
INTERVENTION PROPOSAL BASED ON MINDFULNESS TO INCREASE RESILIENCE AND DECREASE ANXIETY AND DEPRESSION LEVELS IN PATIENTS WITH CANCER

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INTRODUCTION

During the last years the mindfulness has had a strong growth and received by many people and therapists. According to Miró and Simón (2012) mindfulness or full attention is defined as the non-judgmental awareness of immediate experience, which includes feelings, emotions, sensations or thoughts, just as they are in the present moment. From a psychological point of view, it is understood as a psychological skill in which an attentional regulation is necessary to keep focused on the immediate experience and an attitude of curiosity, openness and acceptance of the experience, whether it has a positive or a negative valence. The effectiveness of mindfulness in several psychological problems is currently being studied and is being used in interventions with cancer patients. It is well known that some people with cancer experience significant psychological distress and clinical emotional distress and in more than 30% of cases it is accompanied by psychopathological disorders (Hernández & Cruzado, 2013). This discomfort is maintained throughout the disease, being a risk factor for the disorders (Hernández & Cruzado, 2013). Several studies have found efficacy in mindfulness-based treatments combined with cognitive therapy to reduce emotional distress in patients with cancer.

OBJECTIVE

The objective of this work is to create an intervention program based on mindfulness techniques to reduce symptoms of anxiety and depression, and improve coping. It is aimed at cancer patients who are treated in public health centers. Two specific objectives stand out: developing a treatment proposal based on various mindfulness techniques, considering the needs of oncological patients and adapting them better to them, and evaluating the effectiveness of the protocol by subjecting it to expert judgment, so that by means of a questionnaire of evaluation, the opinions and suggestions are collected and to verify if the program would be apt to carry out.

METHODOLOGY

To carry out the development of the proposal, information was gathered about other effective treatment models already proposed and the main techniques used in mindfulness (like Bartley, 2012; Carlson, 2016; León, Mirapeix & Blasco, 2013) using the databases PsyNet, PubPsych, Pubmed, among others and from my own experience on external practices in the Psycho-oncology Unit and on the completion of a mindfulness-based stress reduction course (MBSR). The program consists of eight sessions, which will be group, composed of eight or 10 people max. In this link you can find the complete program: <https://drive.google.com/open?id=1fMr80qsN3aJj4BjSUUqiuHHMF5uQsLLD>. They will last approximately 2 hours, weekly. In which the following temporal distribution is suggested:

- **15 - 20 min.**, In order to share difficulties, discoveries and thoughts, emotions and sensations.
- **15 - 20 min.**, In order to explain the psychoeducational aspects of the intervention.
- **40 - 60 min.**, In order to carry out a group practice with the support of different guided meditations at different moments of the session. Among them are guided meditation with attention to breathing, guided meditation of the body scanner, etc. The practices have been recorded in audio, so they can practice at home.
- **20 min.**, In order to share the reflections of the guided meditations and exercises practiced during the session; the explanation of the tasks for home and final meditative practice (attention to breathing).

The intervention program aims to be a complement to the monthly individual consultation of counseling (1h) that patients usually receive in health public centers.

Various topics related to the cancer disease are treated and an attempt has been made to address the problems that oncological patients have. Distributed in the different sessions, the contents are:

Session 1: Attention and awareness and introduction to mindfulness.

The intentions of the program are raised, work is done on mindfulness to establish contact with the meditations (attention, components, how to practice, where, etc.) and the benefits of the practice are discussed.

Session 2: The power of thoughts.

The intrusive thoughts are addressed, the emotional response before them, the sensation - perception - judgment - action, the systems of thought and the dignified that are attributed to them.

Session 3: Emotions.

Observe, as well as recognize, accept, embrace and look inside with wisdom .◇The basic emotions are treated, their physiology, the correct management of emotions, the role that mindfulness has in them, and mechanisms to deal with them better such as standing and breathing

Session 4: Fear, anxiety and stress.

The adaptive functions of fear, the ABC theory of anxiety, the physiological process of activation of stress and its phases and symptoms are addressed.

Session 5: Reduce stress with mindfulness.

We talk about stressors, how to control worry and influence, mindfulness as a coping strategy, attitudes to prevent stress and reasons to avoid it.

Session 6: Sadness and depression.

This session deals with the adaptive functions of sadness, its manifestations, cognitive distortions and Seligman's model of learned helplessness.

Session 7: Uncertainty and pain.

The characteristics of uncertainty are addressed, such as coping with mindfulness and strategies to reduce pain, promoting active acceptance and the mind-body connection.

Session 8: Taking better care of myself.

In the last session we work with metaphors and stories to reflect, we provide tools to continue practicing and advice on diet and exercise. The program is closed with a reflection of the benefits obtained and changes experienced.

Once the proposal was made, it was submitted to expert judgment. To this end, an evaluation questionnaire was created (https://docs.google.com/forms/d/e/1FAIpQLSc JOHpg2xzT59EPGZiL7Ys4WGEJmfpm uu5xnXxyv90cJniLA/viewform?usp=pp_url), which was sent by post, along with the proposal, to the different experts.

RESULTS

Homogeneous responses have been obtained from the two experts who evaluated the program. Both are professionals of clinical psychology with 14 and 5.5 years of experience and knowledge in mindfulness. The results show agreement in almost all the items, except in the item of practical session in which an expert believes that it would not be convenient to do it. In the item of application of the program to all patients, two different responses are also observed, agreeing and indifferent. In aspects such as decreasing levels of anxiety and depression and increasing resilience are shown in agreement, as well as in the management of emotions and coping with the disease.

CONCLUSIONS

After the execution of the program and the inter-judge evaluation, it is suggested that the treatment proposal would be suitable to be applied in oncological patients in the field of public health and would fulfill the objective of reducing levels of anxiety and depression and increasing resilience. The contents that are treated are suitable for patients and addresses the adaptive reactions they may experience. In addition, with the participation in the program, other benefits would be obtained, such as better control of emotions and adequate coping of the disease. As for the intensive practice session, there is controversy in the opinion of the experts, leaving in doubt whether it should be done or not.

Experts have suggested: (1) change the order of some of the meditative practices, (2) differentiate the essential contents of the optatives, to be able to deal with what is important in case of not giving time, (3) extend 30 minutes more each session , (4) give less importance to body scanner meditation.

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