

Supplemental Materials

Supplemental Methods

Randomization. If the interviewer conducting the baseline assessment had concerns regarding eligibility, the PI was contacted and the situation was discussed between interviewer and PI to determine eligibility. Randomization allocation was predetermined in blocks of 20 through an online random number generator. The PI of the project created the allocation, and research interviewers blind to the allocation conducted the randomization. If the participant was eligible for randomization, the interviewer retrieved a sealed envelope with allocation information and opened it with the participant.

MBCT Group Intervention. The protocol was adapted to be both trauma-informed and culturally responsive to the patient population served in this intervention study. There were two ways in which the protocol was adapted. First, trauma-informed adaptations were developed based on trauma-sensitive mindfulness practice recommendations (Treleaven, 2018), review of available literature on MBCT and brief MBI interventions in trauma populations at the time (e.g., King et al., 2013; Possemato et al., 2016), and clinical experience of the PI and collaborating clinicians in treating this patient population for the past decade. Relevant psychoeducation related to trauma and PTSD was included to ensure that understanding of both PTSD and MDD symptoms in the context of participant's traumatic experiences was achieved. All clinicians were fully trained in trauma informed care principles and adjustments were made to mindfulness exercise scripts to emphasize participant autonomy at every stage of the intervention. Each group started with the same mindfulness introduction and grounding exercise to promote regularity and structure, as well as to provide a quick, tangible mindfulness skill in case of dissociation or extreme emotion dysregulation for participants in the use of mindfulness practice. Additionally, reduction in the sitting meditations to a maximum of 10 minutes was chosen because of

challenges with engagement in meditation that might occur in this group due to the high levels of dissociation in this population as well as to accommodate rolling admission and those new to meditation at any given session. Before every mindfulness exercise, an orientation to the exercise was given that included an explanation of what was ahead and how to adapt as needed.

Importantly, supervisors overseeing all clinical activities had extensive experience working in trauma populations and using trauma sensitive mindfulness approaches. Second, cultural adaptations were developed based on available recommendations for cultural adaptations in MBIs (e.g., Fuchs, Lee, Roemer, & Orsilla, 2013; Watson et al., 2016; Woods-Giscombè et al., 2014) and consultation with expert Black clinicians familiar with using mindfulness interventions in Black communities across the protocol formulation, training, and intervention administration. Additionally, the choice of the delivery of MBCT in the primary care clinic location where patients already received services was made to enhance access and engagement from Black patients at the clinic. The PI of the study intervention [initials redacted for blind review] focused on cultural humility, how session content can be considered in patient's cultural context, and how mindfulness practice can be aligned with cultural values (e.g., prayer) with patients in the context of session content during weekly supervision and continuously sought out peer supervision to ensure a culturally responsive approach was used throughout the intervention. Furthermore, there was less emphasis on written homework to avoid challenges that may arise for participants with difficulty reading or writing; instead, specific recommended practices were given out for formal and informal practice during the week and read aloud in the session. Finally, the majority of groups were conducted with at least one group leader who self-identified as Black, although not all groups included a Black clinician due to availability of

group leaders over the course of the study. Across the course of the group, there was a total of six therapists.

Regarding training and supervision, all study therapists had a master's or doctoral degree in clinical or counseling psychology and completed an at-home 8-week training in MBSR from the Center for Mindfulness in Medicine, Health, and Society (Santorelli & Meleo-Meyer, n.d.). Developed as an adaptation of MBSR, MCBT emphasizes the recognition of repetitive negative thinking but uses the same format and structure as MBSR. While the online training all study therapists engaged in was an MBSR course, content specific to MBCT was covered in depth in individualized training and supervision with the PI who is a board-certified psychologist with extensive training in cognitive-behavioral therapy and mindfulness-based interventions, including MBCT. The PI of the study [initials redacted for blind review] watched all tapes prior to the next session; direct feedback regarding adherence to manual and general competence in providing the intervention were reviewed in supervision. The PI did not serve as a study therapist.

Supplemental Results

Excerpts of Responses to Qualitative Questions

How Did You Feel About the Group?

“It was relaxing. I could talk to them about anything and I knew I was in a safe environment . I felt like they understood everything I was saying.”

“I feel like it was very educational as far as PTSD and depression. I felt like it taught me tools that helped me manage my life, not just mindfulness, but to help me be a better person.”

“I loved the group from day 1. I liked being able to connect with people that had some of the same feelings that I had coming in and I love how we all grew. When we first came in, how apprehensive we were and weren't thinking it was going to work and then after a few weeks we learned how to breathe better and concentrate more.”

