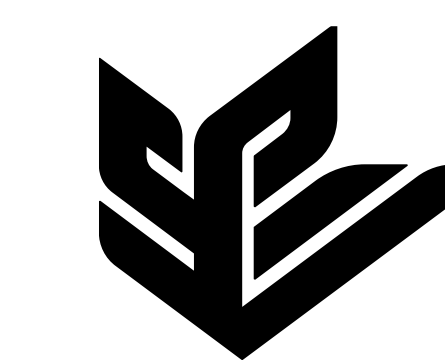


Mindfulness and Emotionally Focused Therapy (EFT)

Integration to Increase Secure Attachment



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ABSTRACT

Using data from 10 couples recruited from the local mental health care community we will examine the relationship between mindfulness and emotional regulation in the treatment of couples. The addition of mindfulness will create a greater change effect compared to EFT treatment as usual. Effects will be measured in a pre/post design utilizing three standardized tests, including ANOVA and linear regression for analysis. We hypothesize that utilization of mindfulness techniques with EFT will result in increased rate of therapeutic progress as compared to a control group.

INTRODUCTION

- Mindfulness has been shown to have a positive effect that reaches beyond the 'treatment as usual (TAU) protocols to provide greater and more sustained relief for depression, anxiety, ADHD, drug-relapse prevention, PTSD, and even personality disorders like BPD (Gambriel, 2010).
- Mindfulness-Based Interventions (MBIs) creates optimal conditions for experiential and emotional processing, the main components of theories like EFT (Gayner, 2019).
- Research indicates that mindfulness creates an enhanced readiness to change (Gartner, 2013) and can temper the highest levels of emotional arousal in families (Brody, 2020), thereby moving beyond the usual limits of MFT to affect change.
- Compared to other forms of treatment as usual (TAU), mindfulness practices, both formal and informal, show a significant effect on the outcomes of families, couples, and individuals presenting with a variety of dysfunction (Creswell, 2017).
- We can expect that a treatment condition with some form of mindfulness should show a positive gain in emotion regulation regardless of other measures used. What we need to determine is the amount of mindfulness needed to affect a positive gain in emotion regulation beyond the TAU.
- Our study seeks to determine whether the addition of Mindfulness interventions to EFT treatment with couples will result in increased emotional regulation, leading to more rapid development of security and vulnerability in the therapeutic work.

PRIMARY AIM AND HYPOTHESES

- RQ: Does the addition of mindfulness practices to EFT interventions create more rapid therapeutic change in couple treatment?
- H: Couples treated with an integration of mindfulness and EFT will experience more rapid development of secure attachment than couples experiencing TAU.

METHODS

Participants

- 10 Married couples with no prior experience with mindfulness practices.
- Couples who are receiving couples therapy in the community will be invited to participate through referral via local community mental health agencies.
- The Prepare-Enrich assessment will be used to identify couples with similar levels of moderate conflict.

Procedures

- Emotion Regulation Questionnaire (ERQ), Interpersonal Emotion Regulation Questionnaire (IERQ), and Cognitive Emotion Regulation Questionnaire (CERQ) will be administered to each treatment group as part of the intake process.
- Each treatment group (Prepare-Enrich control group, EFT treatment group, and the EFT plus Mindfulness group) will participate in ten, weekly sessions of their assigned therapeutic intervention.
- ERQ, IERQ, and CERQ will be administered within one week following the final treatment session.
- Responses to the listed questionnaires will be tallied and scored based on the questionnaires' indicated scoring methodology to capture data on changes in emotional regulation and emotional openness in each couple.

MEASURES

- We will be comparing the mean scores of the ERQ, IERQ, and CERQ which will be administered before session 1 and after session 10 to each couple in all treatment groups (Prepare-Enrich control group, EFT treatment group and the EFT plus Mindfulness group).
- ERQ: Respondents' answers are scored on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). The scoring takes the average of all the scores in each subscale of cognitive reappraisal and expressive suppression. Higher scores indicate greater use of emotion regulation strategies; lower scores represent less frequent use.
 - IERQ: Items are forward scored on a 5-point scale of 1 (not true for me at all) to 5 (extremely true for me); subscale scores for enhanced positive affect (items 3, 6, 8, 13, 18), perspective taking (items 2,7,10, 14,17), soothing (items 4,9,12,16,19), and social modeling (sum of items 1, 5, 11, 15, 20).
 - CERQ: 36-item questionnaire. 9 cognitive emotion regulation strategies are measured on a 5-point Likert scale ranging from 1 to 5 calculated by mean scores belonging to particular subscale. Higher subscale scores indicate greater use of a specific cognitive strategy.

RESULTS

- The data from the questionnaires for each treatment group will be analyzed using the Friedman ANOVA. We expect that the Friedman ANOVA will show an increase in emotional regulation for the EFT-M group given average scores.
- The data will also be analyzed using a linear regression to assess for positive correlation between mindfulness practices and emotional regulation skills.

Sampling procedures:

Study participants will be recruited through referral from local community mental health agencies. Couples will be currently engaged in couples therapy but will not have had experience with mindfulness. Couples will be chosen based on an initial eligibility test using the Prepare-Enrich compatibility assessment to select couples that are experiencing similar levels of moderate conflict.

Discussion

Social Implications:

If, as we hypothesize, Mindfulness used together with EFT results in more rapid development of secure attachment and therapeutic change in couples, this outcome could lead to shorter courses of treatment for couples and to higher levels of secure attachment.

Clinical Implications:

This study aims to leverage the existing and well-known interventions of EFT and Mindfulness in combination to increase desired treatment results. This study will explore whether the benefits of this treatment combination are greater than treatment as usual. If successful, our work will provide clinicians working with couples an evidence-based method for increasing rates of change in their clients, utilizing approaches they are likely already familiar with but may not have combined for greater impact.

Limitations:

Limitations to this study include lack of data on other relevant treatment conditions and on the combination of Mindfulness with other theoretical modalities or Mindfulness alone as a treatment condition.

Implications for Future Research:

While this research design begins to answer the question of whether mindfulness adds an additional therapeutic effect to treatment as usual for couples, there are many questions left. It would be helpful to know the smallest degree of mindfulness needed to add an effect. What's the difference that would make a difference here? It would be helpful to measure mindfulness individually compared to other treatment theories. Are they better together or is mindfulness on its own just as effective as a solo therapeutic tool? This design is meant to be a step toward discovering the degree of mindfulness that is effective in therapy when used in concert with TAU.