What constitutes an effective brief mindfulness-based intervention? Teacher and course attendee perspectives.

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Abstract

Background

Brief mindfulness-based interventions (MBIs) that are shorter and less intensive than the standard 8-week courses could provide health benefits to patients while requiring fewer resources to implement at scale. However, brief MBIs are typically developed ad hoc and lack a clear rationale for the components they include. The aim was, in two independent studies, to identify what MBI teachers and mindfulness course attendees think would constitute an effective brief MBI.

Methods:

Mindfulness teachers and mindfulness course attendees were recruited to an online survey (N=42) and a novel “MBI course planning activity” study (N=21). Data were collected regarding attitudes to brief MBIs and MBI components, as well as the minimum size and shape of an effective brief MBI. Mixed methods of analysis were employed.

Results:

Both studies suggest that a brief MBI should consist of at least five 90-minute sessions and should include focused attention practice, informal mindfulness, three-step breathing space, group discussion (‘inquiry’) and psychoeducation. Mixed opinions were expressed regarding the following mindfulness practices: the body scan, mindful movement, open monitoring practice, and the ‘sitting with difficulty’ practice. Four qualitative themes were generated from questions about the advantages, disadvantages and general comments about brief MBIs: accessibility, learning to practice mindfulness, positive outcomes and caution.

Discussion:

Findings will be combined with theory as part of the Person-Based Approach to intervention development (Yardley et al. 2015) in order to develop a brief MBI. This new MBI will be of benefit to multiple settings including primary care, public health, and higher education.

Patient and Public Involvement (PPI)

Participants of previous mindfulness courses, as well as mindfulness teachers, were involved in designing the study. They provided feedback on study documentation and changes were made accordingly. For example, some sections of the ‘participant information’ section were revised to read more clearly, such as the use of data and participant quotations. Wording was added to the description of the ‘compassion practice’ to acknowledge that compassion can be instilled in different
ways in mindfulness courses, and that the question was referring to a specific compassion practice rather than the inclusion or exclusion of the quality of compassion generally.