



Northwest (HHS Region 10)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents:

Mindfulness-Based Relapse Prevention for Addictive Behavior

Neha Chawla, PhD
Seattle Mindfulness Center



Today's Presenter

Neha Chawla, PhD

- Founder & Director, Seattle Mindfulness Center
- Co-creator, MBRP
- Co-author, *Mindfulness-Based Relapse Prevention for Addictive Behavior: A Clinician's Guide*
- Group facilitator and trainer



Mindfulness-Based Relapse Prevention for Addictive Behavior

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Road Map

- ✧ Why MBRP?
- ✧ What is Mindfulness?
- ✧ Why is it useful in treating addictive behavior?
- ✧ MBRP: Content, Structure & Research

Road Map

✧ Why MBRP?

“Chronic relapsing conditions”

- 65% to 90% have at least one drink in the first year following treatment, 50% in first 2 months
- Improved coping skills are related to less frequent drinking at first lapse and lighter drinking thereafter

(Maisto et al., 2003; Sutton, 1979; Witkiewitz & Masyn, 2008)

Relapse Prevention

- ✧ RP is an effective treatment for a range of substances (e.g., Alcohol, Cocaine, Marijuana, Smoking, Gambling, Eating)
- ✧ Does not always prevent a lapse better than other treatments, but more effective at delaying, and also reducing duration and intensity of lapse

(e.g., Irvin, et al., 1999; Carroll, 1996; Dimeff & Marlatt, 1998; Roffman, et al. 1990; Schmitz, et al., 2001)



**SAMHSA's National Registry of
Evidence-based Programs and Practices**

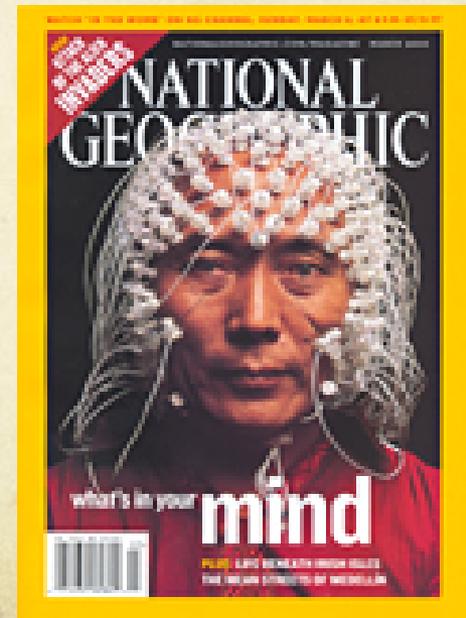
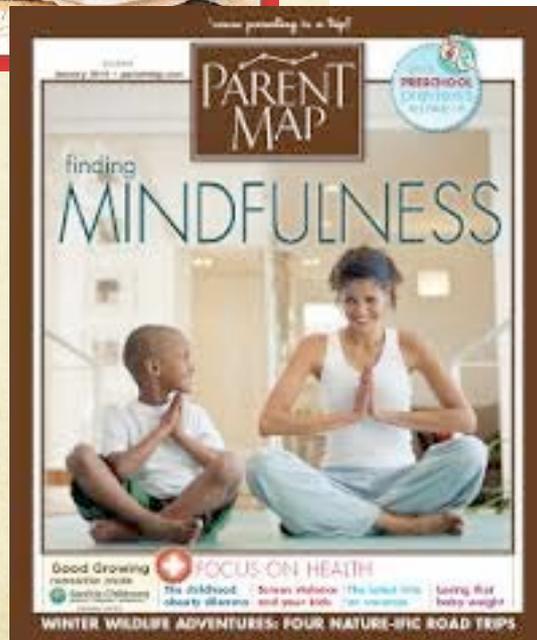
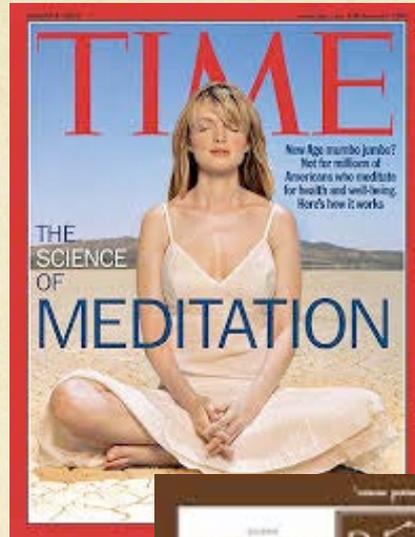
RP + Mindfulness?

- ✧ Would the addition of mindfulness enhance the efficacy of RP?
- ✧ Can we integrate the two in a way that is accessible/feasible?
- ✧ Are there individuals who would do better with an alternative approach?

