

Effectiveness Of Online Mbct In Mixed Anxiety And Depression: A Clinical Case Study

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ABSTRACT

Background- During the pandemic the psychological treatment was shifted to online from personal one to one mode. During this time mindfulness has been the most googled topic. Practice of mindfulness is increasing in people. Mindfulness Based Cognitive Therapy is the new third wave psychotherapy which is an established treatment for depression and anxiety. It doesn't ask the client to change anything but accept it and let it go. As the therapies have been shifted online their effectiveness is a big question when delivered online. This MBCT (online) was selected to investigate the following aims.

Methods- Aims: To explore effectiveness of MBCT (online) on symptom reduction of Mixed anxiety and depression. Tools employed: Beck Depression Inventory (Beck et al., 1996) and Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988). A Single case study pre and post research design was employed.

Results- Results suggest significant reduction in levels of anxiety and depressive symptoms post therapy.

Conclusion- Mindfulness Based Cognitive Therapy when delivered online is also effective in symptom reduction.

Keywords- Anxiety, Depression, MBCT (online)

Introduction

In the uncertain and challenging times due to preventive measures human life has changed a lot, specifically in terms of psychological treatment. The one-to-one in person therapy is considered to be effective in the treatment of psychological conditions but it has been compelled to shift in the online mode. As a year has passed since the pandemic started people are trying to accept the new normal and find a way around it. During this time mental health has been affected and there is a rise in seeking therapy. Due to which the therapy has been shifted online all the clinicians are concerned about the effectiveness of therapy in online mode.

MBCT a 3rd wave therapy is the focus of the present research. The cases of depression and anxiety increased in the difficult times of Covid. Also, the pandemic was a major reason of shifting the psychological treatment online. So, firstly if the therapies are effective in cases of depression, anxiety or MADD they are explored in the context of their mode of delivery, it would be beneficial. One of the recent treatment coming from the 3rd wave of therapy is MBCT.

MBCT is a manualised treatment. It was developed initially to help clients with depression relapse. It is based on 'mindfulness' a term which has been extensively used during the pandemic. People want to follow it but lack the complete knowledge of it thus failing to understand its essence and application.

The concept of mindfulness had originated in the Buddhist tradition where the focus was on complete awareness. But later on, it shifted to the entire world and has its impact globally. Jon Kabat-Zinn, the pioneer in this field has defined it "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment to moment" (Kabat-Zinn, 2003, p. 145).

In today's time MBCT has emerged as an effective treatment for not only anxiety and depression but also other psychological disorders as well. It helps the clients to be aware of their relationship with their thoughts and how to modify them.

Mindfulness is not just a technique but choice of life. In this time people have got such a busy life that they have started working on 'auto-pilot' mode. This auto pilot mode has made them pass through life rather than living it. So by choosing mindfulness they not only enjoy life but also reap other benefits. Through review of literature the benefits are reduced emotional reactivity, reduction in stress, better mental health.

MBCT is an established treatment for depression and anxiety. Various studies suggest its effectiveness on symptom reduction and helping with relapse prevention. In a study by Strauss, Cavanagh, Oliver and Pettman the meta analysis

results suggested that mindfulness based interventions help with primary symptom severity and it is recommended for people with anxiety and depressive episode. Thus it has been selected so as to explore its effectiveness when provided online.

CASE INTRODUCTION

Mr. S 27-year-old, male, married, software engineer, hailing from middle socio-economic status. He came with the chief complaints of getting angry, feeling restless, low mood and decreased appetite since 2 weeks. Its an episodic illness and visited a psychiatrist once but didn't take the medicines.

The client had an argument with his wife which led to the symptoms. They have constant arguments about the living arrangement where she is staying back in India with his family and he has shifted to Australia for his work. After the argument he got very angry and locked himself in his room. He has not been out of his room for 2 weeks and is experiencing low mood and decreased appetite. His friends come over but he gets angry with them also and doesn't let them enter his house. He has not been going to the office as well and is working from home but is not able to meet the deadlines which in turn is making him feel more upset and disturbing his work life also. He gets restless and feels as if everything is just going to end and he can feel his heart palpitations. He has not talked to his wife and family since 2 weeks.

He got married in November 2020. It was a love marriage. After 1 month of getting married he had to leave for Australia for his new job. His job change caused a lot of issues between the couple. Since the shift his wife and him are having constant arguments over something or the other like wife shifting with him, reason for job change, family discussions, etc. No history suggestive of organicity or use of psychoactive substances. No history suggestive of panic disorder. Absence of any kind of hallucinations or delusion or first rank symptoms.

