

Mindfulness-Based Relapse Prevention for Addictive Behaviors: An Evidence-Based Group Approach

Rachel Abrams, M.A.

Pat Penn, Ph.D.

Michael (member)

La Frontera Arizona, Tucson, AZ

Agenda

- Background
 - Cognitive-Behavioral Model of Addiction
 - Relapse Prevention
 - Mindfulness
 - Mindfulness & Addiction
- MBRP: Mindfulness-Based Relapse Prevention
 - Defining MBRP
 - Research support
 - Goals & Central Components
 - Implementation
- Our MBRP study
 - Our experience with implementation and evaluation
 - Implementation suggestions
- Member experiences with MBRP
- Experiential exercises
- Summary, Questions & Comments

Presentation Learning Objectives:

Participants will be able to:

- 1) Explain the theory and related goals of MBRP
- 2) Describe MBRP and its main components
- 3) Learn and practice two interventions from MBRP

Statistics & Definitions

- Substance use disorders are often described as “chronic relapsing conditions,” with relapse rates over 60%.
- The most commonly available treatments and mutual support groups are 12-step.
- As an alternative to 12-step programs, Relapse Prevention, and other cognitive-behavioral treatments (CBT), focus on responses to high-risk situations, combining skills-training with cognitive interventions.

Cognitive-Behavioral Model of Addiction

- Is based on the premise that maladaptive drinking and drug use are learned behaviors.
- CBT provides a framework around which interventions attempt to identify situational, social, affective, and cognitive precipitants of pathological substance use.
- Once possible causes of maladaptive behavior are identified, an individual may decide to learn to abstain from alcohol and drugs.

Cognitive-Behavioral Model of Addiction

Does CBT really work in substance abuse treatment?

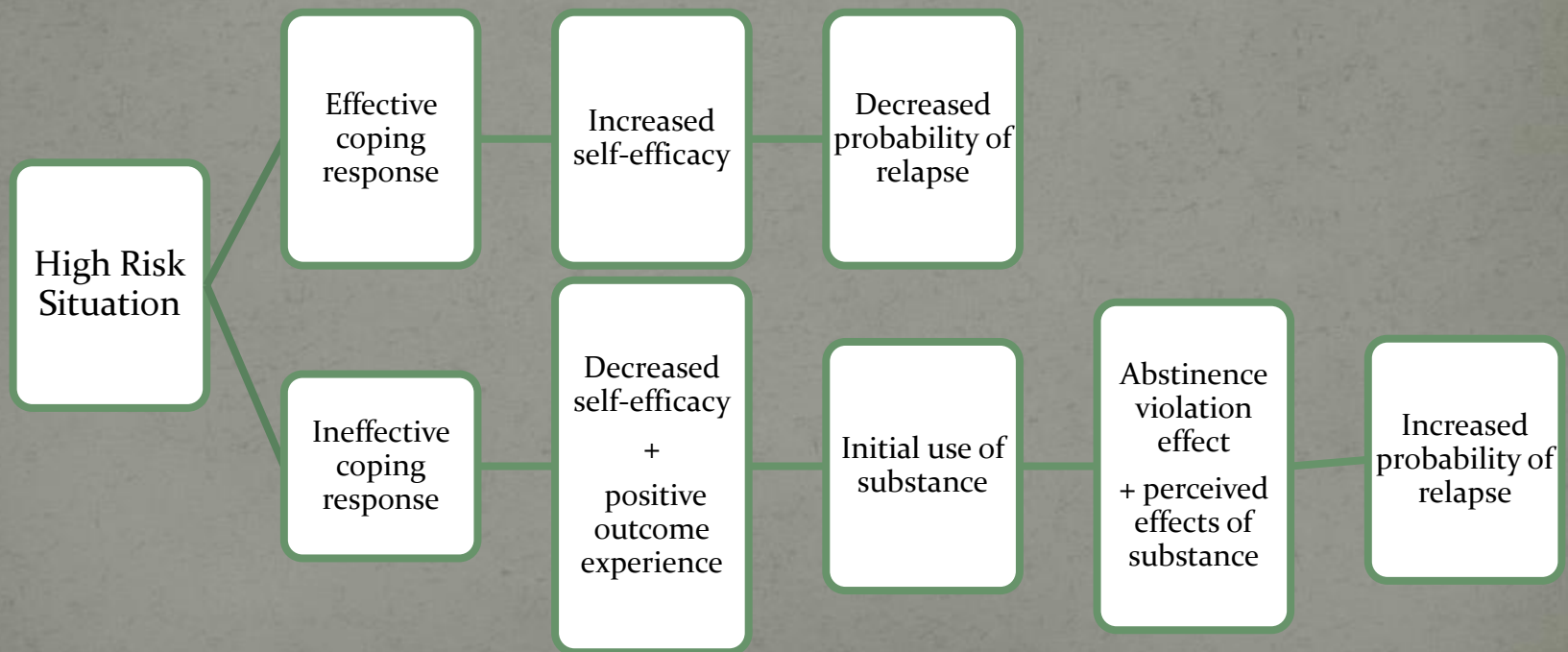
You bet!

