Dear Friends and Colleagues,

I hope this finds you well and trust you will appreciate reading the bimonthly newsletter of the MiCBT Institute. I welcome everyone who recently attended a course, workshop or master-class in MiCBT and joined the Institute’s Affiliate Membership. I hope that all of you will find the information and the peer-reviewed article linked to the August newsletter interesting and informative (click here to download). Please do not hesitate to send us your comments.

Warm regards

Bruno Cayoun
Director

NEWS

NEW DELIVERY FORMAT FOR MiCBT COURSES ON THE GO!

For some time, we have tried to find ways of accommodating people in rural areas wanting MiCBT training, but at a cost. For example the 2009 Foundation course delivered (over 4 months) in Atherton, Tableland, in North QLD, ended-up costing the organisers over AU$25,000 because of huge transport and accommodation costs. Over the years, numerous services and individuals have expressed much interest in comprehensive courses to be offered in their area but sheer distance has been a deterrent.

Foundation Course

A few months ago, a Toowoomba team from QLD Rural Health requested that we try to deliver the 8-week Foundation course in their area. We decided to pilot a hybrid delivery format of the 8-week Foundation course, which consisted of a 2-day introductory workshop to cover the 4 stages of MiCBT, 5 subsequent 2-hour tutorial and implementation sessions given online (on WebEx), a 1-day practical workshop in week 7, and a final 1-hour online session in week 8. This model turned out to be very convenient and reduced costs by over 40%. It enabled many of the participants to attend and preserved the 32 active specialist CPD hours endorsed for the APS colleges of Clinical, Health, Counselling and Developmental/Educational Psychologists). Learning outcome data show that it was a valuable learning experience for both the personal and professional needs of participants, who also mentioned that the course in this hybrid of face-to-face and online interactive approach was useful and greatly appreciated. The second 8-week Foundation course in MiCBT using this hybrid delivery format has just started, with the 2-day introduction offered in Sydney, with 28 attendees from various health disciplines.

Applied Course

The first online teaching of the 8-week Applied course is also just starting. This course is fully online, with each 2-hour live interactive session delivered through the WebEx (CISCO) platform. This reduces costs (and course fees) considerably, and enables colleagues from anywhere in the world to attend—the Foundation course is a pre-requisite. During this course, participants specifically learn to implement the full program in individual and group therapy formats, share their experience and that of their clients, and obtain supervision.
By Dr Bruno Cayoun

I had the pleasure to be invited to give a master-class in MiCBT at the recent APS Clinical Psychology conference in Coolum, on the Sunshine Coast, QLD. This year, one of the organisers (A/Prof Bruce Stevens, ANU) suggested an interesting structure in the hope to “engage participants more actively and at another level than Psychology 101”. He proposed that participants bring a case to discuss in small groups about which I would comment in terms of how the MiCBT approach would work with the cases evoked. He was right. Participants were very engaged and some were very engaging. It was an inspiring approach to teaching complex issues, which I would like to consider using during theme-based 1-day specialised workshops in the future. I would like to thank the person who took the time to prepare a case presentation, and of course the APS College of Clinical Psychologists.

RESEARCH AT THE SCHOOL OF PSYCHOLOGY, UNIVERSITY OF TASMANIA

Data collection has been completed for the following studies and will soon be disseminated:

• A psychometric analysis of the Mindfulness-based Self Efficacy Scale
• The differential effects of three mindfulness techniques: Mindfulness of breath, body-scan and everyday mindfulness.

On-going study

• The effect of Mindfulness-integrated Cognitive Behaviour Therapy (MiCBT) on the experience of addiction.

Three studies are about to start:

• The efficacy of MiCBT for voluntary carers and indirect benefits for care recipients
• The effect of mindfulness meditation on older adults’ attention and memory skills
• The effect of mindfulness meditation on cognitive functioning in healthy older adults: An EEG study.

RESEARCH AT THE SCHOOL OF PSYCHOLOGY, UNIVERSITY OF TASMANIA

The Institute is always trying to propose MiCBT training programs that suit the needs of professionals. One of the few ideas that have emerged several times is the provision of 1-day “specialised” workshops for people who have substantial training and practice of MiCBT. This would consist of discussing specific themes, such as delivering the program for children, possible contraindications for MiCBT, addressing lack of body sensations, expertise in a specific stage of the program, scheduling a program flexibly and effectively, where to start when a new client has already acquired mindfulness skills via other therapies or personal meditation practice, recurring difficulties in treatment, etc. It could also be addressing complex comorbidity or specific disorders, and participants could propose case examples.
These specialised workshops would be endorsed to provide active CPD and would serve several purposes. One is the continuous refinement of professional expertise. Another is to address the actual needs and possible concerns of clinicians once good level of experience has been acquired with the generic 4-stage model of MiCBT. The more expertise one obtains, the more creative, flexible and effective is their delivery.

