

320 – Mindfulness with Hannah Ellicock

Steven Bruce

Good afternoon and welcome back to the Academy for some more great lunchtime learning as well. It's been a bit of a tense day for us here at APM We've radically changed our technical setup in order to smooth out the login jams that we used to get. And this is our first live outing as it were with the new system. So we all got our fingers firmly crossed, hoping that everything works as it should. What we're going to be talking about today, we're going to be delving into the topic of mindfulness. In particular, we're going to be looking for the evidence for its effectiveness, but also how you can make it work for you in your own practice. Hannah Elcock is my guest, and she is pretty well equipped to explain all this. She is herself an osteopath. She's a mindfulness teacher. But she's also trained in using mindfulness to support her physical therapy. And I have been corrected. I said in my email earlier on that she was embarking on a PhD in mindfulness, but she's told me she's thinking about a PhD. So we'll just use that as a little bit of encouragement on my part for her. Anyway, the reason she wants to do it is because she's found mindfulness to be such a powerful technique. Hannah, great to have you with us. Thank you for giving up the time. And apologies for telling everyone you were already doing a PhD when you haven't started yet.

Hannah Ellicock

Oh, well, thank you very much for having me here.

Steven Bruce

No, not at all. You and I have been talking before we went on air about what mindfulness is. And I wonder if perhaps it's quite useful for you to explain what mindfulness is not because people have got, as you said, to me, lots of misconceptions about it.

Hannah Ellicock

Yeah, and it's it is. So most of the time, I think people think quite rightly, that mindfulness is a great tool to help you you're stressed or anxious or to help you relax. And yes, it can be those things. But it isn't really defined by that. And there's nothing wrong with finding it relaxing or doing it because you want to feel relaxed. But I think when we're talking about using it in a clinical setting or recommending it for patients, because you know all manner of reasons that I can talk about a bit later why we might want to recommend mindfulness to people who come into the doors of an osteopathic practice, it's important to understand that actually, by practising mindfulness and

learning how to pay attention to the present moment, what we're doing is we're understanding that we can choose where we place our attention. So we have choices about how and where we place our attention. And when we use those to our advantage and make choices at times of adversity or in times of difficulty when we're stressed or worried or anxious. about stepping back from the mele, thoughts, and choosing how and where we place our attention, then mindfulness can become really powerful tool.

Steven Bruce

Yeah, I guess there's there's been a tendency on my part, I won't try and speak for any of the Osteopath, and Cairo's watching us but a tendency on my part, I think of it really is a sort of an equivalent to some sort of Zen trance that one might want to put oneself into, you know, and and I guess it's not the key, the clue is a bit in the name, isn't it? It's mindfulness. It's as you've just said, focusing on the important thing at the moment.

Hannah Ellicock

Yeah, absolutely. And, in a sense, I think that kind of idea puts it off. And oftentimes people will say something like, oh, I tried it, but I couldn't clear my mind, I was really bad at it. And it's like, well, actually, no one can clear their mind. And in fact, just stopping and realising that we have all these thoughts that just keep coming and coming and coming can be a really useful thing to do. Because that's normal, our mind is very full and very busy. And once we realise that, we can then make a choice about what we want to do about the fact our mind is busy, and what would be a supportive action, given these patterns that we call them automatic thinking patterns that we can really easily slip into. And we see lots of them around health, around health anxiety, around beliefs about what I'm the sort of person who type of thoughts what people can and what people can't do, what people are frightened of doing. And once we can tune into those, and also start to then recognise them in patients, and then go on to advise patients, how they can tackle them, or view things different perspective, then it becomes something we can use in our own lives and also offer to our patients.

Steven Bruce

I was talking to somebody, only recently over the last few days, actually, who I tend to think has a tendency to catastrophize. So in any given situation, not necessarily a healthcare situation, but it could be that that person will be saying, well, what, what because what's going to go wrong? What do I got to look out for and things like that? Is that given that catastrophize ation is a bit of an obstacle to rapid rehabilitation or healing is that somewhere where mindfulness can come in?

Hannah Ellicock

Yeah, most definitely. And when you it's interesting, because it wouldn't surprise me at all. Whether someone who has a tendency to catastrophize in general is perhaps more likely to develop health anxiety or be anxious about their health and what sprung to mind when you were telling that story about someone you recently seen was a patient I saw maybe about a year ago, who tried to come and see me three times a week because they were so good. worried about the pain in their back could you know my backs have gotten and what the consequences of that going to be for their health at the work. They worked as a nanny, and they have seen lots of driving looking after children. And so it's quite often it isn't actually the discomfort but the way that's projected into the rest of their lives, and this worrying, and we call it rumination, sort of churning over thoughts around and around in someone's mind, that can that can then feed further into the tension in the body. And then few other worries, because I don't know what other people think. But to my mind, people will always believe the sensations and the pain and the discomfort from their body more than anything, I

will tell them that felt in Greece seems much more powerful. And that is when challenging somebody on that can be helpful and supportive.

