

# Mindfulness-Based Treatments for Alcohol and Substance Use Disorders

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# Overview of Clinical Teleconference

- **Theoretical and empirical foundations underlying a mindfulness-based approach to the treatment of substance use disorders.**
- **The key practices, adaptations, and challenges of mindfulness practices for use with alcohol and drug users.**
- **How to implement mindfulness-based practices into the clinical treatment of alcohol and substance use disorders and basic principles for conducting mindfulness-based intervention research.**

off the mark.com

by Mark Parisi



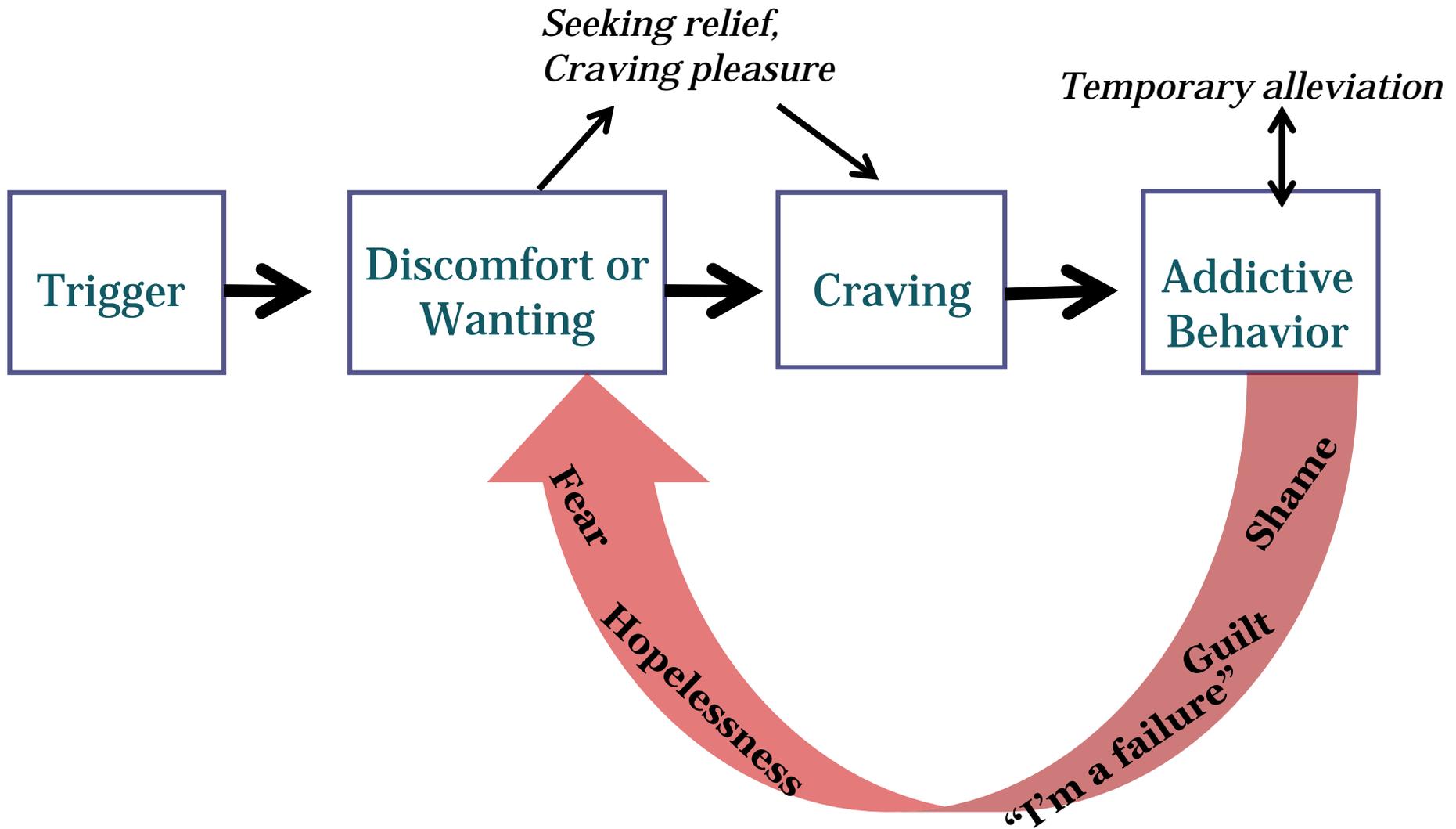
“Quitting is not nearly as difficult as staying quit.”

~Marlatt et al. (2002)