“I was motivated to the extreme that I don't feel bad anymore about seeking help. I learned a lot from the group. I took a lot with me. I was overall impressed and motivated by the staff to continue to get help.”

What Do You Think You've Gained From Group?

“I've noticed that I'm able to pause and focus on my feelings more and learning how to process them before I just speak. Learning how to be okay when I'm not feeling well instead of beating up on myself.”

“My thoughts, my emotions. It's okay to think in the present time in the moment, what are your thoughts, to acknowledge them. It just brings me self-awareness.”

“I learned different techniques on how to deal with my problems. I learned to not only look at my side but to look at others' side too. And I learned to think before I react.”

“The ability to look at things differently, to feel your body while it's relaxing. Sometimes you don't pay attention to the things around you. I enjoyed the listening activities and the meditating.”

Have You Noticed Any Changes in How You Experience Emotions or Handle Stress?

“Yes. I think positively, and think of things that I want to do. I concentrate to think of ways that I can deal with situations instead of getting in a battle with myself about what's going on. I don't blame myself as much anymore; stuff happens.”

“Yes. I breathe a lot, and I count a lot. I realize that I can do this.”

“Used to cry, scream, and curse, & through things, but now is getting it under control. Now is doing these things less and incorporating breathing exercises, meditation.”

“Yes absolutely. My emotions don't overtake me now, I'm more in control of them after the class. I can have emotions, understand that it's okay, without such a guilty feeling, and I can deal with them right then or I can let them float away and can deal with them later. I didn't have that option before.”

“Yes - I have. Now I try, I'm thinking more before I speak and giving myself permission to pause if I need a moment to meditate for a moment”

“...In stressful situations, I learn to notice that present moment, to notice everything in the room and calm myself down. Meditation, being able to meditate with myself. To be aware of thoughts and feelings, no matter how broken you may be or what your challenges are.”

Have You Noticed Any Changes in How You Relate to Self and Others?

“A little more patient with myself.”

“At one point I would tell myself I didn’t deserve good things or felt like everything that happened was my fault but now I know it wasn’t.”

“I feel less judgmental toward myself.”

“I listen more to myself.”

“...the group setting was beneficial twofold because it addressed the stigma of humiliation, so that took you out of that ‘I’m in it by myself’,” “I liked being able to connect with people that had some of the same feelings.”

What Barriers Came Up To Group Engagement?

“Just to expose my feelings and thoughts in front of strangers. Nothing got in the way of my practice.”

“I think the barriers for me was just beating up on myself for feeling anxious or feeling down. I used to get so upset with myself because I felt that way because I felt that I should be able to control my feelings and my thoughts, but now I’m more gentle with myself and saying it’s okay to have those feelings and it’s really good because I’m able to come back quicker vs. staying in that place.”

“In the beginning it was definitely my concentration, I didn’t want to focus bringing up my past. I didn’t want to think about it, I wanted to avoid it, so those were barriers for me.”

Supplemental References

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Supplemental Table 1

Concomitant Treatments of Randomized Participants (*n* = 34)

		Overall Sample <i>n</i> (%)	WLC (<i>n</i> = 16) <i>n</i> (%)	MBCT (<i>n</i> = 18) <i>n</i> (%)
Treatments at pre- assessment	Psychotropic medication	24 (50.0%)	8 (50.0%)	8 (50.0%)
	Psychotherapy	7 (20.6%)	3 (18.8%)	4 (22.2%)
New treatments during study	Psychotropic medication	3 (8.8%)	1 (6.2%)	2 (11.1%)
	Psychotherapy	4 (11.8%)	3 (18.8%)	1 (5.6%)

Supplemental Table 2

Average Pre-, Post-, and 1-Month Follow-Up Scores by Group

	Pre-	Post-	1-mo. FU
	M (SD)	M (SD)	M (SD)
PC-PTSD-5			
WLC	4.50 (.63)	3.45 (1.63)	3.14 (2.11)
MBCT	4.41 (.80)	3.36 (1.86)	3.00 (2.26)
PHQ-9			
WLC	18.50 (4.37)	14.01 (5.92)	14.86 (5.78)
MBCT	16.82 (4.99)	10.09 (7.01)	12.90 (6.33)
FFMQ Total			
WLC	91.50 (15.76)	108.25 (27.83)	97.36 (26.67)
MBCT	99.38 (22.09)	121.09 (31.07)	106.00 (31.00)
FFMQ observation			
WLC	26.50 (5.14)	25.67 (6.36)	23.86 (8.06)
MBCT	28.88 (4.60)	33.64 (4.23)	33.00 (4.52)
FFMQ description			
WLC	21.00 (4.84)	21.08 (7.60)	20.43 (7.63)
MBCT	23.13 (7.59)	26.91 (7.03)	24.80 (8.83)
FFMQ awareness			
WLC	10.17 (6.42)	20.83 (12.56)	16.62 (10.60)
MBCT	16.00 (9.46)	19.00 (12.12)	18.44 (13.27)
FFMQ non-judgmental			
WLC	13.50 (5.84)	19.58 (10.64)	15.57 (8.86)
MBCT	13.38 (8.15)	18.72 (9.72)	9.30 (8.79)
FFMQ non-reactivity			
WLC	20.33 (2.53)	21.08 (3.85)	20.21 (5.06)
MBCT	19.00 (4.46)	22.82 (4.26)	22.30 (4.30)