- Numerous studies have described the clinical and cost-effectiveness of CBT in promotion of abstinence and in the reduction of drinking quantity, frequency, and duration.

(Carroll, 1996; Finney & Monahan, 1996; Irvin, Bowers, Dunn, & Wang, 1999; Kadden, 2001; Longabaugh & Morganstern, 1999).

The Cognitive-Behavioral Model of Addiction forms the basis for Relapse Prevention (RP):

As proposed by Marlatt and colleagues (Lariner, Palmer, & Marlatt, 1999; Marlatt & Gordon, 1985)



Cognitive Behavior Model of Alcohol/Drug Relapse

- Summarizing this model: if an effective coping strategy is used, then the individual will likely experience an increase in self-efficacy and is less likely to consume the previously desired substance.
- However, if an ineffective coping strategy is used, then self-efficacy may decline and/or expecting a positive outcome increases, leading to an increased likelihood of consumption.

Now let's explore what Relapse Prevention is...

But first, what are your thoughts?

Relapse Prevention (RP)

- Is an intervention that attempts to describe, understand, prevent, and manage relapse
- For individuals who have received, or are receiving, treatment for substance use disorders.

Relapse Prevention (RP)

- Begins with an assessment of triggers.
- Identify high-risk situations (the client's perception of risk).
- A high-risk situation: any situation that poses a threat to one's sense of perceived control (self-efficacy) and increases the risk of potential relapse.
- CBT approaches are then implemented (interpersonal & intrapersonal); self-management strategies.

Relapse Prevention (RP)...Effective?

- Overall, the results show that although RP does not result in higher abstinence rates following treatment,
- *RP does significantly reduce the frequency and intensity of relapse episodes, helping people get “back on track” more quickly if they do fall off the wagon.*

Mindfulness

- Mindfulness and how it may be incorporated in the treatment of substance use disorders.

Your thoughts:

- What is mindfulness?
- How is mindfulness beneficial?
- What does it mean to be mindful?
- How might mindfulness be beneficial to individuals suffering from substance disorders?

Mindfulness Meditation

- “One of the most significant effects of regular meditation practice is the development of mindfulness -
- **the capacity to observe the ongoing process of experience without becoming ‘attached’ or identifying with the content of each thought, feeling, or image.”**
- As stated in *Relapse Prevention* (Marlatt & Gordon, 1995).

Mindfulness

- Mindfulness, as illuminated by the quote by Viktor Frankl (1946)

“Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and freedom.”

- Mindfulness practices increase awareness of this space and create the opportunity to respond skillfully rather than reacting automatically and habitually.

Mindfulness

- Mindfulness has been described as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.”
- Mindfulness may enhance the ability to cope with triggers by interrupting the previous cycle of *automatic* substance use behavior.
- Mindfulness meditation provides heightened awareness and acceptance of habitual responses without judging, analyzing, or reacting.

Mindfulness & Addiction

- Neurobiological findings support the hypothesis that mediation and/or mindfulness exercises enhance awareness and the cultivation of alternatives to compulsive behavior (Marlatt, 2002).
- Mindfulness may aid in the minimization of blame, guilt, and negative thinking that often increase risk of relapse.

“In the context of addictions, mindfulness might mean becoming aware of triggers for craving...and choosing to do something else that might ... prevent craving, therefore weakening the habitual response” (Groves & Farmer, p.189, 1994).