**COLLECTING FREQUENTLY ASKED QUESTIONS**

One of the very appreciated chapters in Bruno Cayoun’s book (Mindfulness-integrated CBT: Principles and Practice) is one that offers questions from colleagues and clients of the author and his answers to them. In planning future publications, Bruno would like to invite you to send him your questions. These can be of any kind, including questions about personal practice, how to begin the program with a new client who is already meditating or believes they cannot practice, issues with therapy contract, feeling manipulated or boundaries have been blurred, where to go when deciding to stop trying a mindfulness approach with a client, how to implement MiCBT with avoidant clients, etc. Please feel free to send any questions. Although Dr Cayoun will not answer them to you directly, he will answer them in his next edition of the book (and perhaps in other publications), without identifying who sent the questions. This will help make his work more in line with clinicians’ needs.

**MiCBT USERS YAHOO GROUP**

All MiCBT-trained practitioners can join the Yahoo “MiCBTusers” group for discussions and exchange of information and documents, and are encouraged to use it as much as needed. For directions, please email the creator and moderator of this users group, Dr Andrew Kinsella: andrewk1901@gmail.com

**MiCBT GROUPS FOR CLIENTS**

If you are interested in having a client group conducted in your service, either as a pilot trial or as part of your clinical program and/or professional training program, please contact:admin@mindfulness.net.au. It may be possible for a MiCBT-accredited clinician in your area to conduct such a group.
If you are operating from, or visiting, Southern Tasmania, you may be interested in attending the Thursday mindfulness meditation group. This open weekly group was established in 2004 by Dr Bruno Cayoun and colleagues to provide a non-clinical context for practice and assist mindfulness practitioners in their regular practice.

The venue is the MiCBT Institute, 277 Macquarie Street, Hobart.

The group room is on top floor. You may arrive between 6:00 and 6:10pm, for a 6:15pm start. The practice ends at 7pm.

It is free and all are welcome to attend. Although brief practice instructions are given at the start of practice, this is not a therapy group or teaching group and everyone attending is assumed to have had some prior training or exposure to mindfulness meditation. Therapists who implement a mindfulness-based therapy are particularly encouraged to attend these weekly practice sessions to keep in touch with their own practice skills and feel supported.

MiCBT TRAINING SCHEDULE 2011-2012

Last opportunity to train this year!

There are still places available in the 2-day MiCBT for Crisis Intervention and Relapse Prevention Workshop to be held in Adelaide, October 8-9 2011. Click here for more details.

COURSES AND WORKSHOPS 2012

MiCBT: An Introduction (2 Days)

21 - 22 April 2012 Melbourne VIC
28 - 29 April 2012 Auckland NEW ZEALAND
11 - 12 August 2012 Sydney NSW

MiCBT Foundation Course (8 Weeks)

Blended learning format: block mode face-to-face and online

21 April - 16 June 2012 Melbourne VIC / Online
28 April - 23 June 2012 Auckland NEW ZEALAND / Online
11 August - 29 September 2012 Sydney NSW / Online
SNAPSHOT - GLENN BILSBORROW

Psychology has always been a fascination for me but we didn’t really find each other properly until later in my life. When I left school I was going to be a mechanic! But my employer told me that he had decided not to take on another apprentice, so that was that. Needless to say, I didn’t stay there long. After a few more years working, I went to university and started studying a bachelor of arts with the intention of doing psychology. I really enjoyed anthropology and English, but found first year psychology a bit dry! Overall, it seemed too far removed from everyday life, let alone people. So I changed to business.

After completing a business degree I went to work in the real world and slowly realised that it was a world of conformity and rules. The aim was to make money and everything was about making more of it. At this time I was living and working in Sydney, Australia. I worked in various capacities such as financial planner and as an advisor to small business. So eventually, in 1991, my partner and I decided to move to Tasmania where her family was and where we could raise our two boys in a place that was a little more removed from the rat-race.

During all these years of work, I had always been interested in the journey of self-understanding as well. In my early 20s I discovered self help books teaching such things as Transactional Analysis and Gestalt Therapy. I read as many books as I could find. I wanted to know about myself and my role in this world. I went to see therapists. The first one was good. The second was not as good. I wasn’t sure that therapists were able to offer anything substantial and I was concerned that it perhaps wasn’t really a ‘science’. Maybe we just turn out to be who we were going to be despite ‘psychology’?

But I was a scientist at heart, and business and science are worlds apart. So, one day I decided to go back to psychology. I had decided by this time that psychology did have something to offer when done properly. I wanted to do it properly. I restarted the arts degree part-time and got into honours at the University of Tasmania. I spent a few years working on my Doctorate and became a registered psychologist.