Steven Bruce

I think it's very hard, even for an osteopath or a chiropractor with all are training to really understand what's going through someone's mind when they've got severe back pain. Because I've often said to people, if you haven't ever had severe back pain, you don't know just how scary it is. Because it does feel as though is never going to go away. And it does feel as though you've done something permanent and disabling. I was going to ask you that you a couple of weeks ago and we were talking you mentioned that you had done a course at the Eusebio on, on mindfulness, presumably in connection connection with your osteopathy. Were they teaching specific ways to use it in practice to get better results?

Hannah Ellicock

Yes, they were. It was a really fabulous course it was set up by Dr. Hilary Abbey and a psychologist called Lorraine Nynke. I think so I sent him link neck. And I think I think it's still running at the University College osteopathy, and it's called Ostium, AP osteopathic mindfulness and acceptance programme. And they that is a fee, I'm sure there's people on here who've done the course. And it's really interesting. It's a, it's set as a six week protocol. And obviously, we don't normally treat as protocol in osteopathy. But one of the exercises they do is hugely helpful. And they call it notice, breathe, expand, allow. So you could guide someone or place your hand say for example, if somebody with a shoulder issue or handled to their lower back, and just really ask them to come in to that part of the body and slow it right down to notice what's there to dive in to the discomfort. And see, look at the quality of the pain, where it starts where it stops, almost give it a colour, give it a texture, and then just see if by breathing and just being breathing into the area and focusing their attention on it, they can maybe just allow it to soften just a little bit. And as we all know, often people get secondary issues with an acute low back pain, say for example, because they're in pain and their discomfort, everything gets quite gripped and clench. So just simply encouraging someone to soften and to localise and isolate the discomfort and be less frightened of it. And to get away from that feeling that they're going to break or snap in half. And then what's going to happen? Who's going to walk my dog? How am I going to get to work? Can I even drive can't even my socks can just start to slow everything down a little bit. So it's an approach orientation and it's that element of mindfulness. So rather than avoiding the worries and the concerns and the catastrophizing thoughts, actually looking at them and shining the light of day on them and going Okay, well let's just slow this down and see how things actually are rather than how I think they are or how worried they might become.

Steven Bruce

Was that course only open to osteopath

Hannah Ellicock

as far as I'm aware when I did it, but I did it. I did it when it very first started, but it may well have developed and changed now. So it's

Steven Bruce

I don't know if this is the UCI is still thinking of moving down to share a campus with the Anglo European college. Because they might have to share their courses with the chiropractor's then. Yeah,

Hannah Ellicock

yeah, I didn't know how that's all gonna work out. But you know, to me, it seems like quite a good idea. Strength in Numbers. pans out?

Steven Bruce

Yeah, sure. So we said we were going to talk about evidence on this. And we have talked about evidence in the past. I'm always I was very sceptical about mindfulness when it first came out because I thought it was one of these fad things that people had just invented a name for and, and was worried that those people who were desperately keen to promote their pet topic would come up with flimsy evidence, which will be seized on by the press and everyone else. Tell us about the quality of the actual level of proper evidence.

Hannah Ellicock

Oh, I can start to rub my hands together. Lee, you and I talked about evidence and get

Steven Bruce

a PhD calling on you.

Hannah Ellicock

Yeah, yeah, if only I would absolutely love to. It's just one way I can persuade my husband and kids. It's a good idea and won't dominate my entire life as hate but there is a huge amount of evidence because So I've actually got a slide in the deck that it might be useful to show at this stage, which is where mindfulness based cognitive therapy, which is the nice, recognised form of mindfulness has come from. And it's a fusion of cognitive behavioural therapy, and a type of meditation practice that Jon Kabat Zinn, some people may have heard of him, he developed a programme called mindfulness based stress reduction, which he piloted with people with chronic pain in the late 80s, early 90s, at Massachusetts Medical School, and say, we've got this fabulous base of psychological and cognitive science that underlies the probe, the meditation that's then layered on top. And so it's a really great fusion of really quite hardcore, tried and tested cognitive based therapy, science mixed up with some really great, very thoroughly done really quite high powered RCTs, around using mindfulness with all sorts of different populations. And it started off as a treatment. This is mindfulness based cognitive therapy, which is type of mindfulness, I teach the nice recommended type. It started off as treatment for severe recurrent chronic depression. And then since then it's kind of trickled outwards, to health anxiety, to psychosis, to parenting, to pretty much anything you can think of to people to help prevent burnout. So it's now being used much, much more in people who aren't seeking help for psychopathology, but people who are seeking help, either because they're stressed, they're anxious, just a busy lifestyle. Or perhaps they might have something else going on. Or they might have a specific area they want to work with, such as pain or discomfort or chronic long term health condition.