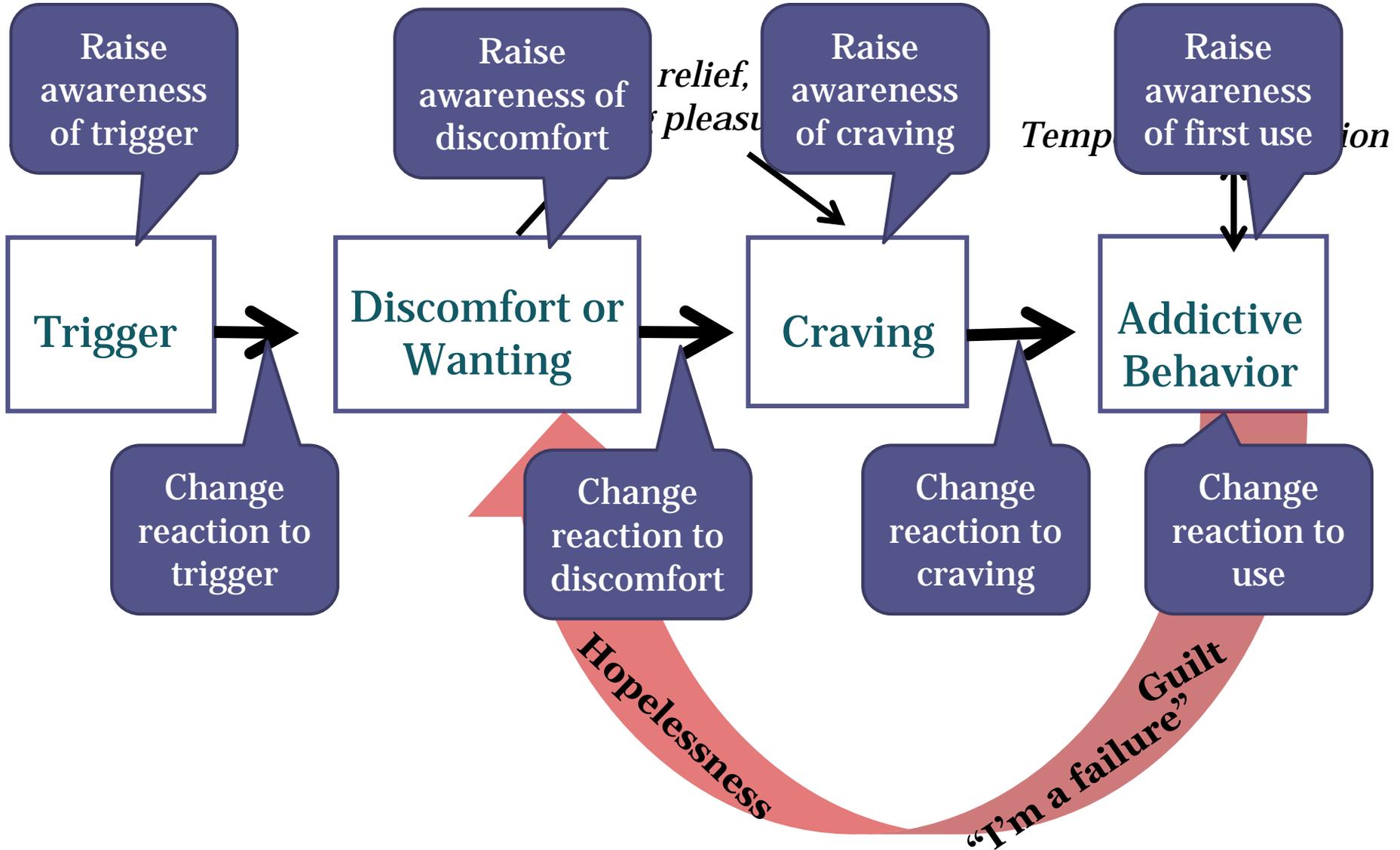
# Defining Relapse



# The Relapse Cycle



# Points of intervention



# Practicing Mindfulness

Present  
Moment

**Observe**  
mind on  
chosen target

Paying  
Attention

**Observe**  
wandering,  
begin again

Attention  
Wanders

Nonjudgmentally



*“If your attention wanders a hundred times, simply bring it back a hundred times.”*



# Mindfulness Meditation?

**Meditation practice associated with...**

- **changes in brain structure, function, and connectivity**
- **increased attentional control**
- **improved physical health and immune function**
- **enhanced self-awareness**
- **greater self-regulation of emotional reactions**
- **reductions in perceived stress**

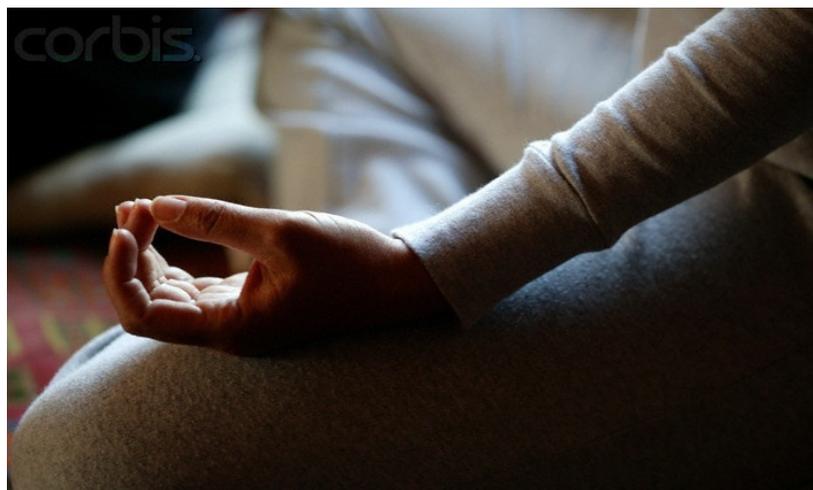
# Mindfulness for Addiction

## ***Paying attention***

Greater awareness of triggers and responses, interrupting previously automatic behavior

## ***In the present moment***

Accepting present experience, rather than “getting a fix” to avoid the present experience



## ***Nonjudgmentally***

Detach from attributions and “automatic” thoughts that often lead to relapse

# Empirical Evidence

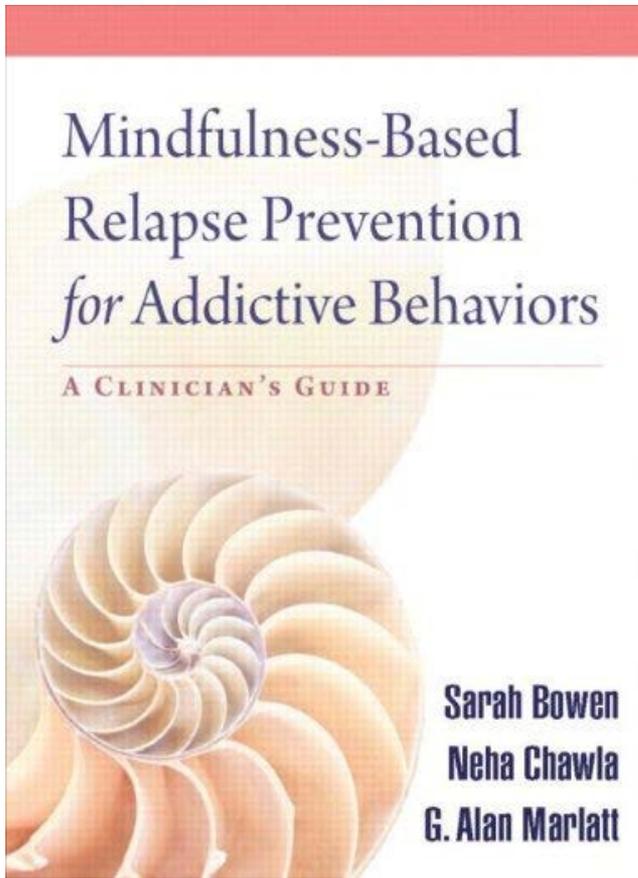
- Numerous mindfulness based treatments for substance use disorders have been developed and demonstrated efficacy:
  - **Mindfulness-Based Relapse Prevention (MBRP; Bowen et al 2009, 2014; Witkiewitz et al 2014)**
  - MBRP for Women (Amaro et al., 2014)
  - Mindfulness-Based Substance Abuse Treatment for Adolescents (Himmelstein et al., 2015)
  - Mindfulness Training for Smokers (Davis et al., 2014)
  - Mindfulness Training for Smoking (Brewer et al., 2011)
  - Mindfulness-Based Addiction Treatment (Vidrine et al., 2016)
  - Mindfulness Oriented Recovery Enhancement (Garland et al., 2014)

# Mindfulness-Based Relapse Prevention (MBRP)

- Mindfulness practices with relapse prevention skills training
  - Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (Segal et al. 2002)
- Format
  - Aftercare or post-stabilization
  - Group format, 8 weekly 2 hr. sessions
  - Daily home practice