The client's pre morbid personality was that he was a happy go lucky person. He was sensitive to criticism and was very particular about his friends and family members and how they behave. Whenever he used to be stressed he would discuss it with his parents.

On MSE he was well kempt and could maintain eye contact and had a good rapport with the clinician. Motor behaviour was appropriate. Intensity of speech was normal and reaction time was normal. Mood was depressed and insight is at grade 3 i.e., awareness of being sick but blaming it on external factors.

Diagnosis -Mixed Anxiety and Depression

METHODS

Rationale:

MBCT is currently one of the third wave psychotherapies which is gaining popularity due to its mindfulness component which helps the individuals to be present in the present moment. During the pandemic there has been a huge increase in the cases of depression and anxiety. As the therapy shifted online effectiveness of therapies became a big question. Components like body language, eye contact can affect the therapy session. MBCT is an established treatment for depression and anxiety and is currently being used. Thus, the current paper will be exploring the effectiveness of MBCT (online) on symptom reduction on mixed anxiety and depression as it is manualised in comparison to other therapies.

Aim:

1. To study effectiveness of MBCT (online) in reducing symptoms of mixed anxiety and depression

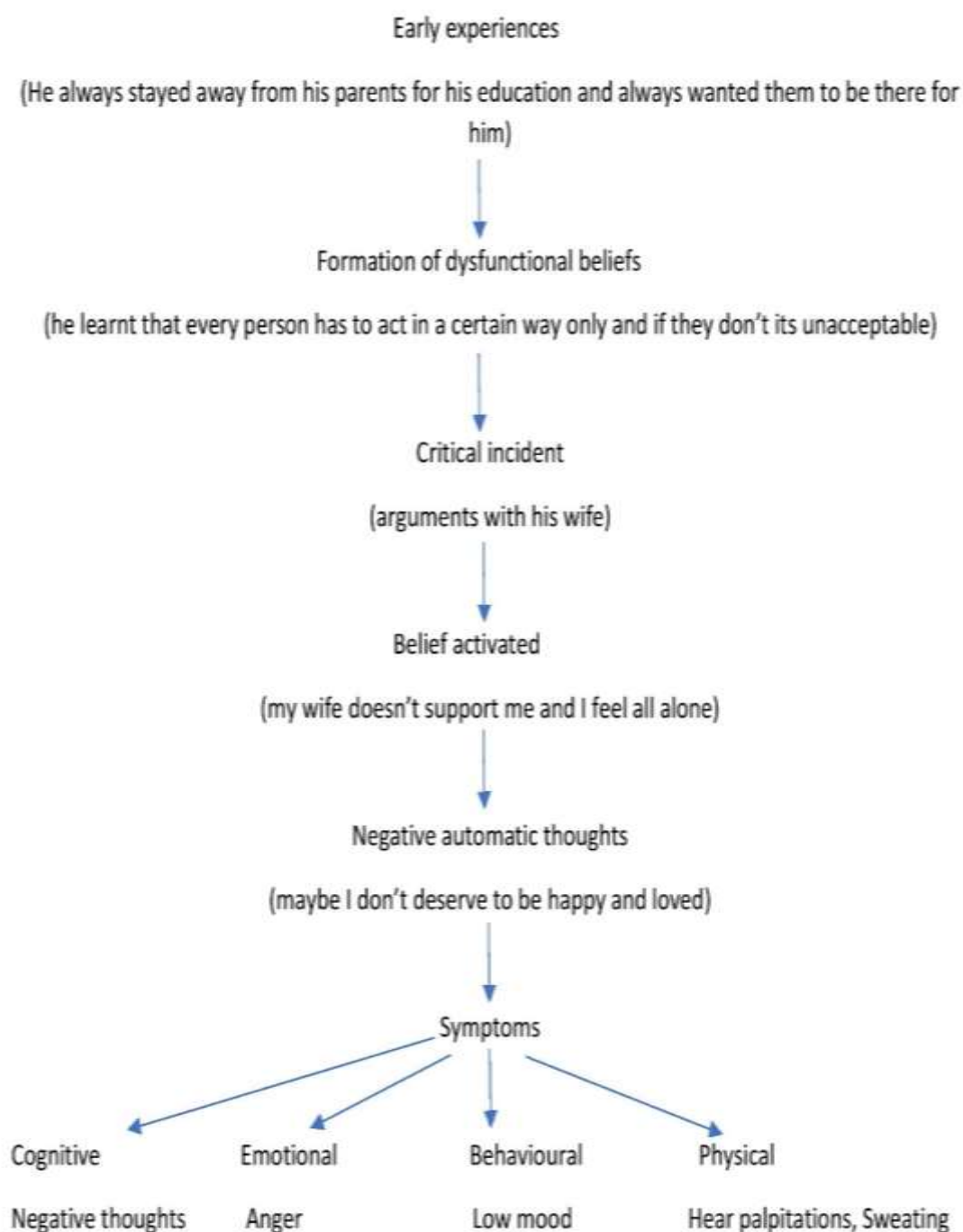
Hypothesis

H₁- MBCT (online) will significantly reduce symptom severity of mixed anxiety and depression