Steven Bruce

Are there areas where it's not appropriate to use mindfulness? Do you think? Well, perhaps a better question is are people are there occasions when people might be using mindfulness where they shouldn't be?

Hannah Ellicock

Yeah, most definitely. So if we rewind back to I'm trying to think things are going to be most relevant to people watching. And if we rewind back to someone coming in the clinic and a lot of pain, well, to

do an NBCT course, you're really looking at two hours a week, once a week for eight weeks isn't an eight week. So it's 16 hours in total. And the lesser version is called finding peace in a frantic world. And you can just about condense that into six weeks having sort of maybe an hour and 15 minutes a week of teaching with a bit of home practice. So it's not a if you want to do actually properly de mindfulness rather than sticking plaster on the top and kind of in a quick Robert better type of thing, then you do need to do a course you need to do that at a time in your life when you're in a good position to do it. So sometimes the times when we may stressed aren't the best times to try and dive into cause it's going to help us be less stressed. So the general advice is, don't do it. If you've just been bereaved, don't do it. If you've maybe just had a major life event, like got divorced. Don't do it if you're under a huge amount of stress and strain. That's the time when I'd say maybe go to something like some apps go when you think there's Insight Timer. But then you can get loads of free things. There's Dharma seed, if you want more of a Buddhist slant on it. There's one to pay for headspace and calm. And that's when you know, it might be relaxing. And it might just be the thing you need to help you unwind a little bit but if you want to, what we say in mindfulness is weave your parachute before you need it. So gain the skills gained the techniques. As you were saying earlier, it's not some kind of secret Zen martial art ninja thing. It's something that anyone can learn how to do. Even people who go oh, I tried it I was rubbish. I couldn't do that my mind was just too busy. But that's the whole point, isn't it? how busy it is, and then deciding what will be supportive to us in that moment. So also, if people if people have had experience, experience psychosis, that you need to be really careful, or really severe, or really severe psychopathology, then they would need to really do mindfulness in a very supportive way supported by someone has a mental health professional.

Steven Bruce

Yeah. And you talked about NBCT, mindfulness based cognitive therapy, which is I think it's the one you said that you teach. That, by definition implies that there are other types of mindfulness is there is what you teach the most appropriate for physical therapists do you think?

Hannah Ellicock

Right? Yes. And there's also MBSR Mindfulness Based Stress Reduction. And that just has a bit less it's very similar, but it has less cognitive educate less we call it psycho education or cognitive education. So as part of an MBCT course, you have a chunk in each session where you look at thinking patterns. And a really useful one is thoughts are not facts. And the idea that a thought is a thought not a fact seems quite obvious in A cold, cool calm day when you're quite relaxed and logical, but when you're really caught up in ruminating and worrying and anxiety, or stress or depression, these thoughts can seem real. And then the more powerful the thought, and the more adverse the thought, the more real it seems. So MBSR, mindfulness based stress reduction is really great. And there's some really quick, there's a Cochrane review about that, but anyone who wants to can can Google and go on to Cochrane and look that up. And that's really helpful. And then, but they're the two really main formal types of mindfulness. And then there's, of course, all contemplative practices that you might encounter in perhaps more religious setting. But yeah, I would say just, just be careful recommending it to patients that you commending them, because I think it can be quite easy to say, oh, mindfulness, can we get targeted mindfulness that There are all sorts of people out there? Offering all sorts of weird and wonderful things? And yes, it could potentially someone soft

Steven Bruce

on that on that topic, then I imagine that there are potentially people who've done a one day mindfulness awareness course or something you then hold out as mindfulness experts. Should we be

wary of referring patients to people like that, who haven't done more extensive training like yourself?