Relapse Cycle

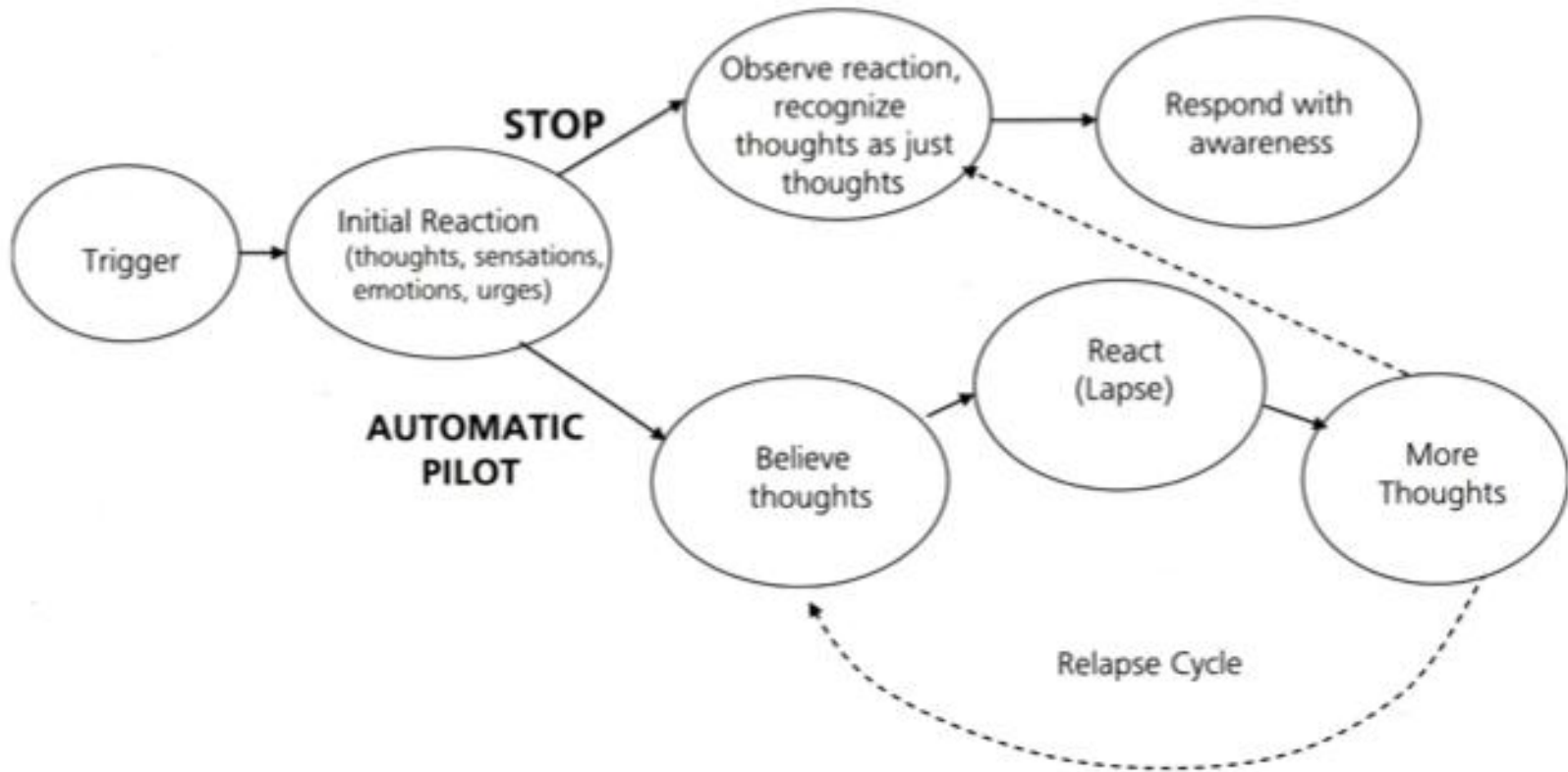


FIGURE 6.1. Relapse cycle. Use the whiteboard to follow a specific example from the group, illustrating the possible paths that different choices will lead to. Highlight the role of thoughts in the relapse process, and the possibility of stepping out of "automatic" and making more conscious choices at any point along the way.

Mindfulness & Addiction- Summary

- Mindfulness can provide a “skillful means” of coping with urges and cravings that involves observing them with kindness and flexibility, thus preventing being consumed by them.

EXPERIENTIAL EXERCISE #1

Please get in a comfortable sitting position 😊

“Sitting Meditation”

Mindfulness-Based Relapse Prevention

Now, let's at look at MBRP specifically...

- Research, Goals & Central Components

Alan Marlatt, Ph.D (1941-2011)

- Until his death in 2011, he was the director of the Addictive Behaviors Research Center and Professor of Psychology at the University of Washington.



*“By moving from aversion to acceptance as a means of coping with craving, recovery is facilitated on the basis of a new compassionate approach, which is what we hope to offer in the MPRP program”
(G. Alan Marlatt).*

The best of two worlds: MBRP

- Integrating over 2 decades of research with CBT based RP with existing mindfulness-based techniques, Marlatt and colleagues developed a “new” cognitive-behavioral intervention for substance use disorders, called **mindfulness-based relapse prevention (MBRP)**.
- **The goal of this relapse prevention:**
 - to develop awareness and acceptance of thoughts, feelings, and sensations through practicing mindfulness.
 - to utilize mindfulness skills as an effective coping strategy in the face of high-risk situations.

MBRP – Research support

- Populations tested:
 - Adults in outpatient treatment for substance abuse
 - Adults with substance use disorders who recently completed intensive inpatient or outpatient treatment
 - Incarcerated adults with a history of substance abuse
 - Individuals with substance use disorders of various ages and ethnicities after intensive stabilization
 - Undergraduate smokers

MBRP Goals

- Teach mindfulness awareness to clients suffering from addiction.
- Foster increased awareness of triggers and habitual responses.
- Cultivate the ability to pause and observe the present moment, in order to make more skillful decisions.
- Ultimately, working toward freedom from deeply engrained and often catastrophic habitual patterns of thought and behavior.