# Mindfulness Based Relapse Prevention



## Components of MBRP:

- **Formal mindfulness practice**
  - Breathing, walking meditation
  - Body scan, mindful movement
  - Mountain meditation
  - Loving kindness
- **Informal practice**
  - Mindfulness in daily life
  - SOBER breathing space
  - Urge surfing
- **Relapse prevention coping skills training**

<http://www.mindfulrp.com>

# Three RCTs of MBRP for Substance Use Disorder: Intervention Groups

## Mindfulness-based relapse prevention (MBRP)

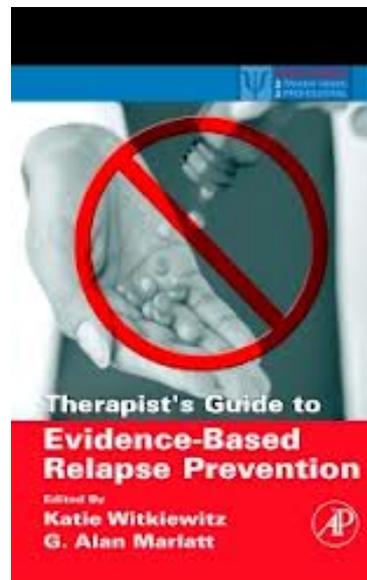
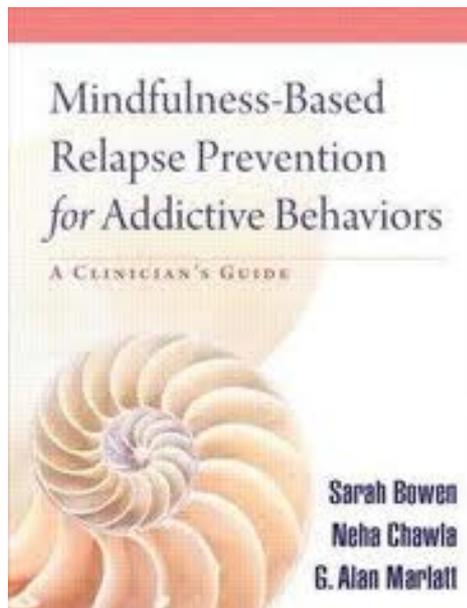
- Skills training
- Mindfulness meditation practices

## Relapse prevention (RP)

- Cognitive-behavioral skills training

## Treatment-as-usual control (TAU)

- Psychoeducation
- Relapse prevention
- 12-step groups



# Three RCTs of MBRP for Substance Use Disorder: Study Characteristics

<b>Pilot Efficacy Trial</b>	<b>Hybrid Efficacy Trial</b>	<b>Efficacy Trial</b>
<b>Community treatment aftercare</b>	<b>Residential treatment female criminal offenders</b>	<b>Community treatment aftercare</b>
N = 168	N = 105	N = 268
64% male; Avg age=40	100% female; Avg age=33	72% male; Avg age=40
52% white, 29% African American, 8% Native American	64% white, 17% African American, 13% Native American, 2% Hispanic	51% white, 27% African American, 7% Native American
46% alcohol, 36% crack, 14% meth, 7% opiates, 19% polysubstance	36% meth, 22% opiates, 19% cocaine, 10% alcohol, 7% marijuana, 5% other drugs	13% alcohol, 1% crack, 1% meth, 1% opiates, 82% polysubstance
2-, 4-month follow-ups	4-month follow-up	2-, 4-, 6- and 12-month follow-ups
Bowen et al 2009. <i>Substance Abuse</i>	Witkiewitz et al 2014. <i>Substance Use and Misuse</i>	Bowen et al 2014. <i>JAMA Psychiatry</i>

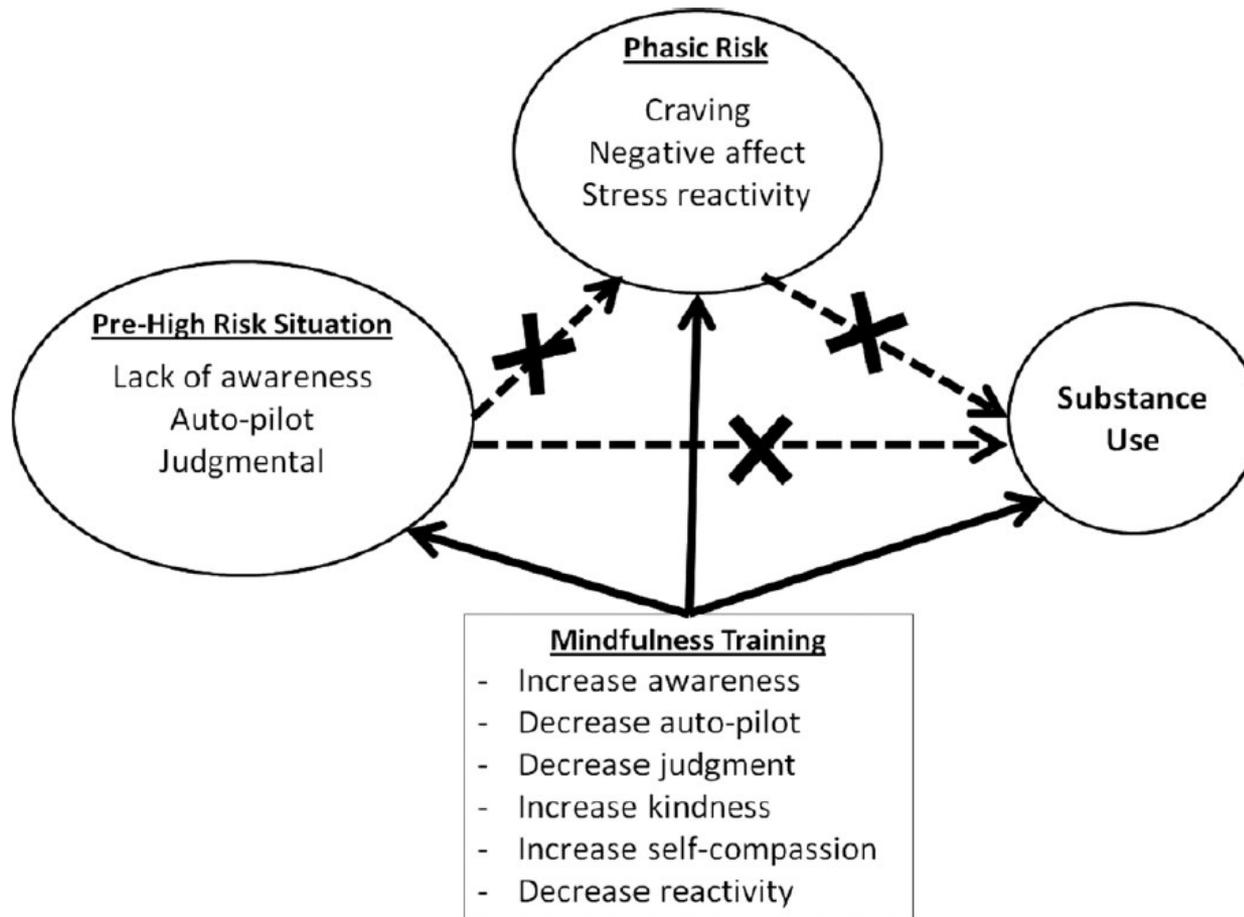
# Three RCTs of MBRP for Substance Use Disorder: Study Findings