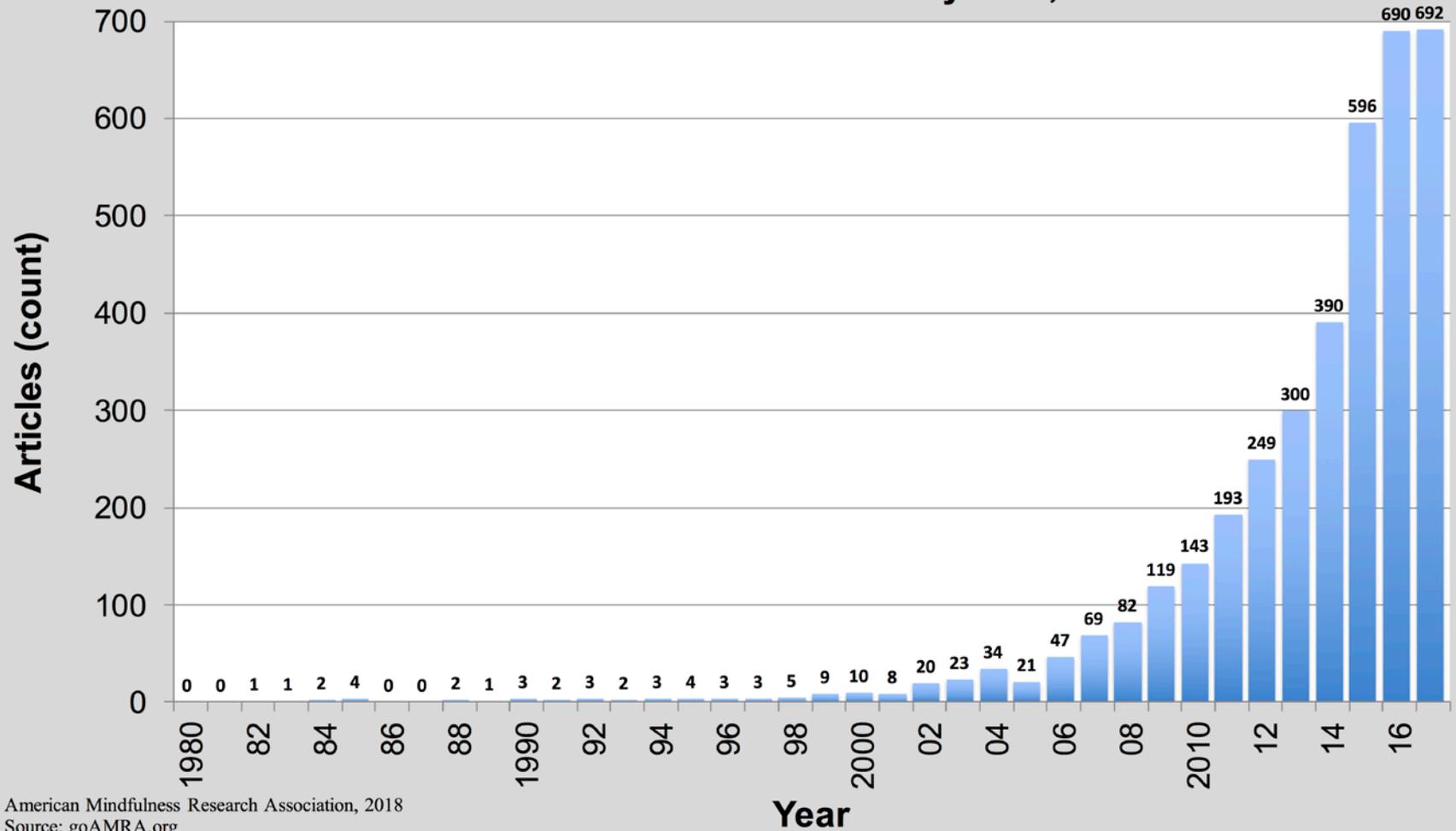
Road Map

✧ Why MBRP?

✧ What is Mindfulness?