MBRP Goals

- When faced with a trigger for substance use, one can make a mindful choice that decreases the likelihood of relapse.
- Seeing the “big picture” provides a greater sense of freedom and choice.
- A mindful approach helps reduce the tendency of the mind to increase negative emotional states by lowering the stigma, shame, blame, and guilt commonly experienced by people who struggle with addiction.

MBRP- central components

- The identification of high-risk situations for relapse is a central component of the treatment.

Client's are taught to observe pleasant and unpleasant sensations, thoughts or feelings, *and they are encouraged to accept them without judgment.*

MBRP- central components

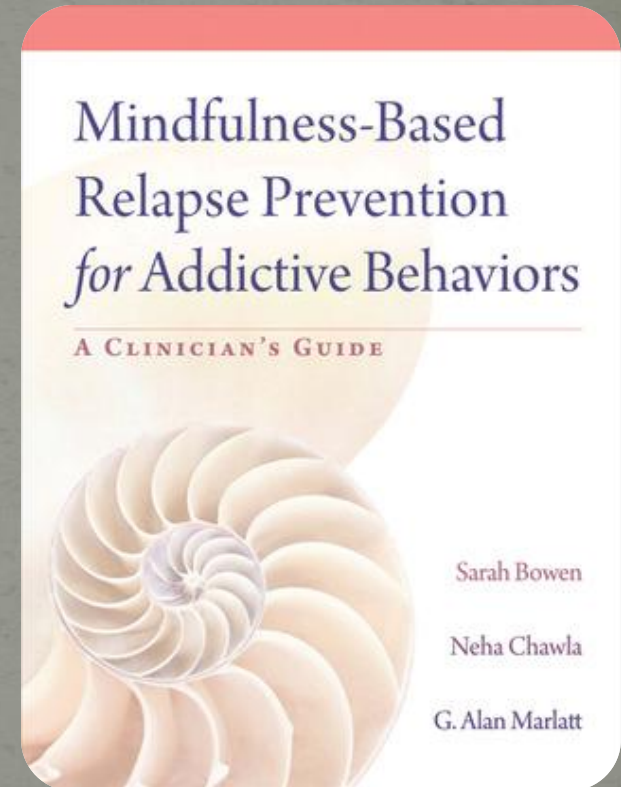
- A major element of the mindfulness training involves teaching people to direct their attention to the breath in order to calm and focus the mind.

MBRP- central components

- Challenging “positive outcome expectancies” and educating about the “abstinence violation effect” are a major focus of the treatment.
 - Maintain focus and awareness on the present moment.
 - Not living toward, or making decisions based on, future events (i.e. euphoria, numbing).

MBRP Treatment

- Introduction
- Part I. Conducting MBRP
- Part II. Facilitator's Guide
 - Session 1: Automatic Pilot & Relapse
 - Session 2: Awareness of Triggers & Cravings
 - Session 3: Mindfulness in Daily Life
 - Session 4: Mindfulness in High-Risk Situation
 - Session 5: Acceptance & Skillful Action
 - Session 6: Seeing Thoughts as Thoughts
 - Session 7: Self-Care & Lifestyle Balance
 - Session 8: Social Support & Continuing Practice



Facilitating MBRP Groups

- **Style & Structure:**

- Session agendas including practices, worksheets, and handouts.
- Because investigation and trust of one's own experience is encouraged, the core principles of MBRP:
 - are elicited from participants whenever possible
 - are explored through experiential practices and inquiry

Facilitating MBRP Groups

- **Inquiry:**

- Sessions begin with experiential exercises, followed by a brief discussion or “inquiry.”
- Discussions centered on the clients’ *present experience*.
- Ensure that the inquiry sessions are redirected to involve discussion around describing the *immediate experience in the present moment* (i.e. sensations in the body, thoughts, or emotions) versus the interpretation, analysis, or story about the experience.