Hannah Ellicock

I would, I would be very wary of that. Yes. I mean, it depends what they want. You know, you might go to a yoga class. And you might have a yoga teacher who does like a little mindfulness meditation at the end. It's very well intentioned, and, you know, that's going to be great. And it's just part and parcel of the, of what what they do and what they deliver. But if you were seeking to learn how to meditate, then I would say doesn't necessarily, there's then I would say, Yeah, it really, it really should be someone who's properly trained. And I mean, we know we're statutory registers as osteopath. And, you know, there's videos of chiropractors watching, they've all got their statutory registration or their registration and various forms. So they're answerable, but as an osteopath, as a sorry, as a mindfulness teacher. There's no statutory regulation, you can registration body is entirely voluntary. So anyone can set themselves up as a mindfulness teacher.

Steven Bruce

I've always found in the past, that the the people who are part of these broadcasts our audience, they're always very alert to the possibility that they might be trying to do something for which they're not properly trained or equipped. You know, they don't they, you know, we've had counsellors on the show before talking about mental health and so on. And people are very alive to the fact that we mustn't stray outside our area of remit. Is there a sticking plaster version of mindfulness that people could use in practice? beneficially?

Hannah Ellicock

Yeah, I would say if you've got if you yourself as a practitioner, or perhaps you have patients, there is absolutely no harm, to go on to one of the many mindfulness apps and sort of have a listen and sort of dip your toe in the water. However, I would just say be aware that if someone has a history of mental health, illness, or not just feeling a little bit stressed, not just feeling anxious, but has perhaps felt unwell enough, or that it was bothering them enough to perhaps have certainly see a psychiatrist, probably to see a psychologist, anything more than maybe seeing a counsellor, then it would be wise for them to embark on mindfulness with an experienced, qualified teacher, simply because it can bring things up. For most people, it will be fine, but it can, it can bring stuff up. And just so I did a non academic mindfulness training with the Oxford mindfulness centre, there's Bangor University, do it ex University dirt, there's another organisation called the mindfulness network that train people in any of these training is going to take an absolute minimum of a year, and then you then have to teach two courses on this very careful supervision. So for each session you deliver, you would have probably a minimum of half an hour, if not an hour supervision, discussing the session and looking at how you've taught. Whereas say, for example, you're stressed, you're anxious, you have had a history of domestic violence, you perhaps have PTSD, and then you think I know I'm quite stressed I'll, I'll go and do a mindfulness course that would help and you do it with someone who doesn't really know what they're doing, even if they're very well intentioned, when you're asking someone to focus on body sensations, and they're perhaps on the edge of and they they started to, perhaps have a triggering thought, and they start to breathe more rapidly and feel a little bit anxious and you're saying focus on the breath, focus on the breath, that could take them over into a panic attack, for example. So you do have to be quiet, especially around trauma, severe depression or severe anxiety.

Steven Bruce

Okay, does this mean that you've done other training in mental health maybe Mental Health First Aid or somesuch?

Hannah Ellicock

Well, what it means is that before I teach anyone mindfulness, I screen them very carefully. And if I feel that their particular circumstances are outside my scope of practice, I refer them to the teacher.

Steven Bruce

Well, I was thinking more of when you're dealing with patients. You've talked about not treating people with a history of psychosis. That means you should be able to recognise psychosis, which presumably means that you must have been either told that as part of the mindfulness training or you've gone

Hannah Ellicock

well, that because I wouldn't say that I haven't experienced psychosis. I've treated people as an osteopath, you've had an experience of having hearing voices or have had mental health difficulties in the past. But I think if you're doing a small intervention, such as the osteo map intervention that we were speaking about that Hillary Abby started at university up, then I don't think you need to have specific mental health training because you're working in quite a small area, and you've got a very specific way that your way that you're working, but that's I think, is quite different to working with someone in a mindfulness setting and saying, Okay, we're going to lie down, and we're going to shut our eyes and we're going to tune into sensations from the body for 40 minutes. And that's when the space for the mind to bubble up and for things to come up. So that's when it can be more problematic rather than, uh, maybe following an app or going on headspace or looking on Insight Timer, or, you know, whatever, whatever mindfulness light people might do. So, I mean, I don't think people should hesitate about maybe recommending people diving into an app that gives them basically a relaxation. But I think it's useful to understand the difference between that and between doing a full mindfulness course and how full mindfulness training can actually be really supportive and helpful.