Mindfulness Journal Publications by Year, 1980-2017

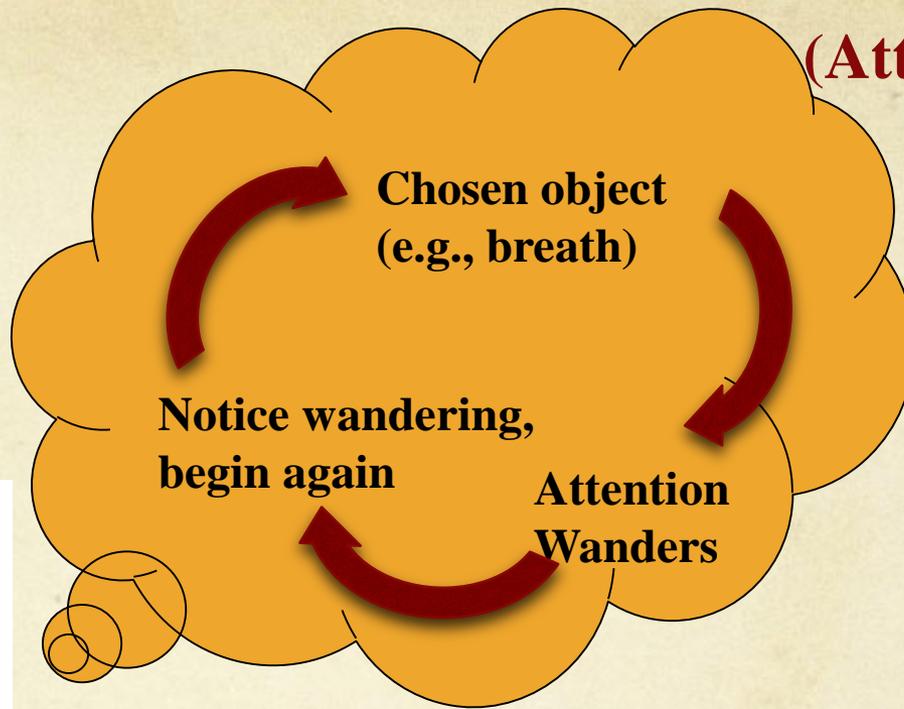


American Mindfulness Research Association

What is Mindfulness?
(Experiential Exercise)

(Nonjudgmental)

(Attention)



(Present Moment)



“Awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment”

(Kabat-Zinn, 2003)

“Awareness that emerges through **paying attention** on purpose, in the **present moment**, and **non-judgmentally** to the unfolding of experience moment by moment”

(Kabat-Zinn, 2003)

Road Map

- ✧ Why MBRP?
- ✧ What is Mindfulness?
- ✧ Why is it useful in treating addictive behavior?

Mindfulness & Addictive Behavior

- ❖ **PAYING ATTENTION**
Greater awareness of triggers and reactions.
Interrupting automatic behavior.
- ❖ **PRESENT MOMENT**
Accepting present experience, rather than
escaping or avoiding it.
- ❖ **NONJUDGMENTALLY**
Detach from self-critical and automatic thoughts
that often lead to addictive behavior and relapse.

Mindfulness & Transtheoretical Model

(Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992)

✧ CONTEMPLATION

Greater awareness of ambivalence/impact of changing vs. maintaining status quo; Greater ability to “be with” vs. “avoid” discomfort

✧ PREPARATION

Increased awareness of triggers/seeing more clearly what needs to change and how

✧ ACTION

Greater ability to respond vs. react/interrupt habitual behaviors/take skillful action

✧ MAINTENANCE

Support continued awareness and choice; minimize self-judgment

Mindfulness-Based Relapse Prevention

Structure and Format

- ✧ Patterned after MBSR (Kabat-Zinn) and MBCT (Segal et al.)
- ✧ 8 weekly 2-hour sessions; daily home practice
- ✧ Components
 - ✧ Formal mindfulness practice
 - ✧ Informal practice
 - ✧ Coping strategies



Core Intentions

- ✧ **AWARENESS**
Thoughts, feelings and sensations, including triggers.
Interrupt previously automatic/habitual behaviors
- ✧ **RESPONDING VS. REACTING**
Greater sense of freedom and choice
- ✧ **RELATIONSHIP TO DISCOMFORT**
“Being with” rather than “fighting”, “avoiding” or “trying to fix”
- ✧ **SELF-ACCEPTANCE/COMPASSION**
Recognizing self-judgment and criticism
Relating to experience with greater compassion
- ✧ **LIFESTYLE BALANCE**
Supporting a lifestyle that is aligned with recovery

Approach



- ✧ Experiential
- ✧ Present moment vs. story
- ✧ Importance of facilitator mindfulness practice:
Nonjudgment, openness, curiosity
Similar to MI Spirit: collaborative, accepting, compassionate and evocative.
- ✧ Elicit vs. teach

‘Evoking’ in MI speak: The resources and motivation for change are presumed to lie within the person.

Inquiry



Session Themes

Session 1: Automatic Pilot and Relapse

Session 2: Awareness of Triggers and Craving

Session 3: Mindfulness in Daily Life

Session 4: Mindfulness in High-Risk Situations

Session 5: Acceptance and Skillful Action

Session 6: Seeing Thoughts as Thoughts

Session 7: Self-Care and Lifestyle Balance

Session 8: Social Support and Continuing Practice

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**Increasing
Awareness**

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**High-Risk
Situations/Relaps
e**

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**Self-
Care/Mainte
nance**

Formal Practices

- ✧ Body Scan
- ✧ Sitting Meditation
- ✧ Mountain Meditation
- ✧ Loving-kindness Meditation



Informal Practices

- ✧ Urge Surfing
- ✧ Mindfulness of Daily Activities
- ✧ SOBER Breathing Space
- ✧ Mindful Movement