Pilot Efficacy Trial	Hybrid Efficacy Trial	Efficacy Trial
Community treatment <b>aftercare</b>	Residential <b>treatment</b> female criminal offenders	Community treatment <b>aftercare</b>
N = 168	N = 105	N = 268
MBRP greater reductions in drug use and drinking days from baseline to follow-up	MBRP greater reductions in drug use days from baseline to follow-up	MBRP longer time-to-first lapse and greater reductions in drug use and drinking days from baseline to follow-up
Pre-post effect size: - MBRP d = 1.17 - TAU d = 1.05	Pre-post effect size: - MBRP d = 0.45 - RP d = 0.40	Pre-post effect size: - MBRP d = 1.94 - RP d = 1.99 - TAU d = 1.15
MBRP vs TAU d = .27	MBRP vs RP d = .36	MBRP vs RP d = .17
		MBRP vs TAU d = .41

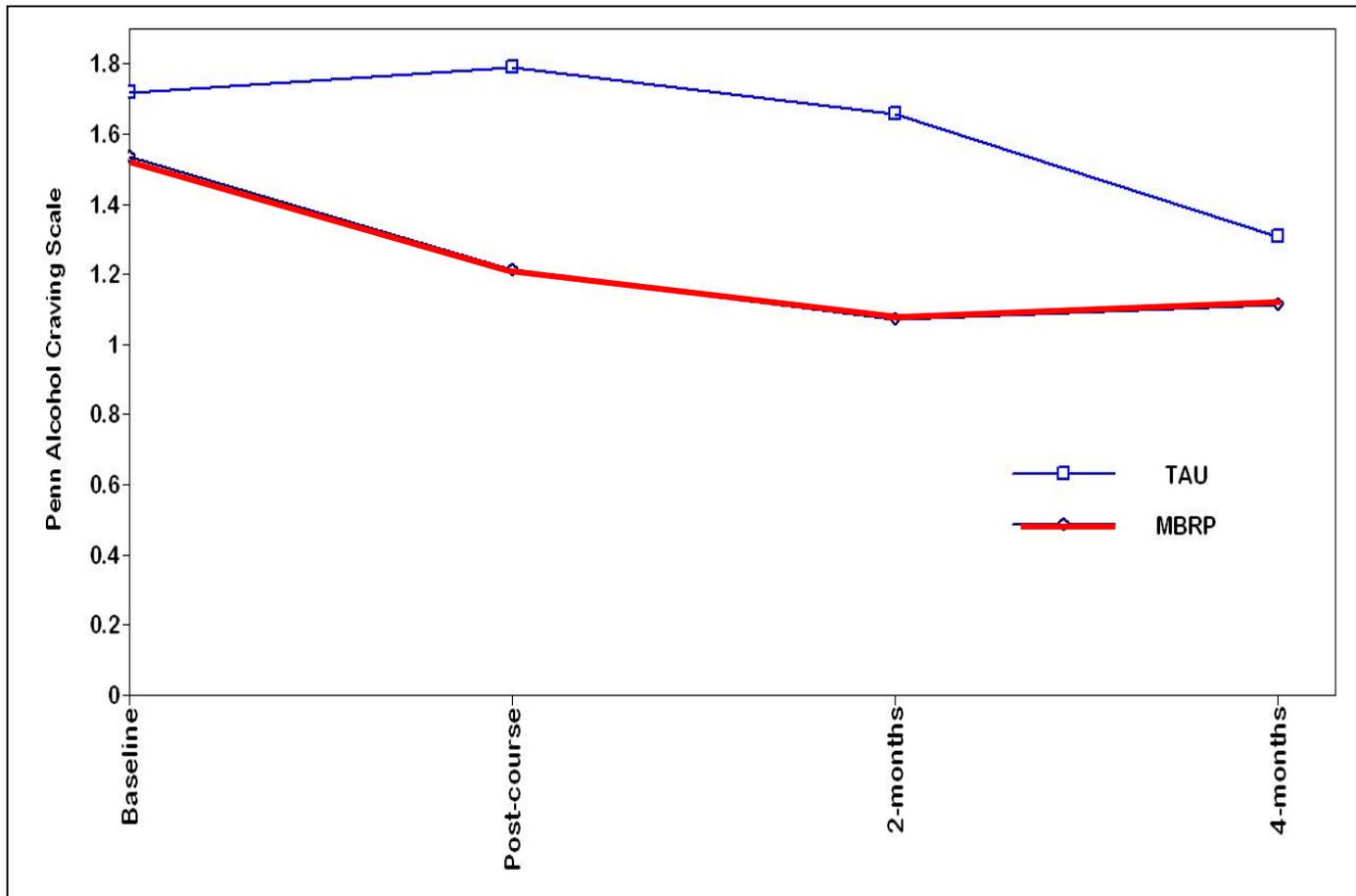
# A dialogue among two female residents in the program:

- **New Resident's Question: "What's the difference between this mindful stuff and normal treatment?"**
- **Experienced Resident's Response: "Listen, we're all missing something in our souls and we tried filling that missing place up with a bunch of drugs...  
It didn't work....  
Mindfulness and MBRP helped me look at the empty place for the first time...  
MBRP gave me the tools to do that and then tools to figure out how I could fill up the missing place by taking care of myself."**