The Inquiry Process

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PART I. CONDUCTING MBRP

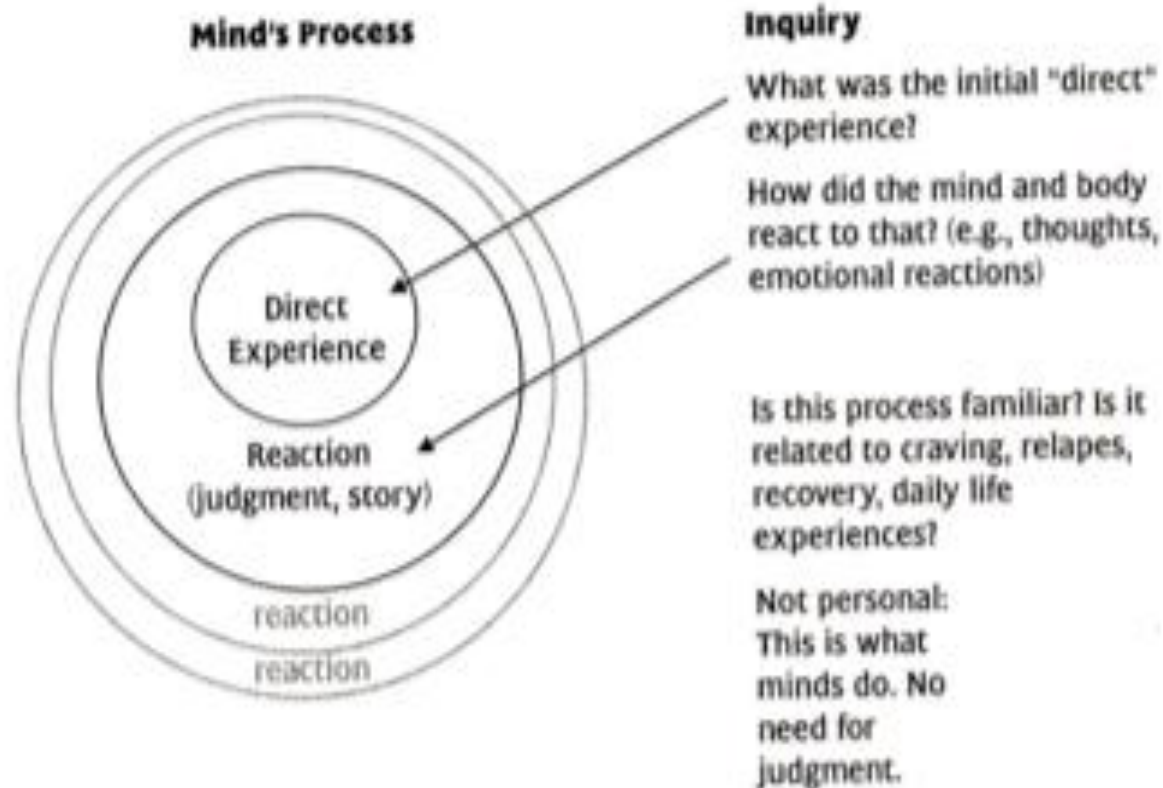


FIGURE I.1. Inquiry process. Adapted with permission from Zindel V. Segal (personal communication, March 8, 2010).

Inquiry Process cont.

- The observation of direct experience is the primary intention
 - *Participants learn to recognize when they are caught in stories*
 - *They realize that they have the choice to pause and return to present experience.*

Facilitating MBRP Groups

- **Home Practice:**

- Is assigned each week
- Each session includes a review of the previous week's practices.
- Encourage, but be careful not to provoke self-blame or judgment.
- Discuss struggles with lightness, compassion, and curiosity.

Michael's Experience

With MBRP



Our MBRP Pilot Study

- Adapted MBRP to one of our settings
- Used evaluation methods and instruments
 - Question: Why bother with Evaluation?

MBRP Treatment

Traditional MBRP

- Aftercare program
- 2-2.5 hour group 1x weekly
- Ideal group size 6 to 12.
- Closed group
- Home practice essential
- Home practice with CDs
- Assessment battery given at baseline, immediately following the 8-week intervention period, and 2 & 4 months post-intervention.
- Assessments: The Timeline Followback (TLFB), The Penn Alcohol Craving Scale (PACS), Alcohol & Drug Use Consequences/Short Inventory of Problems (SIP-AD), The Five Factor Mindfulness Questionnaire (FFMQ).

Our Study

- 6mo residential drug/alcohol tx
- 1 hour group 1x weekly
- Group size ranged 9 to 11
- Rolling enrollment group
- Home practice encouraged, but unable to monitor
- Clients did not have opportunity/means to listen to CDs in room.
- Assessment battery given at baseline, immediately following intervention weeks 4 and 8.
- Assessments: FFMQ, PACS, and the Drug Avoidance Self-Efficacy Scale (DASES).

Our MBRP Study: Assessments

- **FFMQ: Five Facet Mindfulness Questionnaire**
 - *A reliable and valid comprehensive instrument for assessing different aspects of mindfulness in community and student samples.*
 - *Subscales (39 items total):*
 - *Observing*
 - *Describing*
 - *Acting with Awareness*
 - *Non-judging*
 - *Non-reacting*

FFMQ Example

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
Never true	rarely true	sometimes true	often true	very often or always true

- _____ 1. When I'm walking, I deliberately notice the sensations of my body moving.
- _____ 2. I'm good at finding words to describe my feelings.
- _____ 3. I criticize myself for having irrational or inappropriate emotions.
- _____ 4. I perceive my feelings and emotions without having to react to them.
- _____ 5. When I do things, my mind wanders off and I'm easily distracted.