Working with Urges & Craving

Riding the Wave

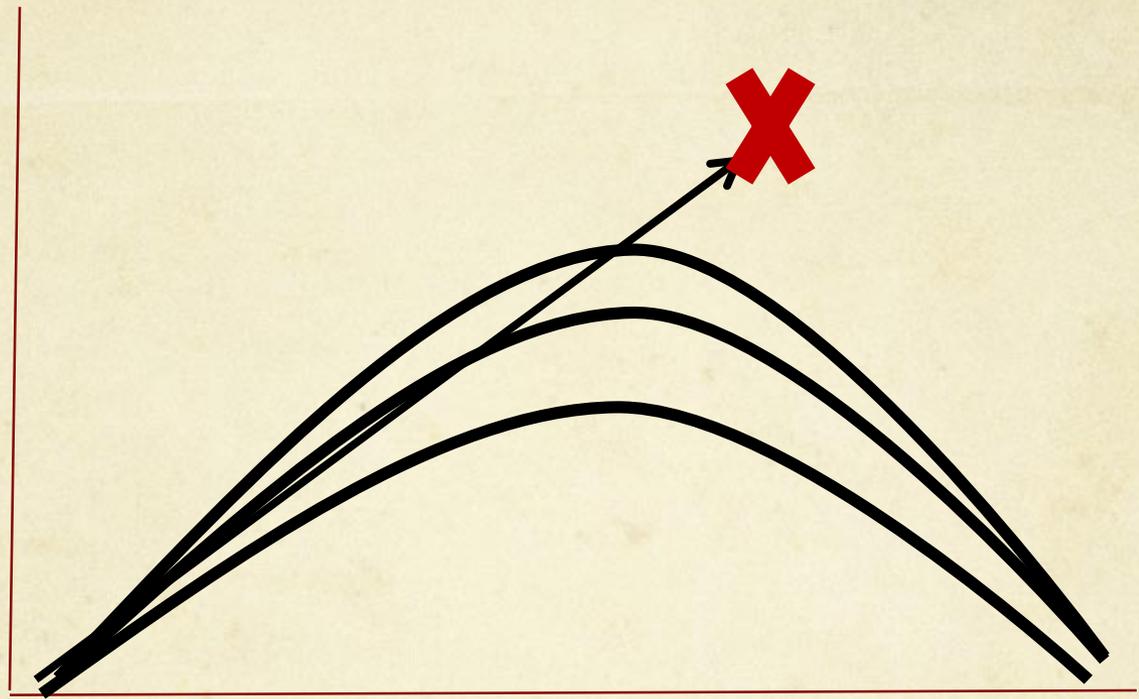


Urge Surfing: Staying with the urge (wave) as it grows, riding it to its peak, using the breath to stay steady, trusting it will naturally subside without any action.

Seems as though the craving will get **BIGGER** and **BIGGER**...

Unless you do something to “fix it”