# Targeted Mechanisms of MBRP

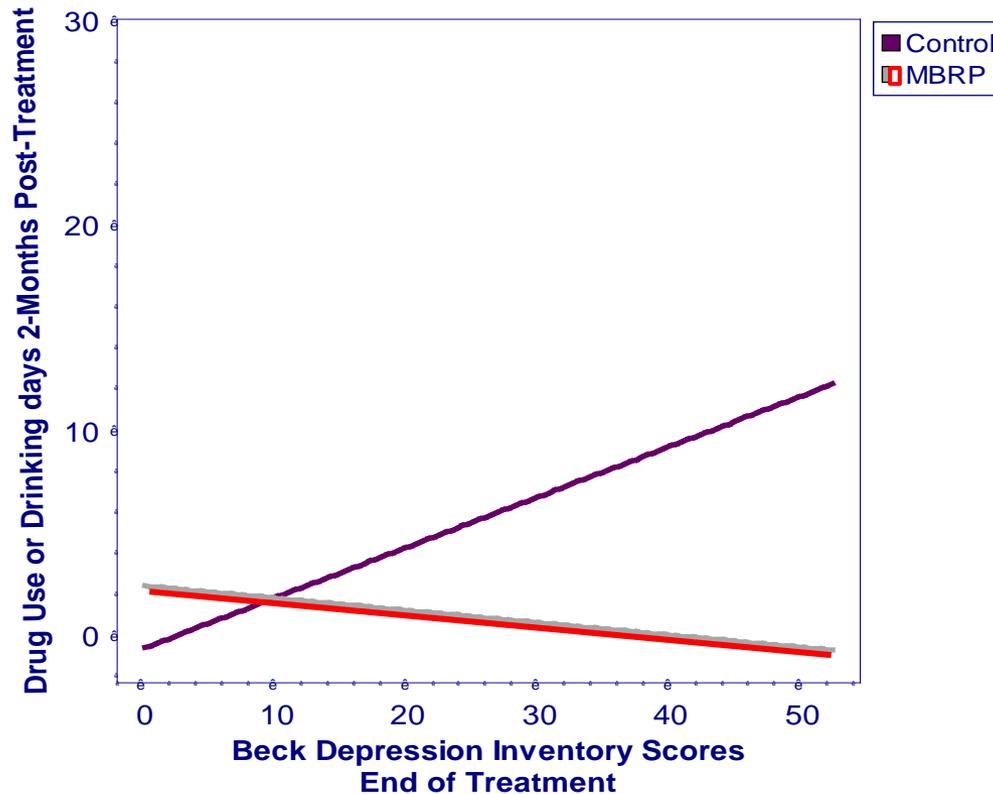


# Changes in craving by group



Bowen et al. (2009). *Substance Abuse*  
Witkiewitz et al. (2013). *Addictive Behaviors*.

# Moderating effect of MBRP on association between depression scores and substance use days.



Witkiewitz & Bowen (2010) *J. Consulting & Clinical Psychology*

# Intentions of Mindfulness-Based Treatment

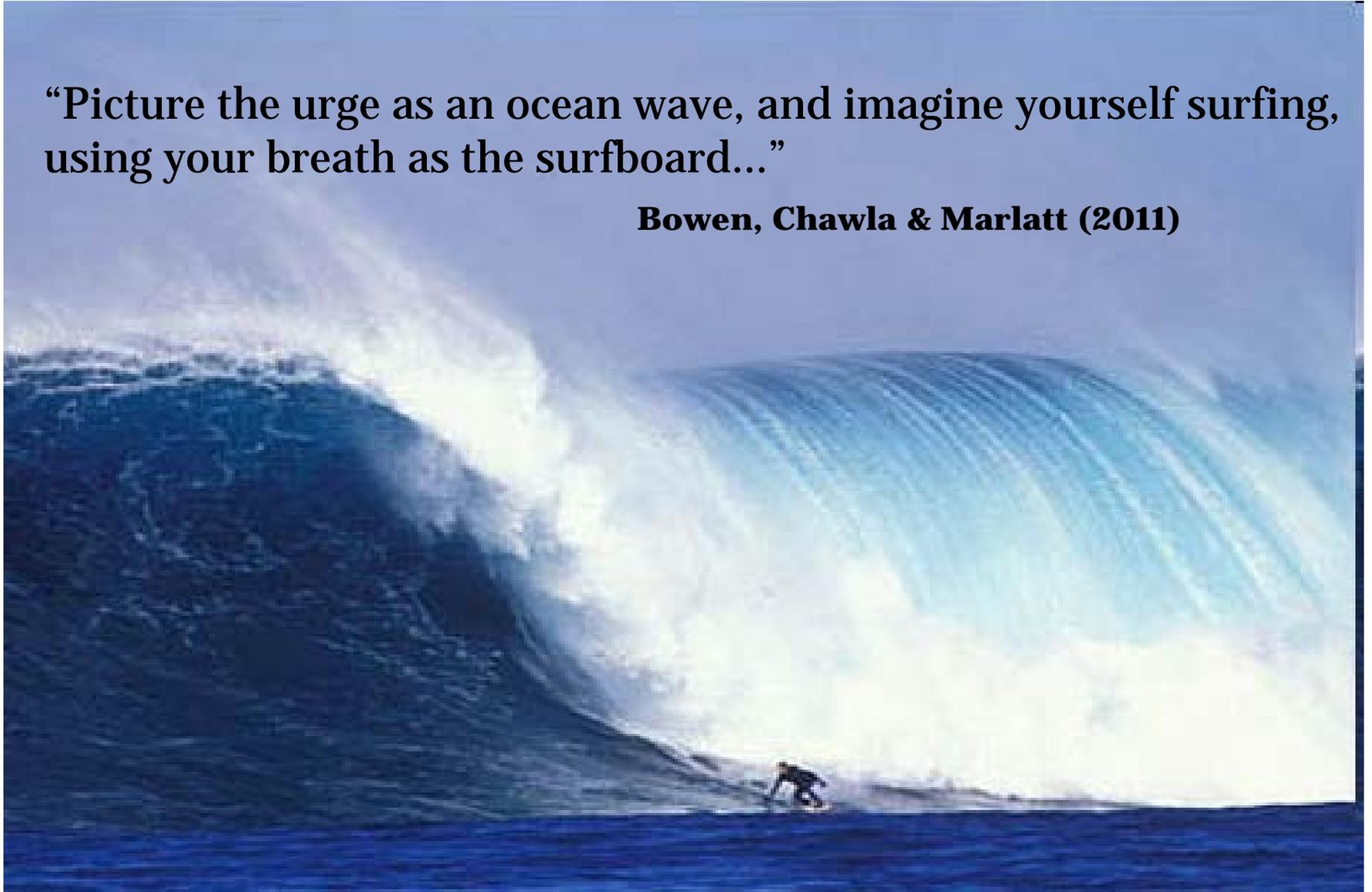
## **Awareness: Training Attention**

- Daily decisions that increase risk
- Internal and environmental triggers
- Seemingly “automatic” reactions
- Recognize and disengage from triggers/craving

# Urge Surfing Exercise

“Picture the urge as an ocean wave, and imagine yourself surfing, using your breath as the surfboard...”