Our MBRP Study: Assessments

- **PACS: Penn Alcohol Craving Scale**
 - A five-item self-report measure with questions about:
 - the frequency, intensity, and duration of craving
 - the ability to resist drinking
 - an overall rating of craving for alcohol for the previous week
 - Questions scaled from 0 to 6

Our MBRP Study: Assessments

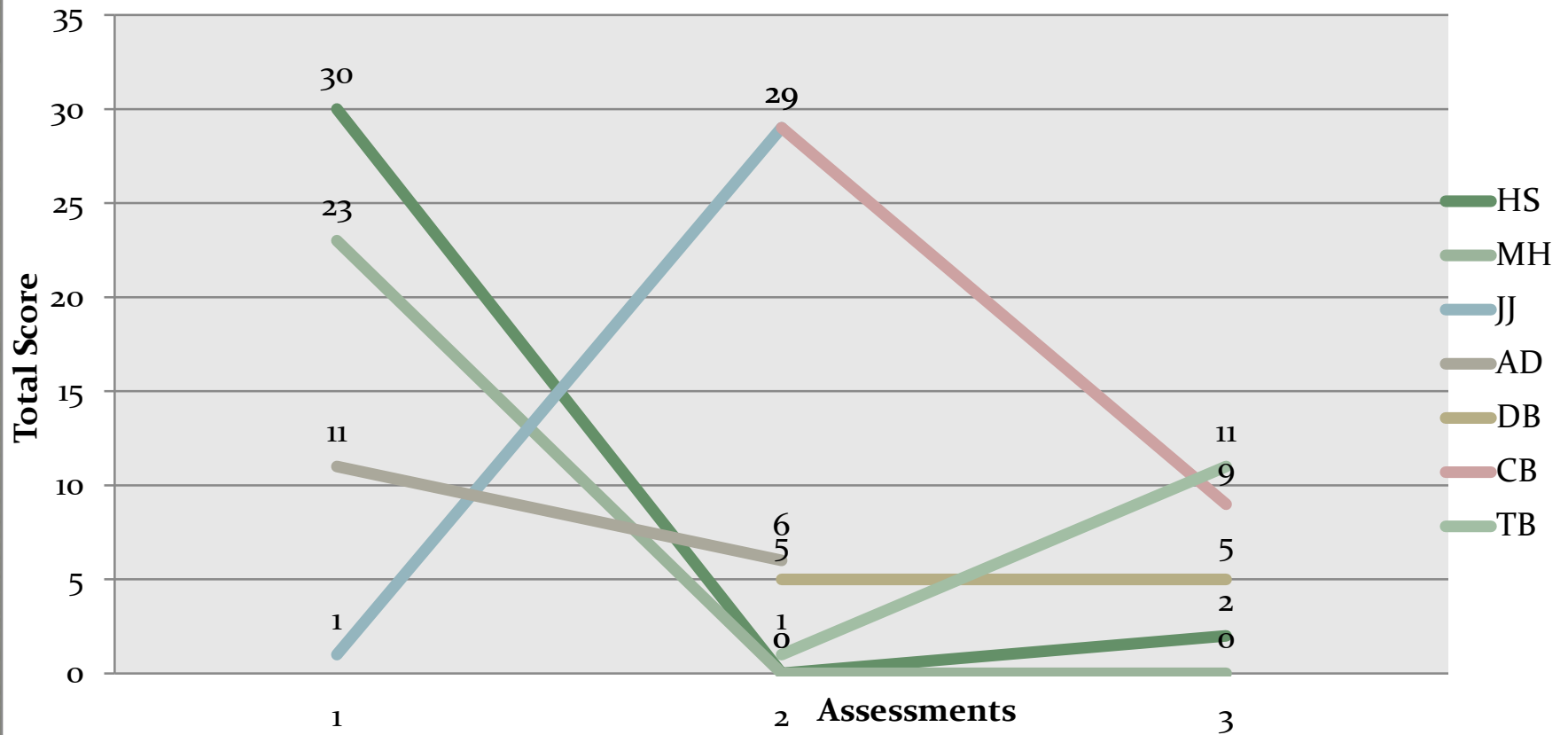
- **DASES: Drug & Alcohol Self-Efficacy Scale**
 - A 16-item self-report questionnaire
 - Clients are asked to imagine themselves in a particular situation and to rate their level of confidence (self-efficacy) to resist drug use in that situation.
 - Each of the items represents a different situation in which a drug abuser might be tempted to use.
 - Responses are rated on a 7-point scale ranging from "certainly yes" to "certainly no" which corresponds to a measure of "strength" of self-efficacy.