Supplemental Table 3

Perceived barriers to participating in treatment

PBPT	Mean (SD), Range
Number of \geq moderate level of barriers	6.54 (5.97), 0-21
Subscales	N (%)
Stigma	12 (48%)
Lack of motivation	12 (48%)
Emotional concerns	8 (32%)
Negative evaluations of therapy	4 (16%)
Misfit of therapy to needs	8 (32%)
Time constraints	7 (28%)
Participation restrictions	16 (64%)
Availability of services	9 (36%)

N=25

Supplemental Figure 1

Adapted MBCT Group Content

Session number: Theme	Session content	Recommended practice
1: Introduction to mindfulness and psychoeducation about trauma, PTSD, and MDD	<ul style="list-style-type: none"> Description of mindfulness Grounding exercise Psychoed about trauma, PTSD, and MDD Mindfulness of Breath exercise Raisin exercise 	<ul style="list-style-type: none"> Choose 1 daily activity to engage in mindfully Eat □1 meal mindfully Practice deep breathing 1x/day
2: Focusing on the body enables more awareness of the ways that our mind controls our reactions to everyday events	<ul style="list-style-type: none"> Grounding Exercise 3-minute Breathing Space Thoughts and Feelings Exercise Pleasant Events Mindfulness of Breath exercise Brief body scan 	<ul style="list-style-type: none"> Awareness of pleasant events Practice 5 minutes of mindful breathing 1x/day Practice body scan (if not distressing)
3: Continued awareness of where the mind goes and intentional focus toward the breath	<ul style="list-style-type: none"> Grounding Exercise 10-minute sitting meditation Mindful walking Unpleasant events Breathing Space Body scan 	<ul style="list-style-type: none"> Awareness of unpleasant events Practice 3-minute breathing space 3x/day + mindful walking
4: Continued awareness of where the mind goes and intentional focus toward the breath	<ul style="list-style-type: none"> Grounding Exercise Focusing on Scent Exercise Sitting meditation “Territory” of PTSD and depression; discussion of automatic thoughts Breathing space Mindful Stretching 	<ul style="list-style-type: none"> Practice 3-minute breathing space 3x/day Practice 10-minute sitting meditation
5: An attitude of acceptance	<ul style="list-style-type: none"> Grounding Exercise Sitting Meditation Reading Rumi’s <i>The Guest House</i> Breathing space – coping Lovingkindness meditation 	<ul style="list-style-type: none"> Practice 3-minute breathing space 3x/day and as a coping tool for unpleasant feelings Practice 10-minute sitting meditation Practice lovingkindness meditation
6: Relating differently to our thoughts- as merely thoughts, rather than fact	<ul style="list-style-type: none"> Grounding Exercise Sitting meditation Moods, thoughts, and alternative viewpoints exercise Breathing space Leaves on a stream exercise 	<ul style="list-style-type: none"> Practice 3-minute breathing space 3x/day and as a coping tool for unpleasant feelings Practice 10-minute sitting meditation Use visualization as another mindfulness option
7: Identifying and engaging in pleasurable and mastery activities	<ul style="list-style-type: none"> Grounding Exercise Sitting meditation Pleasurable and Mastery Activities Exercise Breathing space Discussion of healthy habits for reducing vulnerability to low mood Lovingkindness meditation 	<ul style="list-style-type: none"> Practice 3-minute breathing space 3x/day and as a coping tool for unpleasant feelings Practice 10-minute sitting meditation Pleasurable/mastery activities and self-care
8: Mindful awareness of feelings, thoughts and body sensations and how to approach treatment for PTSD and depression	<ul style="list-style-type: none"> Grounding Exercise Body scan Breathing Space Discuss PTSD and depression treatment options Breathing Space Mindful listening meditation 	<ul style="list-style-type: none"> Practice 3-minute breathing space 3x/day and as a coping tool for unpleasant feelings Practice 10-minute sitting meditation Continue to focus on self-care

Note: Homework was reviewed following the grounding exercise each week