

# CLINICAL RESULTS 8-WEEK MINDFULNESS-BASED STRESS REDUCTION PROGRAM: 2007-2010

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STRESS  
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CLINIC  
@ YOGA HILLSBORO

**ABSTRACT:** Clinical results of the 8-Week MBSR Programs taught by the Stress Reduction Clinic (SRC) from 2007 through 2010 were measured using well-established evaluation instruments that score a host of participant responses regarding health and well-being. Self-reporting at the conclusion of the Program enumerated positive changes for a large majority of participants. Testing before and after the Program measured large, highly significant changes in scores associated with better mental, social and physical health. The results affirm MBSR's effectiveness as an educational complement to medical care and psychotherapy. Also, data show that the SRC's MBSR Program provides clinical results that are consistent with other long-established and well-documented MBSR Programs.

## INTRODUCTION

The Stress Reduction Clinic (SRC) offers ongoing MBSR Programs to those in the greater Portland area and northwest Oregon. Since 2007, 223 people have completed the Program here.

The intention of this evaluation is to assess the effectiveness of the SRC's MBSR Program. Likewise this evaluation aims to compare the SRC's Program results with those reported by other well-established programs. The Center for Mindfulness (CFM) at the University of Massachusetts Medical School is the center for international research and training in MBSR. These Programs have been extensively researched.<sup>1,2,3</sup>

## HISTORY OF MBSR

Mindfulness-Based Stress Reduction (MBSR) has been on the cutting edge of mind-body and integrative medicine for three decades. Dr. Jon Kabat-Zinn conceived MBSR and has authored numerous books, articles and research papers.<sup>1,2</sup>

MBSR represents the best in participatory medicine. Physicians and therapists have referred most of the ten's of thousands of people who have taken the 8-Week Program and have often taken MBSR themselves. The Program was initially offered at the UMass Medical Center as an adjunct to medical care for patients who could no longer be helped with medical treatment.

A cornerstone of MBSR is its dedication to measuring outcomes with well-established methodologies and publishing the results in scientific and medical journals. The result is an large library of evidence showing that MBSR Programs are consistently effective at helping participants face the most daunting challenges of life: chronic pain or illness, chronic anxiety or panic, insomnia, cancer, high blood pressure, headaches, stress, fatigue, and more.<sup>1,2,3</sup> Participants who applied to the Program came from a variety of backgrounds, many with challenging medical or psychiatric conditions, and a common desire to learn how to face huge challenges in their lives: stress, illness, pain or more.

## THE STRESS REDUCTION CLINIC'S PROGRAM

The SRC's 8-Week MBSR Program is closely modeled on the one at the CFM. The 8-Week Program involves 28 hours of classroom work and equal hours of homework. The curriculum includes learning a variety of formal mindfulness meditation practices, mindful movement (gentle, adaptive yoga), stress management practices, group educational activities, and assignments that ask participants to bring mindfulness in daily living.<sup>1</sup>

## METHODS OF PROGRAM EVALUATION

Participants were asked to complete two of three evaluation instruments: a well documented perceived stress test (the PSS-10)<sup>4</sup>, the MBSR Post-Program Assessment<sup>5</sup> which asked participants to score their responses to the Program and the Duke Health Profile (DUKE)<sup>6,7</sup> which is aimed at demonstrating and documenting the quality of healthcare and has been used in primary care settings as an outcome measure for the effects of healthcare.

The PSS-10 and the Duke Health Profile were taken two times; once before class the first day and then on the last day of the Program. The Post-Program Assessment was completed during the last day of the Program.

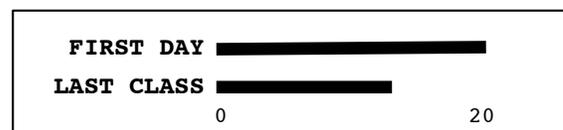


Figure 1. Average Perceived Stress Scale, PSS-10, scores for Program participants the first day and on the seventh week. (average 32% decrease, n=117)

## RESULTS

The PSS-10 scores showed that there was a highly significant decrease in perceived stress scores at the end of the 8-Week Program. The average decrease was 35% with the vast majority declining 20% to 80%. (Figure 1)

The Post-Program Assessment asked participants to score the degree to which their work in the course had changed their life via multiple-choice questions and ratings (Figure 2). Nearly all participants reported that they could better cope with stress and reported feeling better and more hopeful. Over 60% reported that they were more active and felt they had more energy. Of those who took medication nearly 40% reported taking less of it at the end of the Program. Over 65% of those who came to the Program with pain reported that they were in pain less frequently and that it was less severe. Half of those with high blood pressure reported that it had decreased.