Steven Bruce

Yeah, okay. A few questions have come in at the moment. Darcy, first of all, has said that Jon Kabat Zinn deserves a Nobel Prize for formulating mindfulness. And I'd never heard that name before. But I imagine that you have because it seems that that's the person who

Hannah Ellicock

he was what you can actually be once you watch an American documentary from the 1980s, with some amazing hairstyles, and outfits, which is all about his work in, in the company, the exact name of it, but it was in it was in Massachusetts pain clinic that he set up and founded, and they kind of shoved him in a room out of the corner and went, Okay, well, you can give it a try. And he, while meditating, came up with the idea of, he actually called what he did a secular version of the Dharma. So the Dharma is a phrase used to describe the teachings of the Buddha. So that's when he looks at pain, he looks at the effects that has on people and people with severe chronic illness and awful, awful, incurable conditions. And he just, he helped them enormously, through helping them live in the present moment. And to help them step back from thoughts and helping them to see all the things they could do, rather than focusing on things that they can. I've got a, I've got a book, I've got a massive pile of books next to me. So this is a really good book,

Steven Bruce

to tell you what I mean, probably a better bet is if you share it with me afterwards, then I can send that out as part of our follow up email.

Hannah Ellicock

But yeah, he wrote the foreword of that book. And it's a really interesting book, but he's written tonnes of books, and I'd recommend them wholeheartedly. Some of them are absolutely massive, great teams like about that thick. And I listened to ones like that on Audible, because, realistically, otherwise, I'm never gonna finish it.

Steven Bruce

Okay, other questions, then? Mike wants to know, and you kind of touched on this if there is a register of practitioners that offer more advanced mindfulness, more advanced, I'm guessing than the yoga teacher who's done a little bit and just added in as a bit of relaxation.

Hannah Ellicock

Yeah, there is this the British Association of mindful in a space it's called Bamber. I can't remember last day applications British Association of mindfulness based applications, although I have to say I'm actually not on it because I keep pressing off filling my forms. I've been putting off about two years. So most jobs today but yeah, so if you if you're on that register, it means you've undertaken proper training and that you're properly supervised and your supervisor has said yeah, that decent thinking they're good.

Steven Bruce

If there were only some way you could throw in your somebody perhaps that you could channel your mind into just thinking about filling in the form for Bamba.

Hannah Ellicock

Yeah, well, I really, really horrendously organised is one of my one of my opportunity areas to work on.

Steven Bruce

I go on to another question here from cookie the cookie says could we not be using the bio psychosocial I don't know if cookie is the real name or whether it's one that's generated by the system. Could we not use the bio psycho social model motivational interviewing and lifestyle changes here now? I don't know. Enough about motivational interviewing. I know what it is. But I don't know enough about how one is meant to do it to know whether it is similar in any way or an alternative to mindfulness. I don't know about you?

Hannah Ellicock

Well, I think motivational interviewing is it's just a different approach. And it's not trying to achieve the same thing. It's, I mean, my understanding, and I'm obviously not an expert on motivational interviewing. But motion interview, interviewing, as I see it is trying to ascertain from somebody what matters to them, and in the interaction with them, encouraging them to look for barriers that may stop them doing whatever it is, you're suggesting that they do, and asking them how they can navigate around those in a way. So say you're trying to get someone to make some decent exercises or some dietary changes or whatever it might be. But rather than I'm the expert, and I will tell you what to do, sort of trying to find out what would work for them what they feel would work and

understand what matters to them. And then the Asti a map programme uses that approach a lot to try and encourage, find find out what matters to people they call it values based living. Right. But that's, I mean, that's great. And that's it. That's an approach and mindfulness. It's another approach. There's just different different ways of skinning cats, I guess.

Steven Bruce

Yeah. Somebody has sent in a question asking if you could just repeat what you said about an opportunity thingy regarding filling in that form. Because whoever it was, says they liked the phrase that you're used for putting it off and they intend to use it themselves.

Hannah Ellicock

Yeah, and opportunity area. And actually, someone said that, I think I can only say that. So in cheek and I heard that phrase, I also teach Pilates. And I heard that phrase from an API Pilates trainer. He said, You know, don't think of it as a weakness. Think of it as an opportunity area. So yeah, I try and just to reframe, reframe things a little bit.

Steven Bruce

Yeah. Getting back to treating patients, Sarah says if you take patients into a trance like state at the end of a session, and I will say that's what you do. How do you get them out? I think he or she means she said she likes to her patients to be quite energised at the end of a session and they get get bigger, dressed quickly and get out quickly so that she can get on with the shedule. And she worries that trans patients will take longer to leave.