Tools employed

1. Beck Depression Inventory (Beck et al., 1996) - It has high construct validity. Beck's study reported a coefficient alpha rating of .92 for outpatients and .93 for college student samples. The BDI-II positively correlated with the Hamilton Depression Rating Scale, $r = 0.71$, had a one-week test-retest reliability of $r = 0.93$ and an internal consistency $\alpha = .91$.
2. Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988) - Its test-retest reliability is 0.75 (Beck, Epstein, Brown, & Steer, 1988). Its moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25) (Beck et al., 1988).

Therapeutic Formulation (According to Beck Model of Depression)



The client has lived most of his life away from his family members initially due to his education and now currently due to his job. He always wanted his parents to be there for him but that didn't happen. During his childhood he learnt that every person should behave in a certain manner and if it doesn't happen like that then that's unacceptable. His shift to another country affected him a lot as it caused a lot of arguments between him and his wife which led to his symptoms. His belief was activated which was that his wife doesn't support him and he feels alone. The negative automatic thoughts were triggered which were that he doesn't deserve to be happy and loved. Currently he feels angry not violent when people don't act in a certain way which he feels is appropriate. He is experiencing cognitive, emotional, behavioural and physical symptoms. His appetite and sleep have also decreased.

Psychological treatment

MBCT is being used which given by Segal, Teasdale and Williams in 2002.

Goals of the therapy-

1. To psychoeducate the client.
2. Teach the client Mindfulness training.
3. Identifying automatic thoughts and cognitive distortions of the client.
4. Client focuses on responding and not reacting to stimulus.
5. Changing from thinking mode to mindful mode.
6. The client notices the thinking pattern.
7. Teach the client communication skills
8. The client learns to allows the thoughts.

Strategies and Rationale behind it:-

1. Psychoeducation- it helps the client to understand the nature of his disorder and its treatment.
2. Mindfulness techniques-
 - a. Deep breathing- helps to focus on the breathing pattern and acts as an anchor when the mind wanders off.
 - b. Body scan- helps to identify any stress or tightness in any part of the body and then focus shifts to get relieved of it.
 - c. Mindful activity- it includes mindful eating, walking where the client is asked to focus on the activity and how does it make him feel.
3. Identification of automatic thoughts and cognitive distortions- the client becomes aware of automatic thoughts. He is able to test his thoughts which are of concern to him in a controlled environment.
4. Identification of automatic thoughts- helps the client to test the negative thoughts, questions its credibility.
5. Focus on responding- the client is taught about responding to the situation and not merely reacting to it.
6. Acceptance of thoughts- the client is asked to allow all the thoughts and not get hooked on to them. When he tries to get rid it they will come with greater force but if he lets them flow it will not bother him.

Session Notes

Session 1-3

The initial sessions focussed on taking a detailed case history and MSE. Pre-assessments were explained and conducted. The client was psychoeducated regarding the diagnosis and its symptoms. Next he was explained how the therapy would work over the course of time. Client agreed to come to session every once a week for 45 minutes each.

Session 4-6

In the 3rd session client was explained about 'auto pilot mode'. Various examples were given and he was asked to identify a situation from his life where he was on 'auto pilot mode'. He was taught how to do body scan. He was given the homework to practice it and if anything comes during the practice he should discuss about it in next session.

In 4th session client discussed how he found his mind wandering all the time during practice. He was told not to get perturbed by it but simply just acknowledge it and getting back as many times as it happens. Next he was made to practise mindful breathing where he observed his breath in great detail. He was asked to practice mindful breathing whenever he felt restless or when he felt as if everything is going bad. He was also explained the anxiety graph and how it works. In homework he was asked to continue with the previous task along with taking up any activity everyday and doing it mindfully.

In 5th session the client reported that in homework his attention wandered off but he was able to bring it back to his breathing. He was asked to pick out the situations where he feels angry and what thoughts come to his mind. Do these thoughts follow a common theme if yes then what is it. He was asked to accept these thoughts which come and let them go and not hold on to them.