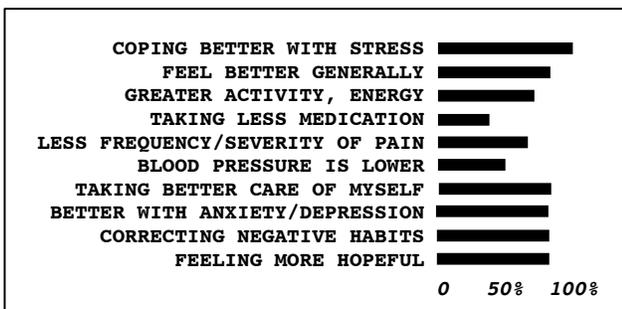


Figure 2. Participants' responses on the Post-Program Assessment: percentage of the number of such responses for each experience. n=137

Participants were also asked to score their change in attitudes and behaviors that were a direct result of participation in the Program. Every participant noted that they now were taking better care of themselves and were more confident they could improve their own health. Nearly every participant said they could better deal with anxiety and depression. Likewise, nearly everyone felt they could handle stress better and could more easily respond rather than react to stressful situations. Most said they were better at feeling assertive and more able to express their feelings in relationships.

One question asked participants to score the importance of the Program for themselves on a scale of 1 to 10, 10 being very important. Average response was 8.9.

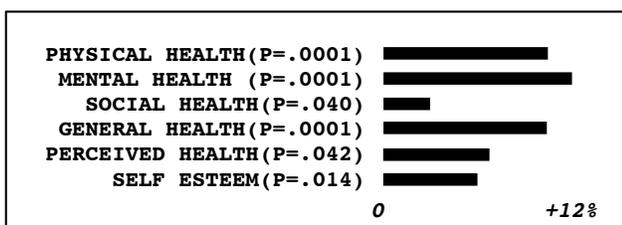


Figure 3. Increases in mean scores of six Duke Health Profile subscores from the the first day to the last day of the Program. n=46

The Duke Health Profile provides sub-scores of a variety of health measures. Sub-scores measured statistically significant change in scores for physical, mental and social health (figures 3 & 4).

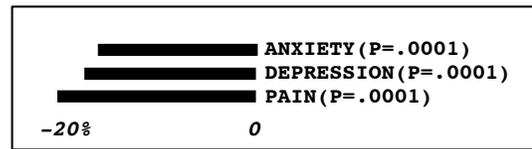


Figure 4. Decreases in mean scores of three Duke Health Profile subscores from the the first day to the last day of the Program. n=46

The scores reflect a robust global positive change in scores measuring physical, mental, social health. Noteworthy are the large increases in physical and mental health scores and large drops in the scores measuring anxiety, depression and pain.

### DISCUSSION

The evaluation instruments measure the outcome for course participants from three vantage points; a general measure of perceived stress, multidimensional health scoring, and a self-reporting post-program assessment questionnaire. Scores of all three show parallel results indicating an experience of improved well-being in a number of ways for participants. Similar positive results for participants in other studies over the past two decades have driven the recent exponential growth in studies investigating the effectiveness of mindfulness training as an intervention for a variety of illnesses.<sup>3</sup>

### CONCLUSIONS

This clinical summary offers further clinical evidence of MBSR's role as a very effective educational complement to medical care and therapy. This reinforces the stated purpose of MBSR; to help participants find a personal and effective way to "face stress, pain and illness."<sup>1</sup> The results also affirm that the Stress Reduction Clinic's Program supports participants in a manner consistent with other well-established MBSR Programs.

### REFERENCES

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7. Our sincere thanks to interns Chariza Santos, Lindsay Quock and Christopher Ferrante of Pacific University's Department of Psychology for their help with this evaluation.