My philosophy in life had always been that of a generalist. I wanted to gather knowledge about a wide range of things and apply that to my vocation, whatever that was. Being a psychologist was a way of utilising that experience; use my own journey and the variety of things I learned in life, and at university, to help those who are in need. So I became a specialist, which now actually sits well. To that role I bring all the differing perspectives of living and working in various places. Since working as a psychologist, I have felt fulfilled and happy. There is not a day that goes by where I don’t feel grateful for my life. I used to worry that one day it would all go pear-shaped and not last. But over time I learned to trust that it wouldn’t. Of course there have been bad times. But overall, life has really been good to me.
In all those early years where I was learning about life and myself, funnily enough, I was never drawn into mindfulness in a formal way. Back in the 80s I read a book called “The relaxation response” and I was intrigued by how meditation affected the mind and body. I also read and absorbed books on visualisation and many other techniques that helped to still the mind. I applied these to my life in a casual way. One outlined a technique that I tried and found affected me profoundly. It started off small, only a slight change. Over time, as I practiced it, I was able to ‘hold’ this sensation of letting go. I had learned to be equanimous for short periods in a focussed way by letting go of an attachment to sensations in the body. I still use it and it led me to have an affinity later with the practice of mindfulness. I also learned a long time ago, of the impermanence of emotion and the notion that we are often rooted in the present by emotion, but have to also have an eye to the fact that this will change.

I met Bruno in 2000 and was struck by his calm, his dedication and the clarity he brought to things. He wanted me to understand mindfulness in a deeper way by practice. His view was that if you have found something this good, you want others you care about to also benefit from it. I resisted. “What was the point of working hard on something designed to make you happier in your life when you are already happy?” I thought. Over time, we had chats about his methods and I could see a definite advantage in utilising a more pervasive mindfulness approach with clients.

I heard others, including Jon Kabat-Zinn, talking about the benefits of mindfulness and I had read much on it. So I began to practice it more formally. Since then, it has been imbedded in my work with clients. What I like about this approach is that it is experiential. It is one’s own experience and not that of another who may be trying to help you change your understanding of what you experience. It asks you to do it to yourself, without a 'middle man'. In MiCBT, mindfulness is not on the periphery, it is central. When I thought about it, I realised that traditional CBT is often simply trying to put a wedge between someone and their troublesome thoughts. Why not start deeper; why not work on it yourself through the practice of mindfulness? Above all, being mindful really does impact on what you bring to therapy. I think Bruno has truly brought mindfulness to psychotherapy in a unique and powerful way and I am grateful for his wisdom.

Glenn Bilsborrow  
Registered Psychologist, Macquarie Psychology  
Hobart, TAS Australia

INTEREST GROUP MEETING

Interest group meetings in Southern Tasmania are held at the MiCBT Institute building and start with a short mindfulness meditation practice.

**Date:** Wednesday 3rd August 2011  
**Time:** 6:00 to 7:30pm  
**Place:** MiCBT Institute Building (Top floor) 277 Macquarie St, Hobart, TAS, Australia
Mindfulness, by Any Other Name.......: Trials and Tribulations of Satî in Western Psychology and Science"

By Paul Grossman¹ and Nicholas T. Van Dam²

¹ Dept of Psychosomatic Medicine, Division of Internal Medicine, University Hospital Basel, Basel, Switzerland
² Dept of Psychology, University at Albany, SUNY, Albany, NY, USA

Published in May 2011 in peer-reviewed journal: Contemporary Buddhism, 12, 219-239.

Comment by Dr B. A. Cayoun

I would like to thank the authors, Paul Grossman and Nicholas Van Dam, for writing such a wonderful, useful and, indeed, gutsy article! I also thank them very much for notifying me of its publication. Many authors use the word “mindfulness” interchangeably with the word “awareness”, which is bound to lead to confusion, especially when it comes to designing measurement tools. Several self-report questionnaires have been designed to help measure the construct and effects of mindfulness, which the authors discuss vigorously. In particular, they demonstrate several flaws in two of the most used instruments, the Five Facets Mindfulness Questionnaire (FFMQ; from Ruth Baer et al., 2006) and the Mindful Attention Awareness Scale (MAAS; from Brown & Ryan, 2003). They ask the most basic and most pertinent question: “How do you know how mindful you are?” My personal experience and observations of clients and trainees is that the more mindful we become, the more able we are to perceive our lack of mindfulness. Accordingly, as we become more mindful, we are likely to be increasingly “severe” in our self-assessment of mindfulness skills, potentially resulting in self-report scores that are not markedly different to scores of novices—who may not have yet developed as much appreciation of the construct. While there is an exponential amount of published papers on the topic of mindfulness, not many provide a real contribution to our clinical work as does this article. The ease of readability of this paper makes it a real pleasure to read and, like me, you won’t easily put it down once you start!

PROPOSED DISCUSSION TOPIC

At least 4 studies have specifically shown the lack of adequacy in measuring the construct of mindfulness with self-report questionnaires. Given the dilemma posed by currently published mindfulness questionnaires, what other valid and reliable ways could we use for this purpose?

CPD POINTS

Psychologists attending these meetings can claim 1.5 CPD hour. You may also wish to be a contact person to create your own meetings in your area. Please let us know and we will do our best to support you.

IN YOUR DIARY!

October Meeting in Hobart: Wednesday 05/10/2011

For interest group meetings occurring in other areas, please contact group convenors via:
http://www.mindfulness.net.au/professional-interest-groups