Hannah Ellicock

Well, I mindfulness definitely isn't hypnotism, it's definitely not putting anyone in trance like state. In fact, it's bringing people into the present moment. So it's almost doing the opposite of a trance. But if that question means if someone's feeling quite calm and relaxed at the end, might it take them longer to get up and get dressed and get up? Then I would say maybe don't put at the end put in the middle.

Steven Bruce

Yeah, good point. Which is actually brings me on to a question that I've been meaning to ask you. Because since we started this, but could you Can you talk us through how a treatment session would go what would make you decide to incorporate mindfulness in a normal appointment for someone with, I don't know a shoulder problem or hip problem, whatever else. And again, hear how you would, how you would adjust your timing so that your appointment list doesn't get all out of whack because this particular one needs mindfulness and that one doesn't?

Hannah Ellicock

Well, I wouldn't deliver mind if I'm delivering mindfulness as part of an osteopathic session, it is a very light touch that I just gently slip in much more in terms in in the way that is taught in the Aussie mat programme, in which case, it's part and parcel of a treatment in. So if I were to say, do a notice, breathe, expand, allow exercise with a patient, I've sort of explained, I want to try this approach just to help me tune into this part of your body, and really look at what's going on there. Because often when something we're in pain, we can want to push against it. And we can alter a splint. And quite often, we just get really tight because it hurts so much. And we're quite frightened of it. And sometimes when we unpick and we get a bit closer, it can feel a bit less scary. How does that sound? Yeah, and then I would go into a notice read, expand, allow, which might take five, seven minutes,

and then come out of that. And then what's quite interesting, say for example, you're using shoulder because that's nice and easy one to kind of think about you can do active and passive movement testing before and afterwards and see does that just feel a bit easy? And yeah, the pain might still be there, but they might not have everything clenching and gripping and holding and holding on to the jaw. So I would use it in really quite a practical way. If I then could say, to sort of, say, for example, but that would be when I'd use it differently to say I have someone with a chronic long term health condition or presenting with chronic pain, in which case, I would say look, I we can help you but this isn't gonna go away. You've had it for you know, 10 years. So have you thought about different approach? And that's, you think about doing a mindfulness course during an eight week course.

Steven Bruce

Right? And that probably helps answer Rob's question Who says you know if, if including mindfulness To practice for the patients during a treatment, how long would you normally schedule the appointment for? Is it possible to keep the 30 or 40 minute appointments? If you're doing this?

Hannah Ellicock

If you're if you're using it in a bite sized chunk, then yes, it most definitely is. Although having said that, if I if I've got a gap after a patient, I'll almost always run over and just end up taking this a bit longer because it's nice to it normally, where I do now a new and half an hour follow up. But if I was a full Asti map protocol, each session is an hour rather than rather than half an hour. But I, I don't teach mindfulness one to ones. I've had requests for it for people doing an eight week course one to one, but actually, a lot of the learning comes out of that sense of common humanity you get from hearing other people's stories. So it's not Greek therapy. But nonetheless, hearing other people's responses can actually be really helpful when we're making our own reflections on how we might respond.

Steven Bruce

Is your training done online? Or is it face to face?

Hannah Ellicock

Most of the teaching I have done has been online. That is partly because I did my training shortly before the pandemic hit. And so much of the teaching has been and it actually it's actually transfers really well. But at the moment, I teach mindfulness in a local hospice as a volunteer with people with a terminal diagnosis in what they call a livingwell. Centre. So it's about helping people say that face to face I do, it is slightly different face to face, there is some good research actually, that looks at delivery online versus delivery face to face and online comes up pretty good. I mean, I think I'd always prefer in person, but you know, in the middle of the winter, you don't have to get out in an evening, then it's easy to turn up to a class if you can just do it online. So

Steven Bruce

I guess I was thinking about training training for practitioners rather than for something we could recommend to our patients?

Hannah Ellicock

Well, I'd say to you in terms of practitioner training, I've said the Oxford mindfulness Foundation, or the mindfulness network are really good. And they do a mix of online and in person.

Steven Bruce

Are these a year long courses?

Hannah Ellicock

Yeah, yeah, they are, I think, I think the mindfulness foundation do or the mindfulness network, sorry, D one, this is a block format. So you can turn up to a residential chunk for a week, go and do some practice turn up for another chunk. And that's how I did my training, the Oxford mindfulness foundation that used to be called the Oxford mindfulness centre. They don't do that anymore. They only do a year long year long course, which I think is a shame. But, you know, there we go.

Steven Bruce

A few people have apparently been asking about EMDR eye movement, desensitisation and reprocessing, for PTSD. Is that something you're familiar with? And can you? I don't know. We put that in context with mindfulness.