**Bowen, Chawla & Marlatt (2011)**



# Intentions of Mindfulness-Based Treatment

## Acceptance and Curiosity

- Shift from emotional avoidance to curiosity
- Decrease the need to “fix” discomfort, learning to “stay with” experiences
- Recognize basic needs that often underlie craving

# “SOBER” Breathing Space



**Stop**

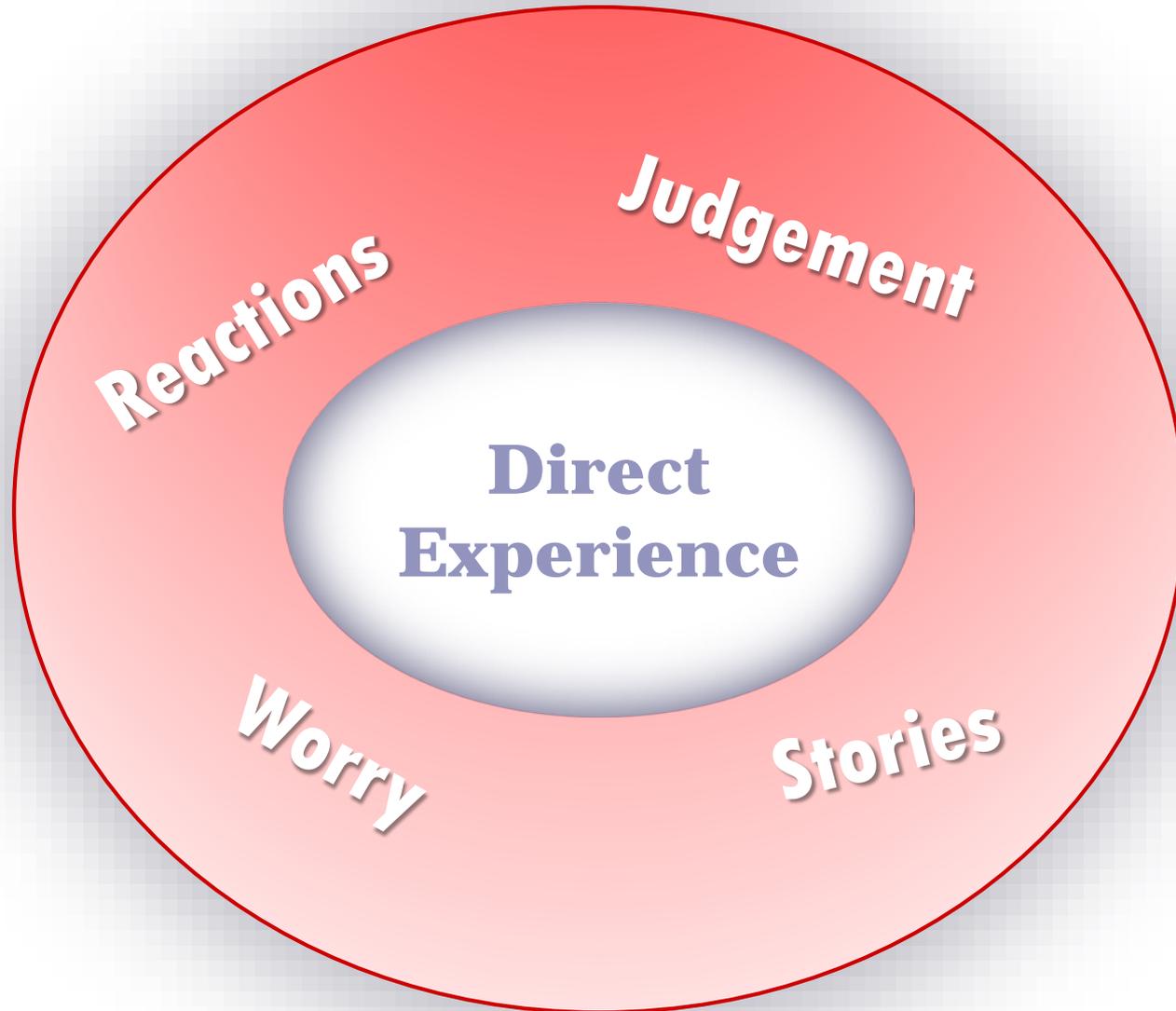