urge



time

SOBER Breathing Space

S: Stop

O: Observe

B: Breath

E: Expand

R: Respond

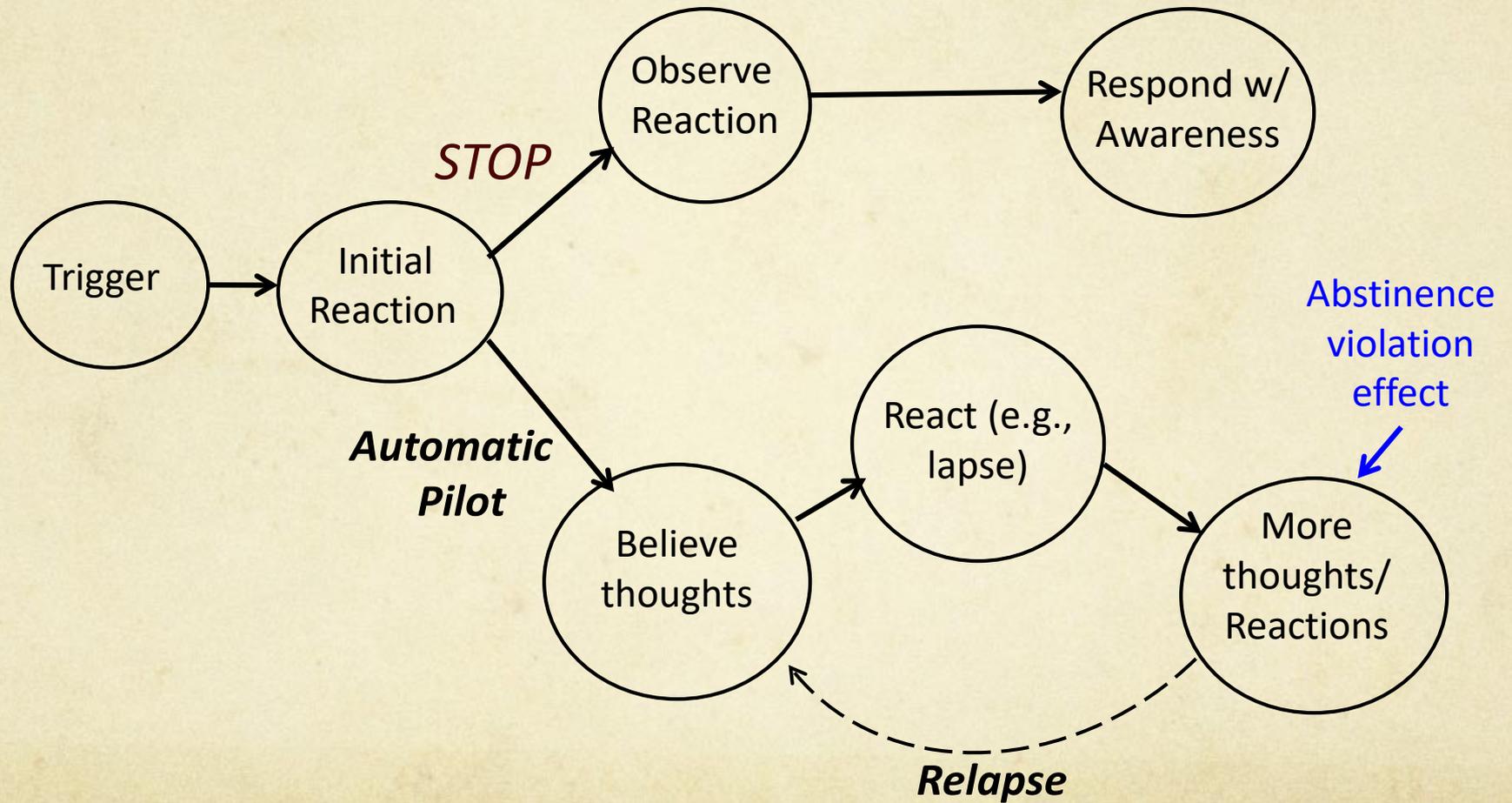
Cognitive-Behavioral Exercises

- ✧ Noticing Triggers
- ✧ Relapse Chain

Awareness of Triggers

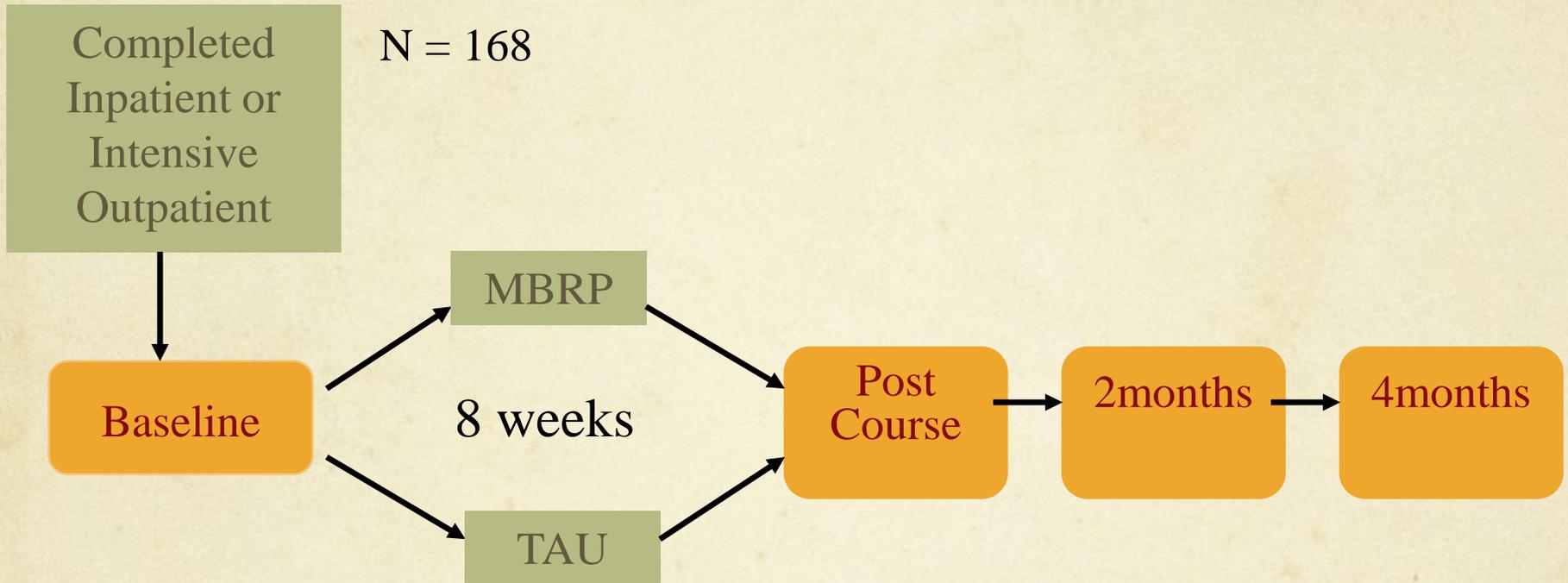
Situation/ Trigger	What sensations did you experience?	What moods, feelings or emotions did you notice?	What thoughts arose?	What did you do?
<p>An argument with my girlfriend.</p>	<p>Tightness in chest, sweaty palms, heart beating fast, shaky all over</p>	<p>Anxiety, hurt, anger</p>	<p>"I can't do this." "I need a drink." "Forget it. I don't care anymore"</p>	<p>Yelled, slammed door, went for a walk</p>

Relapse Chain



Research

MBRP Pilot Study



Funded by National Institute on Drug Abuse Grant R21
DAO 10562-01A1; PI: G. Alan Marlatt

Participants

✧ Age 40.5 (10.3); 64% male

✧ Ethnicity

- ✧ 50% Caucasian
- ✧ 28% African American
- ✧ 15% Multiracial
- ✧ 7% Native American