Hannah Ellicock

And it is completely different from mindfulness. This is a complete separate entity. I don't I know a little bit about it, but not an enormous amount. And it is has to be done by someone who's highly. He's a specialised psychologist or CBT. Therapist, and it is a treatment for trauma. And it's, it's apparently meant to be extremely helpful. But I don't know a great deal more about it than that. But don't please don't confuse it with mindfulness, because it's a completely separate thing. But I so I've taught people mindfulness who have had PTSD diagnosis, but only as I'm obviously not a mental health professional. I couldn't try and treat them with mindfulness, so to speak. But if they've had therapy, they've had some counselling. They've had EMR. And they felt they were in a position to undertake a mindfulness course. And they were happy that they would have the skills to deal with anything that might trigger them during the session, then, in these circumstances, I would take them on a course. So mindfulness can be used post trauma or with people, you've suffered PTSD, but they would definitely need quite lots of help first, and EMDR is apparently very helpful. Yeah.

Steven Bruce

That's an interesting one here that's coming from Kim. Kim says she went on to mindfulness workshops, and some of it was rather strange. She said her example is 20 minutes with a raisin. Does that ring any bells with you?

Hannah Ellicock

Yeah, actually. So I didn't think he was the only person to think that, in fact that my mom was describing her friend's mind was crossing. Oh, my goodness, they spent ages looking into race and how ridiculous Can you believe it? Well, the first exercise that you do on an eight week NBCT course is actually up to reason. And the reason is, because you shove it in your mouth. Usually we just eat them by the handful or we don't even notice them. And it's just the idea is to just take a simple, everyday object that we're all familiar with. I'm just really notice it and notice what's there. So yes, there are some I generally try and I find it hard not to teach you that smile on my face. And I think it's best approach with a healthy dollop of humour. But that is that isn't it. You can also do it with chocolate, or any other small bite sized piece of food, but it's quite I mean, it's quite interesting. If anyone's interested in experimenting, maybe just try and eat one mouth full of your lunch really slowly and mindfully and really notice the experience. How does it smell? How does it look? How does it feel in your mouth? How do you normally

Steven Bruce

personally, I have a bit of a Labrador approach to this, I feel if I eat one mouthful of my lunch very slowly, someone else will eat the rest of it. So I try to get it down quite quickly.

Hannah Ellicock

Well, that's ready to fend them off.

Steven Bruce

Kim actually came back in and said they had to study the reason in detail colour, wrinkles, etc. Then listen to it as we squeezed it between their fingers and put it in their mouth but not chew it felt the ridges he says it's very weird and weird and was a step too far for. But some of the course the focusing was very, very good indeed. What do we got here? Connie says I'm not sure if he's still practising. But they Connie has a colleague called Richard holding who is an expert in EMDR. And of course, there will be a register of EMDR therapists I'm sure that people could good find. I do have a slight tangent here because Christina has sent to Christina and has sent in a comment saying that our insurance needs to cover us and they want to know that we're qualified. Now. I talked to the audience for a little bit for a second here because audience the insurance is one of those things which I get quite irritated by there are some insurers who are very, very bad about providing cover for practitioners, which is why we at the academy, after a lot of research into this have now I can't really say partnered up but we have linked ourselves with we have a relationship with BGI insurance. Now, this is not a financial relationship we didn't get, we didn't have no interest in it. They don't pay us for people who sign up, but they do provide a discount for APM members. But one of the things that attracted me to them is the fact that they don't necessarily look for a course which is formally accredited in some way. For example, dry needling, which is coming up at the end of this week, they've said if you have got instructors with sufficient experience, and they will judge that on the basis of their bare CV and what you tell them about it, then they will accept that you will be insured for whatever it is you've been taught to do. If you go beyond what you're taught, then you're not insured, because that's obviously out of your skill set. And the same would apply to mindfulness. If obviously, you just tell them you say I want this added to the shedule. I know do mindfulness as well, just as you might for I don't know ultrasound or any other form of electrotherapy. They BGI are very, very flexible about this. And I'd recommend them to anybody. And if you are a member of APM, and you will get a discount, you'll get additional benefits as well. And they aren't, they aren't good. But it's one of those things, it's worth checking with your insurance, particularly if you're about to renew, you might want to ask them about how they cover adjunctive therapies and additional qualifications. So your thoughts, Hannah on insurance for mindfulness?