**Observe**

**Breath**

**Expand**

**Respond**

# Target of Mindfulness-Based Treatments

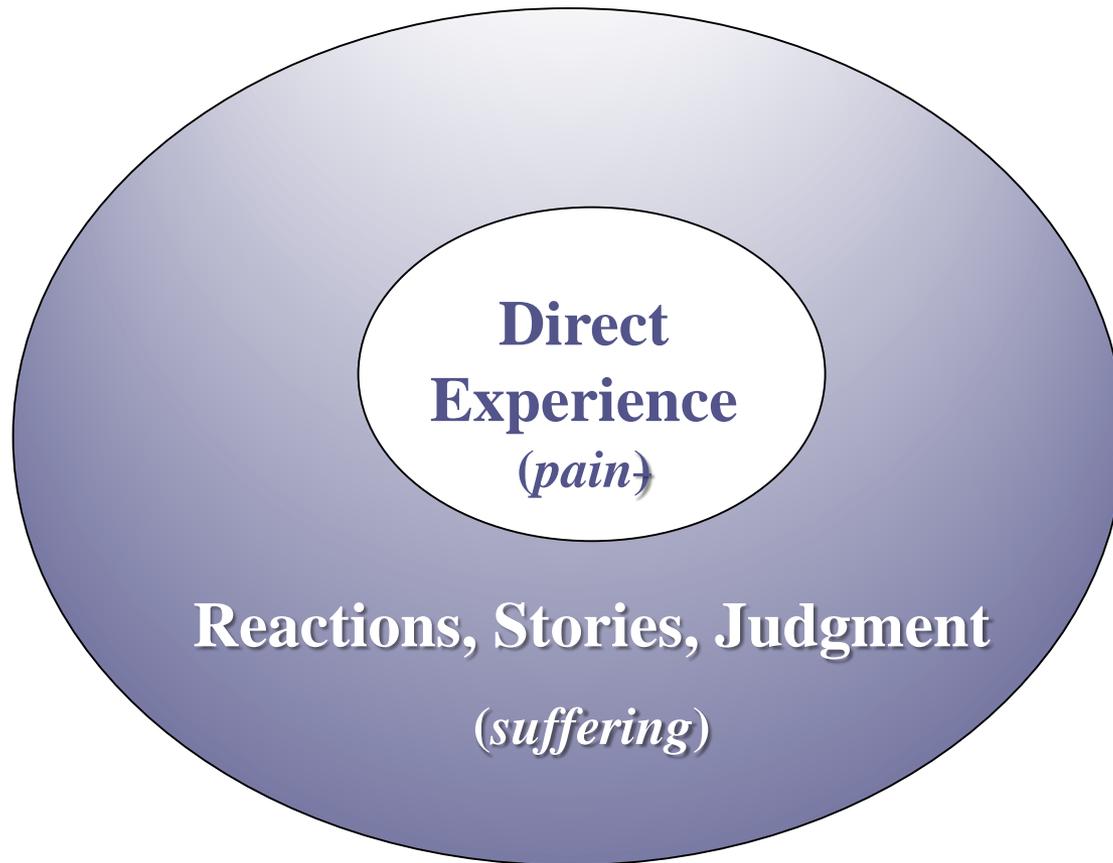


# Intentions of Mindfulness-Based Treatment

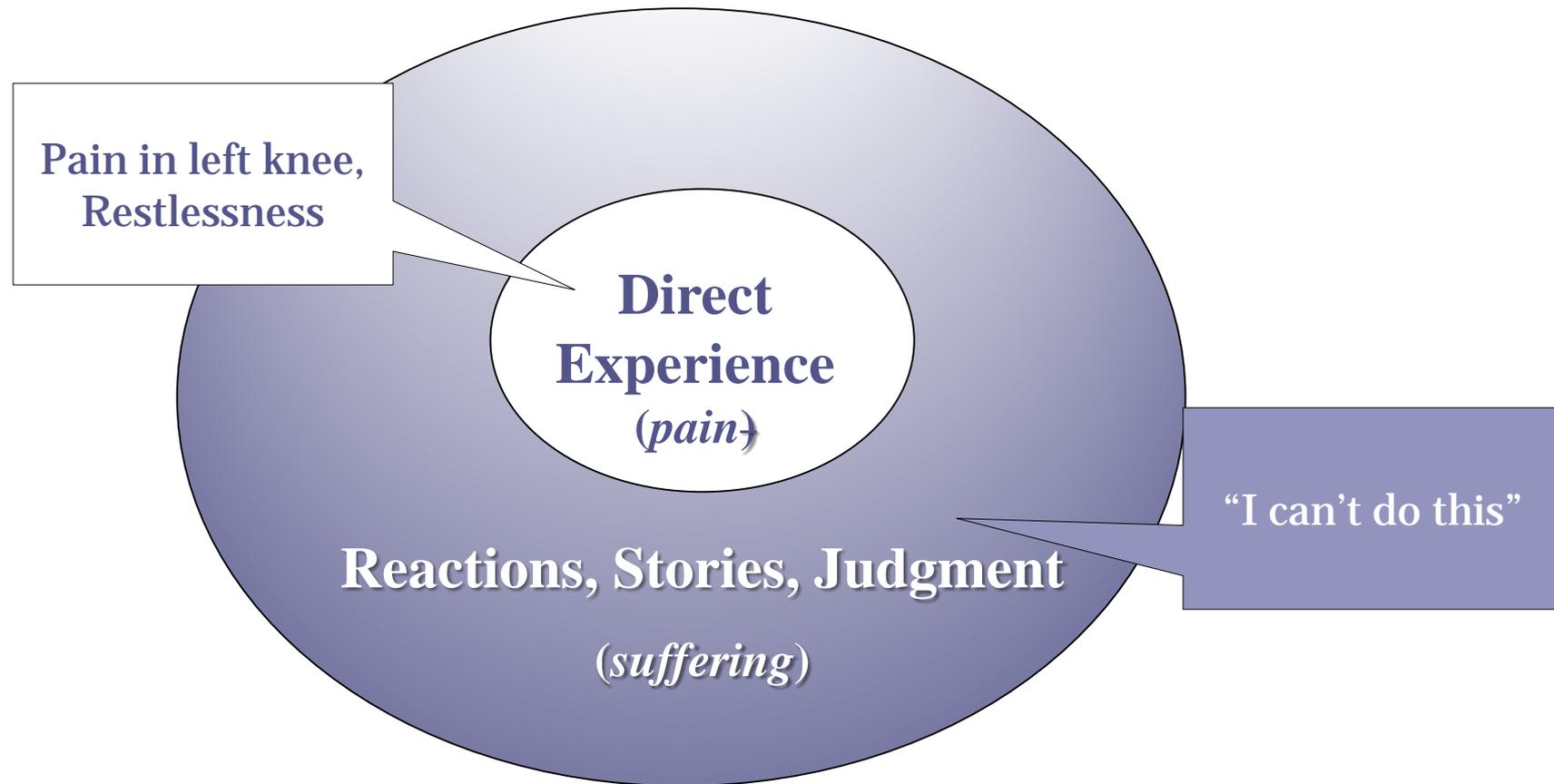
## Self-Compassion and Skillful Action

- Reduce contact with environmental triggers and “depleting” activities
- Increase contact with natural/alternative reinforcers and social support
- Reduce self-judgment
- Increase resilience