In the 6th session the client was able to identify his automatic thoughts. He was asked to re-enact a situation where he got angry with his wife and screamed on her and left. He was told to accept the thought "she should understand me, my job and how stressed I am." he can accept the thought and should let it go. Try to feel what is happening in his body during this time? Bring his attention to his breathing. He was informed that this kind of reaction will take a lot of conscious practice and not come immediately. For homework he was asked to continue with mindful breathing, mindful eating and doing one different activity mindfully everyday.

In the 7th session the client was taught about nature of thoughts, how to step back from a situation and view it with the wise mind. These thoughts are just thoughts and not facts and thus not every thought needs to be acted upon. For homework the client was asked to have a conversation with his wife and explore what she was feeling along with what thoughts cross his mind during this period and note them down without judging them as right or wrong. He can discuss these thoughts in the next session.

In the 8th session the client discussed how he felt during the conversation with his wife. He did get angry but it was only limited to himself. He walked away and then came back but made a conscious effort to not say anything right then. He was able to understand what she felt and at the same time could explain in a better manner how he feels. They then decided whenever he gets angry one person will walk away and can resume the conversation only when both are calm. In the session he was asked to write down what happens on days when he doesn't feel like talking much to anybody. He can write down how he is feeling, what is he thinking and can write down pleasurable activities which he can enjoy when feeling down. He needs to start this with mindful breathing.

In 9th session the client was taught mindful eating with the raisin. This practice he has to do with at least one full meal a day. He needs to maintain a record of 2 pleasant memory and 2 unpleasant memory every day. This will help him to assess what activities give him more happiness and can do them again.

In the 10th session he was taught mindful walking. He has been advised to go for 30 minutes walks preferably in evening when the weather is pleasant and practice mindful walking along with mindful listening of the nature. This shall help him to feel more calm and peaceful.

In the 11th session he was taught how to communicate with people around him. He was asked to practice mindful listening and not to get stuck with how he feels. He should acknowledge how he is feeling and let it go. During office hours if he feels overwhelmed he can always practice mindfulness for few minutes by focusing on his breath and how his body feeling and where. The assessments were conducted and data was collected.

In the 12 session (termination) all the techniques were revised and the results were discussed where it was observed that the client has reduced symptoms over the course of therapy. He has been advised to maintain his pleasant and unpleasant memory record which gives him an insight into what makes him feel good. He needs to keep practising different kinds of mindfulness in order to not get stuck to his thoughts and allow them to pass.

Follow up

The client came after 1 month of the termination session. He is maintaining well and continues the practice of mindfulness everyday without a fail.

Result Table

	BDI	Online MBCT	BAI
PRE	24		32
POST	16		21

The result table shows that there was a significant reduction in depression and anxiety symptoms post therapy was terminated.

Discussion

The results obtained from the case study demonstrated reduction in scores of depression and anxiety. The current results are supported by a study in which MBCT was administered and there is significant fall in mood symptoms and rise in well being of the participants (Emilee, 2021). In another study by Anna and Dusana (2019) MBCT and CFT (Compassion Focused Therapy) have resulted in enhancing mindfulness and decreasing depression, stress and anxiety level. There is an ample amount of research suggesting that when MBCT administered online is as effective as face-to-face psychotherapy (Jinjun and colleagues, 2024, Bendix and colleagues, 2022 and Zindel, 2020).

The potential reason for MBCT to be effective could be that this therapy works on helping the clients to be in the present moment and accepting things around them without any kind of judgement and also working on allowing their emotions and thoughts to flow freely rather than getting stuck to them which gives rise to their symptoms. It teaches the practices to the client about how to inculcate practice of Mindfulness in day-to-day activities and which will help the client to live their life meaningfully and not just pass through it. When MBCT is administered online it demonstrated small to moderate effect size in reduction of anxiety and depression symptoms. Its low cost and ease of access made it more accessible to the general population. (Bendix and colleagues, 2024). Post the therapy is terminated the resilience which is enhanced by acceptance skills of the client works on maintaining the client's improvement of symptoms (Bendix and colleagues, 2024). Thus, it can be concluded that MBCT one of the third wave psychotherapies which is being used globally has benefitted a lot of clients suffering from mixed anxiety and depression. It helps the client by being present completely and not getting stuck to anything in particular. Mindfulness practice has also benefitted the global population at large during the pandemic. It helps with issues like stress, sleep, increases wellbeing, etc.

Future Directions:-

1. More cases studies can be taken up.
2. A study can be carried out where the sample is greater and it can also include the data till the follow up at 3months or 6 months interval
3. Other therapies can be taken up so that effectiveness of the therapy can be compared with each other.

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