

MINDFULNESS-BASED COGNITIVE THERAPY REDUCES DEPRESSION SYMPTOMS IN PEOPLE WHO HAVE A TRAUMATIC BRAIN INJURY: RESULTS FROM A RANDOMIZED CONTROLLED TRIAL

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Introduction: Traumatic brain injuries (TBI) may lead to persistent depression symptoms. We conducted several pilot studies to examine the efficacy of mindfulness-based interventions to deal with this issue; all showed strong effect sizes. The logical next step was to conduct a randomized controlled trial (RCT).

Objective: We sought to determine the efficacy of mindfulness-based cognitive therapy for people with depression symptoms post-TBI (MBCT-TBI).

Methods: Using a multi-site RCT design, participants (mean age = 47) were randomized to intervention or control arms. Treatment participants received a group-based, 10-week intervention; control participants waited. Outcome measures, administered pre- and post-intervention, and after three months, included: Beck Depression Inventory-II (BDI-II), Patient Health Questionnaire-9 (PHQ-9), and Symptom Checklist-90-Revised (SCL-90-R). The Philadelphia Mindfulness Scale (PHLMS) captured present moment awareness and acceptance.

Results: BDI-II scores decreased from 25.47 to 18.84 in treatment groups while they stayed relatively stable in control groups (respectively 27.13 to 25.00; $p = .029$). We did not find statistically significant differences on the PHQ-9 and SCL-90R post-treatment. However, after three months, all scores were statistically significantly lower than at baseline ($p_s < .01$). Increases in mindfulness were associated with decreases in BDI-II scores ($r[29] = -.401$, $p = .025$).

Conclusions: MBCT-TBI may alleviate depression symptoms up to three months post-intervention. Greater mindfulness may have contributed to the reduction in depression symptoms although the association does not confirm causality. More work is required to replicate these findings, identify subgroups that may better respond to the intervention, and refine the intervention to maximize its effectiveness.