Our Results

- Assessment times:
 - (1) pre treatment/beginning of session 1
 - (2) end of week 4
 - (3) post treatment - at the conclusion of session 8
- The graphs on the following slides are as follows:
 - PENN
 - DASES
 - FFMQ Total Scores

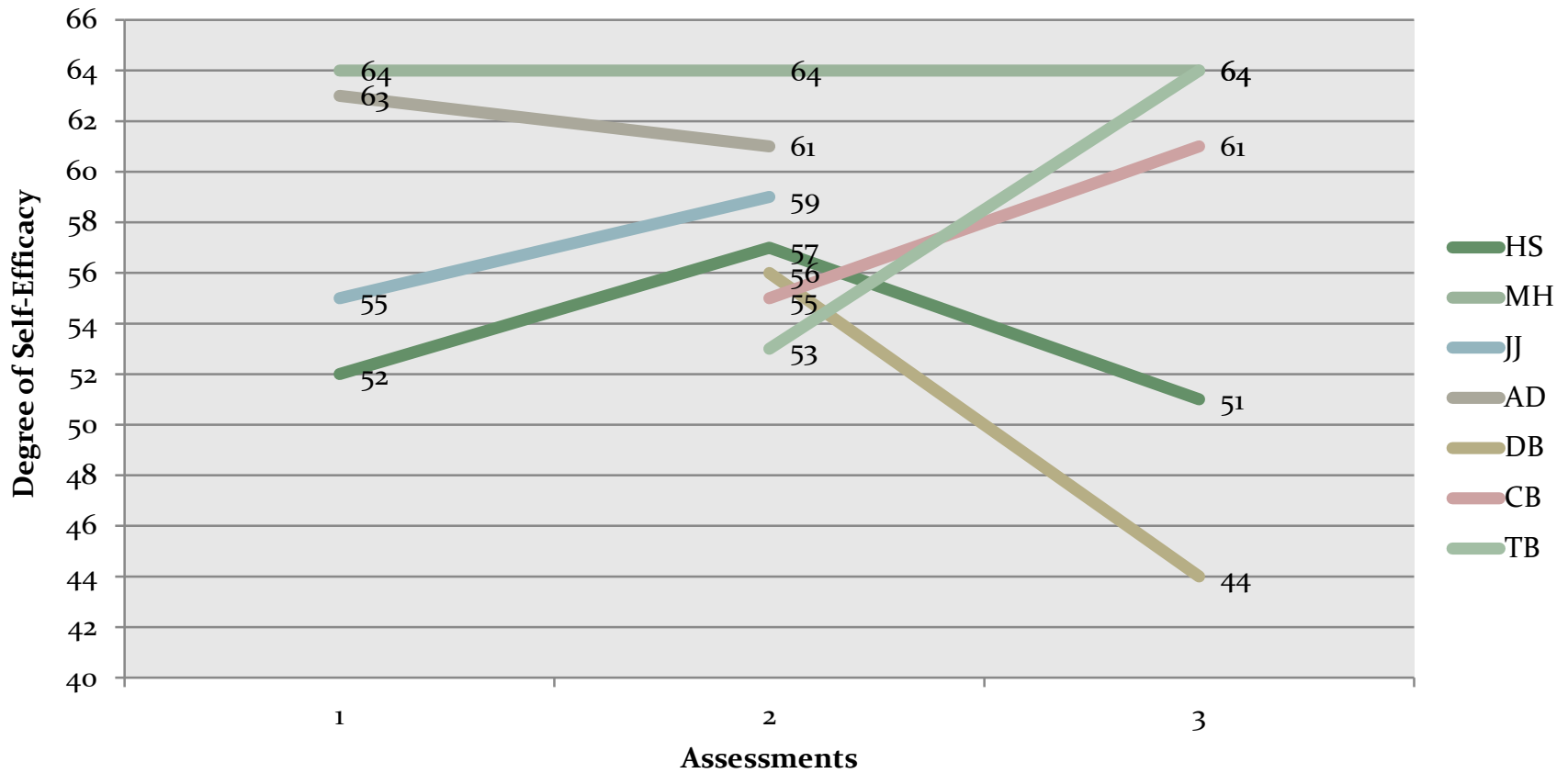
Results: PENN

Cravings



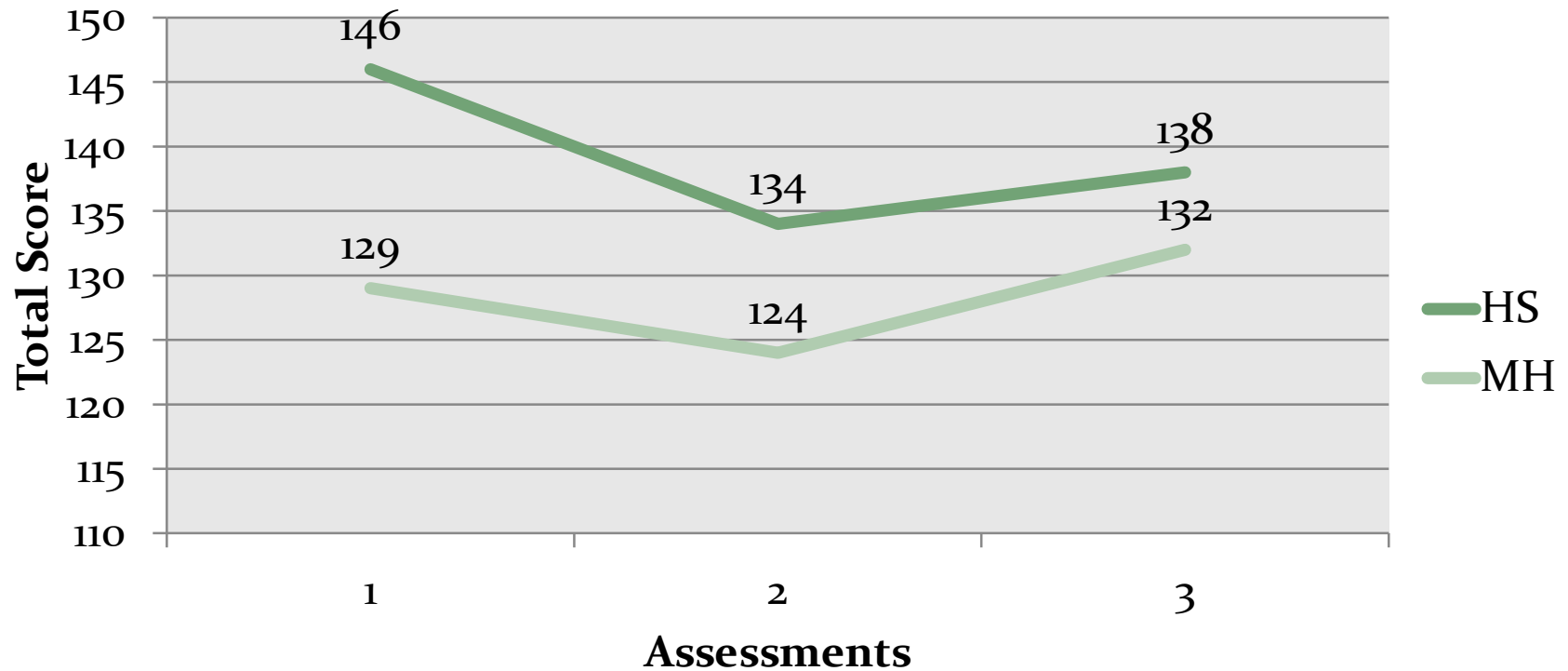
Results: DASES

Self-Efficacy



Results: FFMQ (Mindfulness) Scores

FFMQ Total



Challenges, limitations, lessons learned

- Open group
- Inability to accurately monitor and/or utilize home practice assignments (i.e. CDs)
- Setting
- Not every participant had a desire to learn/utilize the method
- Group limited to one hour
- Varying length of sobriety (i.e. time in treatment)

- Incomplete FFMQ's: lesson learned!
- We would use the measures again – relevant and feasible

Implementation Suggestions

- Group time: 1.5 hours for community treatment
- Client choice to participate
- Closed group
- Check completed assessments
- Facilitators: be trained and confident with mindfulness techniques
- Facilitators need to ensure that the “inquiry” process stays focused on *present* experience
 - Ensure non-judgment of such experience (i.e. compassionate and gentle approach)
- Evaluate your adaptations!

“Jane’s” Experience

With MBRP

EXPERIENTIAL EXERCISE #2

Please again get in a comfortable sitting position ☺

These two short mindfulness mediations are two of the key mediations that participants learn to utilize in MBRP.

- a) SOBER Breathing Space
- b) Urge Surfing

MBRP Goals Summarized

- 1) Develop awareness of personal triggers and habitual reactions, and learn ways find the space in this automatic process.
- 2) Change relationship to discomfort through learning how to recognize challenging emotions and physical experiences, and respond to them in skillful ways.
- 3) Foster a nonjudgmental and compassionate approach toward ourselves and our experiences.
- 4) Build a lifestyle that supports both mindfulness practice and recovery.

More Information

www.mindfulrp.com

- Research summaries
- Trainings
- MBRP tapes: Feel free to download these MP3s of practices used in MBRP for your personal use or to share with clients.
 - Body Scan
 - SOBER Space
 - Urge Surfing
 - Sitting Meditation (female voice)
 - Sitting Meditation (male voice)
 - Longer Sitting Meditation
 - Mindful Movement

THE END

- Thank you for your time!
- Questions?
- Comments?