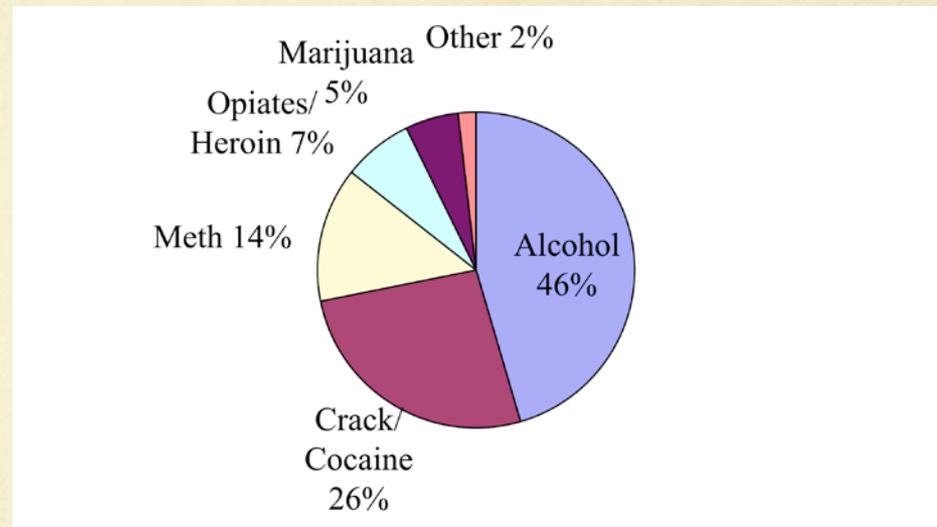
✧ 72% completed high-school

✧ 41% unemployed

✧ 33% public assistance

✧ 62% less than \$4,999 / year

✧ Homeless/unstably housed



Results

- ✧ Increased awareness and acceptance ($p < .01$)
- ✧ Reduction in craving ($p < .05$)
- ✧ Decreased rates of substance use ($p < .05$)
- ✧ Effect of treatment on substance use mediated by reduction in craving
- ✧ Weaker relationship between depressive symptoms and craving for MBRP group

Negative Affect

Outcomes

Substance use treatment outcomes

(e.g., Hodgins, el Guebaly, & Armstrong, 1995)

Re-initiation of use following abstinence

(e.g., Witkiewitz & Villarroel, 2009)



Comorbidity

~ 40% of Americans with depressive/anxiety disorders have co-occurring substance use disorders

(NCS; Kessler, Nelson, McGonagle, Liu, et al., 1996)



Depression has particularly strong relation with craving and relapse

(Gordon et al., 2006; Zilberman et al., 2007; Curran et al., 2000 ; Levy, 2008)

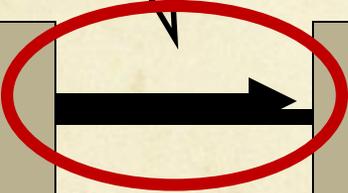
(e.g., Cleveland & Harris, 2010; Cooney, et al., 1997; Perkins & Grobe, 1992; Shiffman & Waters, 2004; Sinha & O'Malley, 1999; Stewart, 2000; ~~Waters et al., 2008~~)

(e.g., Hartz, et al., 2001; Hopper et al. 2006; Shiffman et al., 2002)



Over time, craving response in the presence of negative affect weakens

Depressive Symptoms



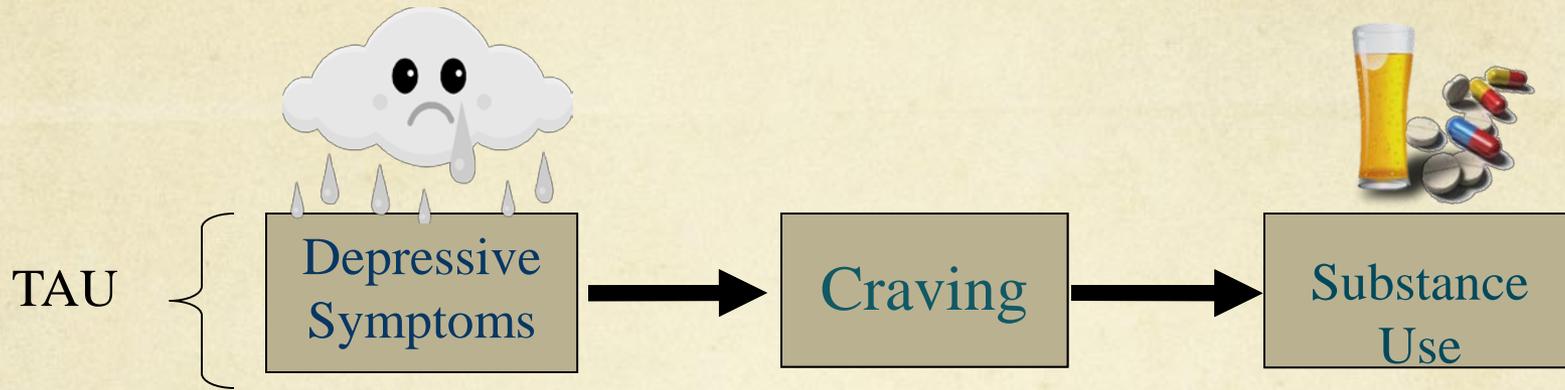
Craving



Substance Use

Hypotheses: "Staying with" vs. "Escaping or numbing" self-medication hypothesis (Khantzian, 1985)