# Facilitating Mindfulness-Based Treatment Inquiry as “active ingredient”



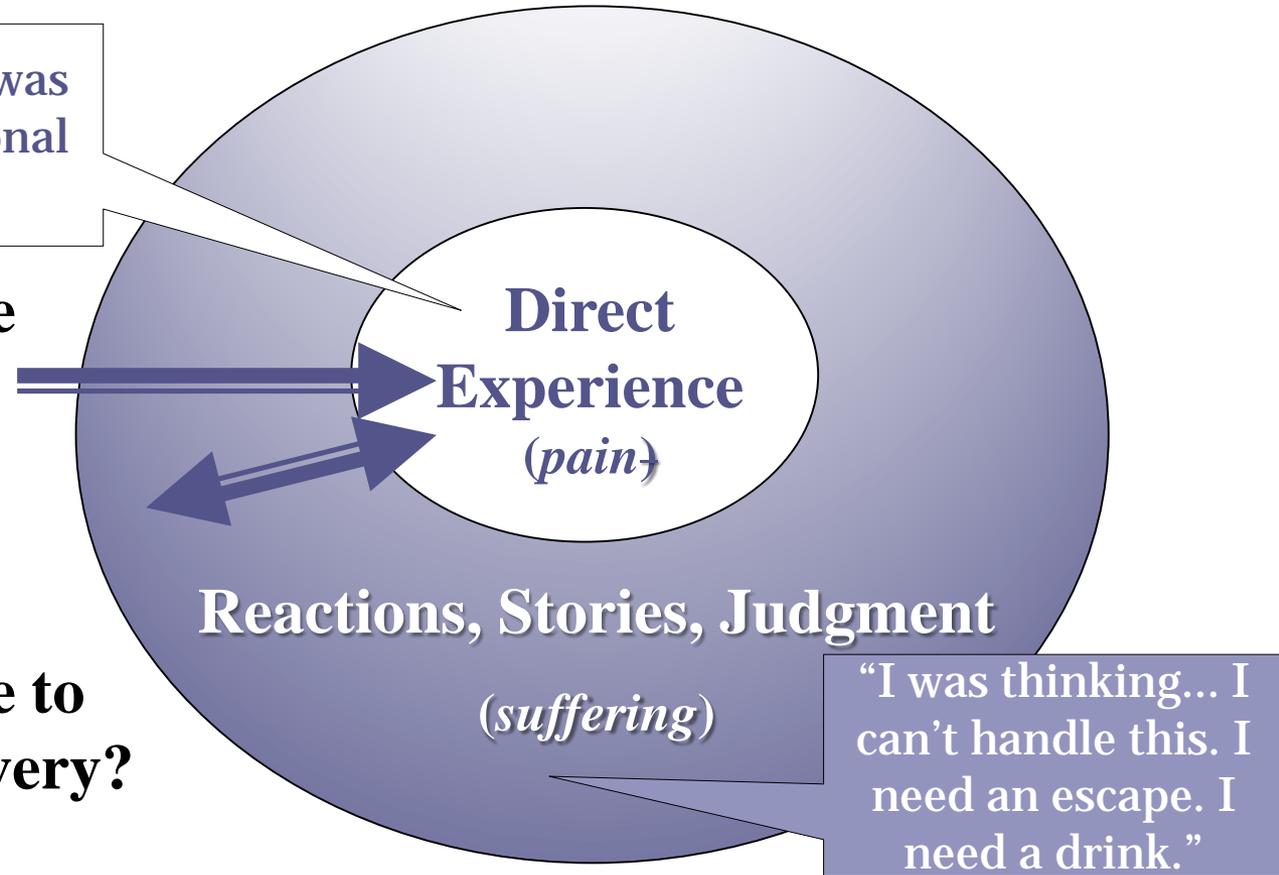
# Facilitating Mindfulness-Based Treatment Inquiry as “active ingredient”



# Facilitating Mindfulness-Based Treatment Inquiry as active ingredient - urge surfing

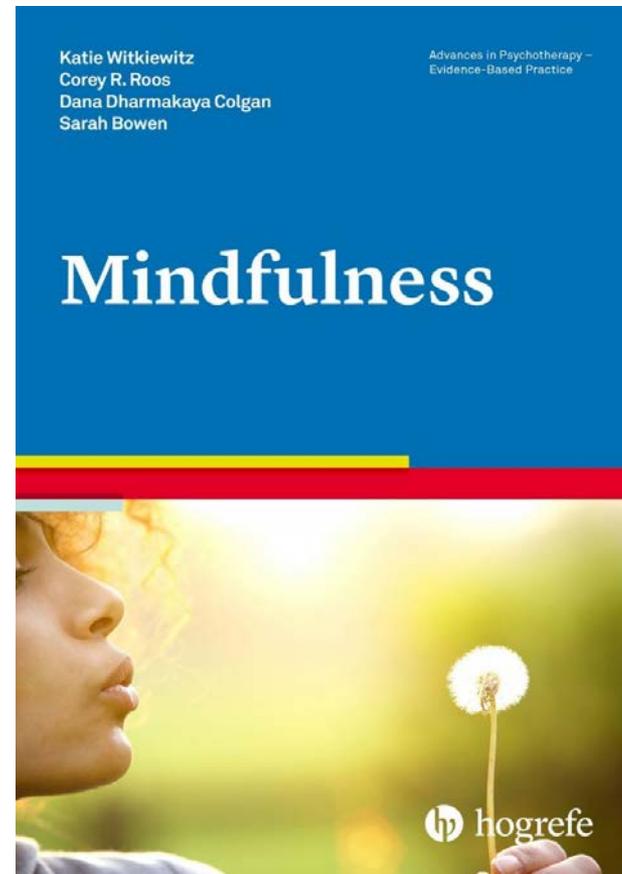
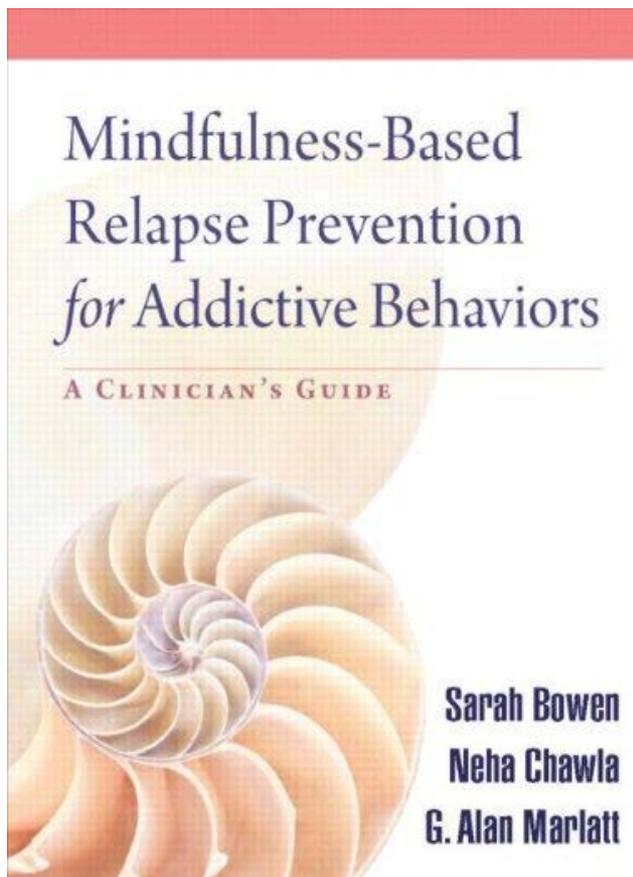
Tearful... “that was hard”... (emotional discomfort)

1. What did you notice during that exercise?
2. Is that familiar, similar/different?
3. How does this relate to craving, relapse, recovery?



# Resources

- [www.mindfulrp.com](http://www.mindfulrp.com)



<https://hogrefe.com/9780889374140>

# With gratitude

## Undergraduate Research Assistants



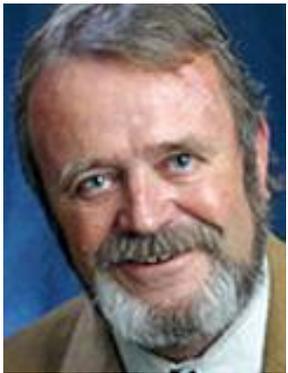
Sarah Bowen



Neha Chawla Denise Gour Joel Grow



## Graduate Research Assistants



G. Alan Marlatt  
(1941-2011)

