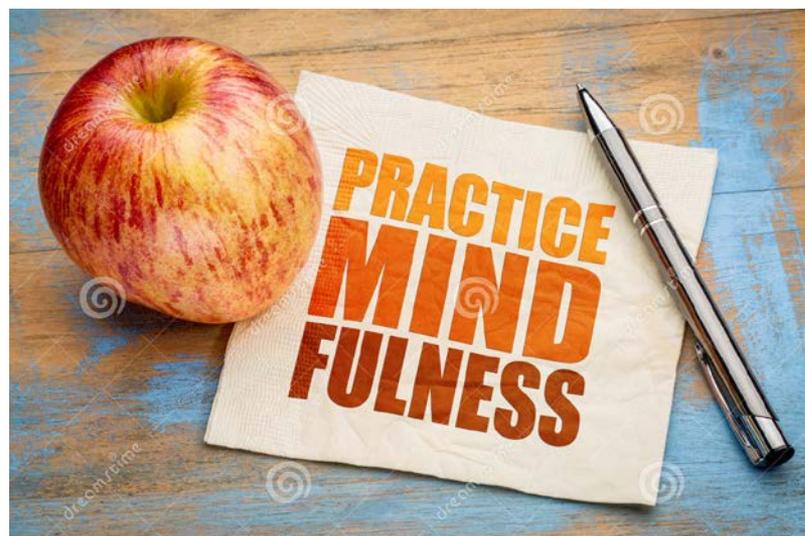
# Increase access and improve collaboration

## Co-facilitation will now be done with shared care SW and clinic SW

- This will increase access across four sites and eliminate confusion about referral process.
- This will increase access by increasing group offering to two times per year while optimizing staff resources.
- Plan to offer one of the two groups in french to increase access to francophone patients.

# Next Steps

Going forward, two additional programs will be offered to further explore the effectiveness & sustainability of the program.



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# Practical Advice

- Do you have internal capacity? Are staff already trained/interested in training?
- Is there a need with your patient population for mindfulness therapy as part of preventative and/or recovery oriented mental health care? On its own or delivered as part of existing group model?
- Allow time for administrative tasks for group development
- Connect with local mindfulness professionals who deliver MBSR/may share materials
- Select pre/post measures before group delivery
- Consider scheduling and timing
- Run your own pilot group and re-assess

# References

- Baer, R.A., et al. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13, 27-45.
- Baer, R.A., et al. (2008) Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. *Assessment*, 15(3):329-42.
- Bergen-Cico, D., Posematto, K., & Cheon, S. (2013). Examining the Efficacy of a Brief Mindfulness-Based Stress Reduction Program (Brief MBSR) on Psychological Health. *Journal of American College Health*, 61(6), 348-360.
- Chiesa A, Serretti A. (2009). Mindfulness-Based Stress Reduction for Stress Management in Healthy People: A Review and Meta-Analysis. *Journal of Alternative & Complementary Medicine* [serial online], May 15(5), 593-600.
- Fortney, L., et al. (2013). Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: a pilot study. *The Annals of Family Medicine*, 11(5), 412-420
- Gu, J. et al. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical psychology review*, 37, 1-12.
- Khoury, B., et al. (2013). Mindfulness-based therapy: a comprehensive meta-analysis. *Clinical Psychology Review*, 33(6):763-71.
- Tang, Y. Y., et al. (2007). Short-term meditation training improves attention and self-regulation. *Proceedings of the National Academy of Sciences*, 104(43), 17152-17156.