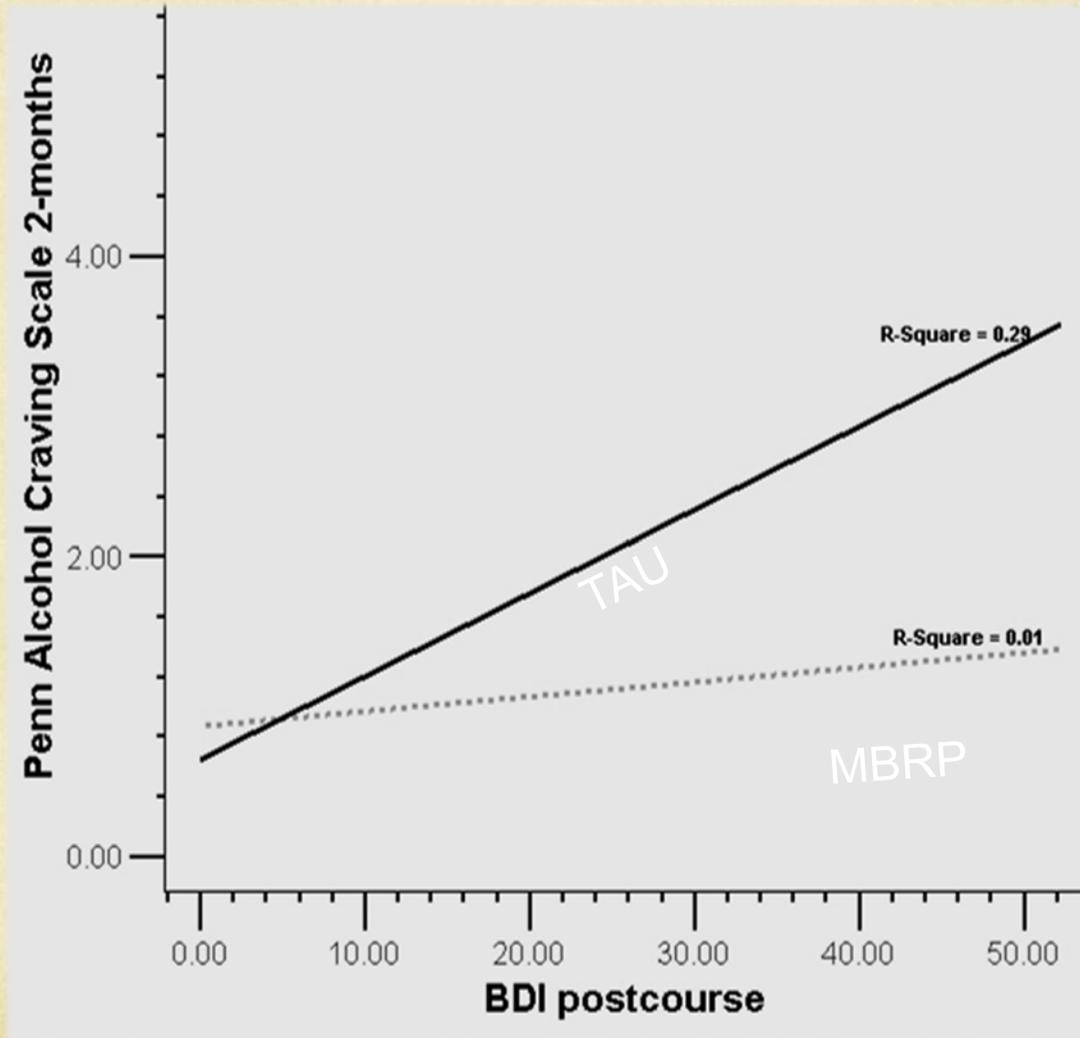
- Weaker relationship between depression and craving in MBRP group
- Thereby reducing negative reinforcement response to depressive symptoms



(Moderated mediation effect of treatment; $p = 0.04$)

