**Psychiatry and Behavioral Sciences Journal Club**

**Course No. 26D04**

**Thursday, October 23, 2025**

**12:00pm – 1:00pm**

[**https://oklahoma.zoom.us/j/97240046019?pwd=bulsU9GKFLigvkbV8VcuMvIHSRRKZz.1**](https://oklahoma.zoom.us/j/97240046019?pwd=bulsU9GKFLigvkbV8VcuMvIHSRRKZz.1)

Meeting ID: 972 4004 6019

Passcode: 09122175

**“Mindfulness-Based Stress Reduction (MBSR) as an**

**Intervention for Chronic Low Back Pain”**

Presented by:

**Savannah Martin, MD**

**PGY-3 Resident**

**Learning Objectives:** Upon completion of this session, participants will improve their competence and

1. Define Mindfulness-Based Stress Reduction

2. Compare the effectiveness of MBSR, CBT, and usual care in improving pain intensity and functional limitations in adults with chronic low back pain

3. Describe the structure, content, and theoretical basis of mindfulness-based stress reduction (MBSR)

**Accreditation Statement:** The University of Oklahoma College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Oklahoma College of Medicine designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credit™.*  Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Mitigation Statement:** The University of Oklahoma College of Medicine, Office of Continuing Professional Development has reviewed this activity’s speaker and planner disclosures and has mitigated all relevant financial relationships with ineligible companies, if applicable.

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**Accommodation Statement:** For accommodations, please contact [Julie-Frost@ouhsc.edu](mailto:Julie-Frost@ouhsc.edu) or (405) 271-4468.

**Disclaimer Statement:** Statements, opinions and results of studies contained in the program are those of the presenters and authors and do not reflect the policy or position of the Board of Regents of the University of Oklahoma (“OU”) nor does OU provide any warranty as to their accuracy or reliability.

**Disclosure Report**

| **Role(s)** | **First Name** | **Last Name** | **Ineligible Company** | **Nature of the Financial Relationship** |
| --- | --- | --- | --- | --- |
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| Co-Course Director, Planner, Faculty, Moderator | Christopher S. | Czapla, M.D. | I have no financial relationships or affiliations with ineligible companies to disclose. | |
| Course Contact,  Planning Committee | Julie E. | Frost, B.A. | I have no financial relationships or affiliations with ineligible companies to disclose. | |
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| Planner | Adam J. | Konen, M.D. | I have no financial relationships or affiliations with ineligible companies to disclose. | |
| Course Contact (Back-up support), Planning Committee | Lori D. | Nicholson | I have no financial relationships or affiliations with ineligible companies to disclose. | |
| Department Chair, Planner, Faculty | Britta K. | Ostermeyer, M.D., MBA | I have no financial relationships or affiliations with ineligible companies to disclose. | |
| Course Contact, Planning Committee | May | Thein, MHR | I have no financial relationships or affiliations with ineligible companies to disclose. | |
| Speaker | Savannah | Martin, MD | I have no financial relationships or affiliations with ineligible companies to disclose. | |