Hannah Ellicock

Well, I think if you're teaching mindfulness as a standalone, and you've done a mindfulness qualification, and you are teaching mindfulness, completely separately from osteopathy, then quite clearly you have to have specific insurance for that. However, I think if you're using a mindful approach, when encouraging a patient turn towards their symptoms and the area that they find uncomfortable that they're working with, I think that's just within our scope as as holistic practitioners really. So they will really expand allow, or you're going to ask someone to soften into the pain and perhaps notice what thoughts are present when they when they when they become aware of discomfort? I don't think you need to get especially insurance. Yeah, okay. In my opinion, I hasten to

Steven Bruce

Yeah, before we went on her, you and I talked about the business of conventional doctors being expert in a huge range of things, which might not be the best way of dealing with patients, accepting that we want to be as holistic as possible. Christopher sent in a call and saying, Is there any string about mindfulness here? Is there a risk of us trying to be the expert in everything? Where it might be more sensible or suitable to refer to a professional who is dedicated in such approaches? Maybe is that is that a sensible approach with mindfulness?

Hannah Ellicock

Um, yeah, I think so. Well, I think probably part of the reason I wanted to become, I wanted to train as a mindfulness teacher, rather than stay as an osteopath with an interest in mindfulness, which is what the osteopathic course gave me was just because I found it really interesting. I found it really helpful on a personal level. I saw patients you say, for example, a fibromyalgia patient or hyper mobile patient, people who can't get away the beginning, we only have one place to live. And when you live in this body, and it on a daily basis presents you with discomfort and pain that you want to get away from. I wanted to have another way of working with people. You know, obviously, you don't need to go and train to be a mindfulness teacher to use just little elements within your practice, that's for sure. And it was just the direct you know, some people choose to specialise in cranial work in the cranial field, or the classical field or with children. And I just felt that my direction of travel was just moving towards being interested interested in how the mind influences our health. Has anything I can do with my hands as an osteopath.

Steven Bruce

Hello, we've got a few just a few minutes left, can I ask you some things which I thought were quite surprising in part of the slide deck, which which we will share with the audience after the show? You have got some papers, which show that mindfulness can have an effect on some surprising areas, the length of telomeres, anti inflammatory processes and so on. Can you elaborate on any of those? Well, how could that be? What's the mechanism here?

Hannah Ellicock

Well, I think it's really all about cortisol. And there is really interest. There's some really interesting work about something about stress by McHugh, and it's in if anyone's interested, it's in the slide deck, and it's probably in quite tiny writing, but it's up there with McEwen. 1993, was the first the first paper and it's looking at the physiological markers of stress and the way they can reshape the architecture of our brain. And we all know that when we're in a heightened sympathetic state for a prolonged period of time, or we're all we are regularly pushed into a being sympathetically driven. And in high cortisol, that's going to have an effect on our health. So I think there's a there's a really, really direct link between feeling stressed, biological markers of stress, and health and well being. Okay.

Steven Bruce

And perhaps the last question before we have to close, Ian says He wonders if and if so, how? You see any crossover between mindfulness for patients and mindful moving practices, like the Pilates that you also teach? Or other practices like yoga, Tai Chi Chi Gong? Do they enrich each other?

Hannah Ellicock

Yeah, massively, absolutely massively. I actually teach a CPD course called mindfulness and Pilates for the Pilates organisation, I trained with the aappr. Because I just felt that as I learn more about mindfulness, and my practice deepened, I taught in a different way. And I thought about how I

moved in different way. And I wanted to teach people to really tune into their bodies and really feel and notice how the movement felt, particularly if they're rehabilitating from an injury. Just being really kind and gentle. And, and sometimes when people take a really gentle approach, when they notice they can make themselves work harder if they feel that's appropriate. But it's noticing and tuning into it, rather than just kind of beasting yourself that I think it can be really helpful.

Steven Bruce

Yeah, we're just about out of time. So thank you very much for for giving up your time to talk about this. I mean, one of the things that I like I really like about this, and I'm hoping you'll come back, and we can develop this a bit further, sometime in the future, perhaps, is that I've always had a perception mindfulness is a bit woolly and you're not really you're you're a practitioner, who's been quite down to earth about the evidence and how we can put it into practice, where it's appropriate, where it's not, no, that's really useful to the people watching. We've had just under 400 people watching and I've had no reports of any login problems. So I'm hoping that the new system has worked quite well. That's a very healthy number for a Monday especially as we just don't really just at the end of the holiday season. So clearly, it's it's something which is of interest to a whole lot of chiropractors and osteopaths, so, thank you very much.

Hannah Ellicock

Thank you.

DRAFT TRANSCRIPT