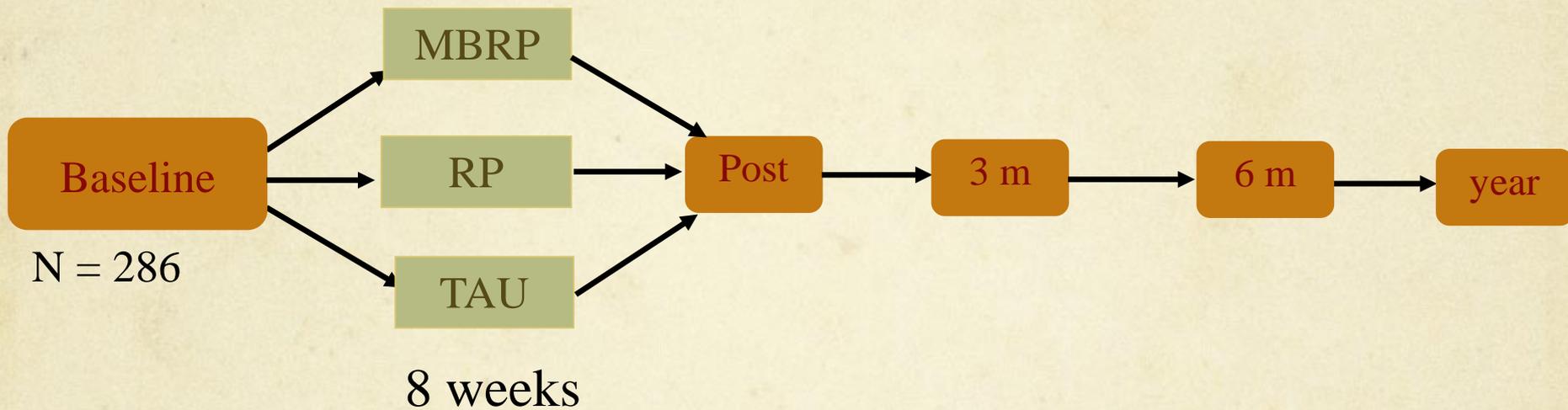


Results: Depression and Craving



Substance Use

Larger MBRP Trial



Results

3 Months: No differences

6 Months:

✧ MBRP and RP (vs. TAU)

✧ Higher probability of abstinence from drug use & not engaging in heavy drinking

✧ Among those who drank, 31% fewer days of heavy drinking

✧ RP (vs. MBRP)

✧ Longer time to first use

Results

12 Months:

✧ MBRP (vs. RP & TAU)

✧ Higher probability of not engaging in heavy drinking

✧ 31% fewer drug use days

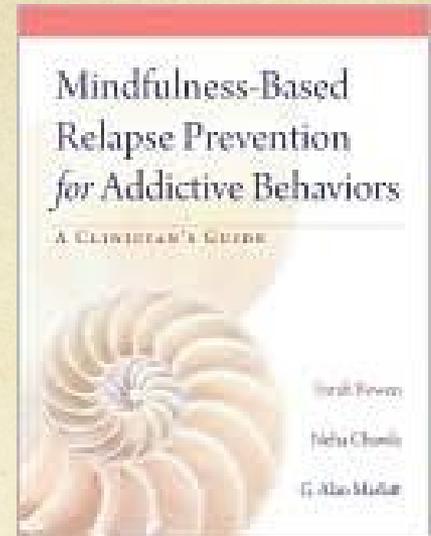
Conclusions

- ✧ All treatments are equally effective at 3 months.
- ✧ Both MBRP and RP (compared to TAU) blunt the probability and severity of relapse at 6 months, with RP delaying time to first drug use.
- ✧ MBRP may have a more enduring effect beyond 6 months.

Hypothesized mechanism

Over time, and with greater exposure, participants may be better able to recognize and tolerate craving and negative affect.

Resources



✧ MBRP website

www.mindfulrp.com

✧ MBRP Trainings

✧ Vashon Island, Washington USA: June, 2019

THANK YOU!

Surveys

**Look for our surveys in your
inbox!**

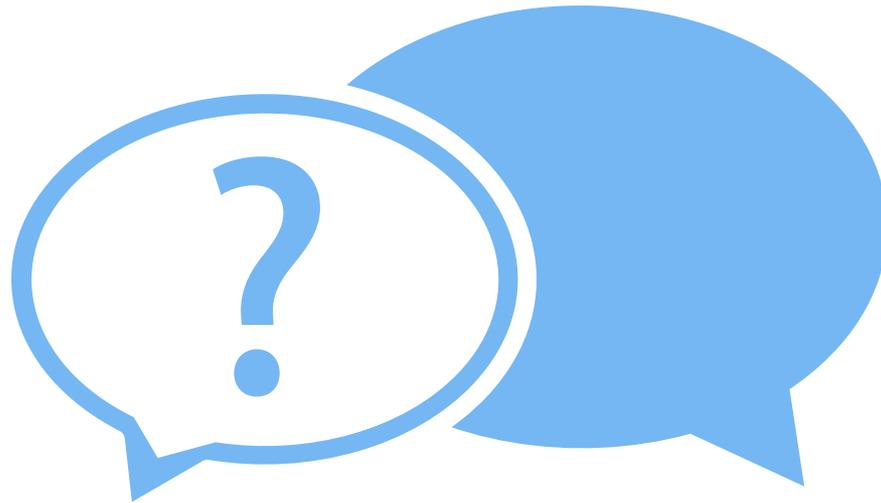
We'll send two short surveys:
one now, and
one in a month.



We greatly appreciate your feedback! Every survey we receive helps us to improve and develop our programming.

Q&A

**Questions? Please type them in
the chat box!**



Upcoming Events

Thank you for coming!

Join us for our next webinar:

**Addressing High-risk Sexual Behavior
Among People in SUD Treatment**

Mary Hatch-Maillette, PhD
December 19, 2018, 12-1pm