

**Medication Assisted Treatment Access Points Project
Technical Assistance Webinar Series:
*Mindfulness-Based Relapse Prevention
for Addictive Behaviors***





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*Mindfulness-Based Relapse Prevention for Addictive Behaviors:
A Clinician's Guide*

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Mindfulness-Based Relapse Prevention for Addictive Behavior

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Outline

- ✧ Behavioral treatments for SUDs
- ✧ Mindfulness-Based Interventions (MBIs)
- ✧ MBRP Theory
 - ✧ What is Mindfulness?
 - ✧ Why is it useful in treating addictive behavior?
- ✧ MBRP: Content, Structure & Research
- ✧ Resources

Behavioral Addictions Treatments

- ❖ **Motivational Interviewing**
 - ❖ Resolving ambivalence to support steps toward change
 - ❖ Helps develop motivation and a plan for change

- ❖ **Cognitive Behavioral Therapy/Relapse Prevention**
 - ❖ Learn to recognize and change maladaptive behaviors.
 - ❖ Learn to identify risky situations and practice coping skills.

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)

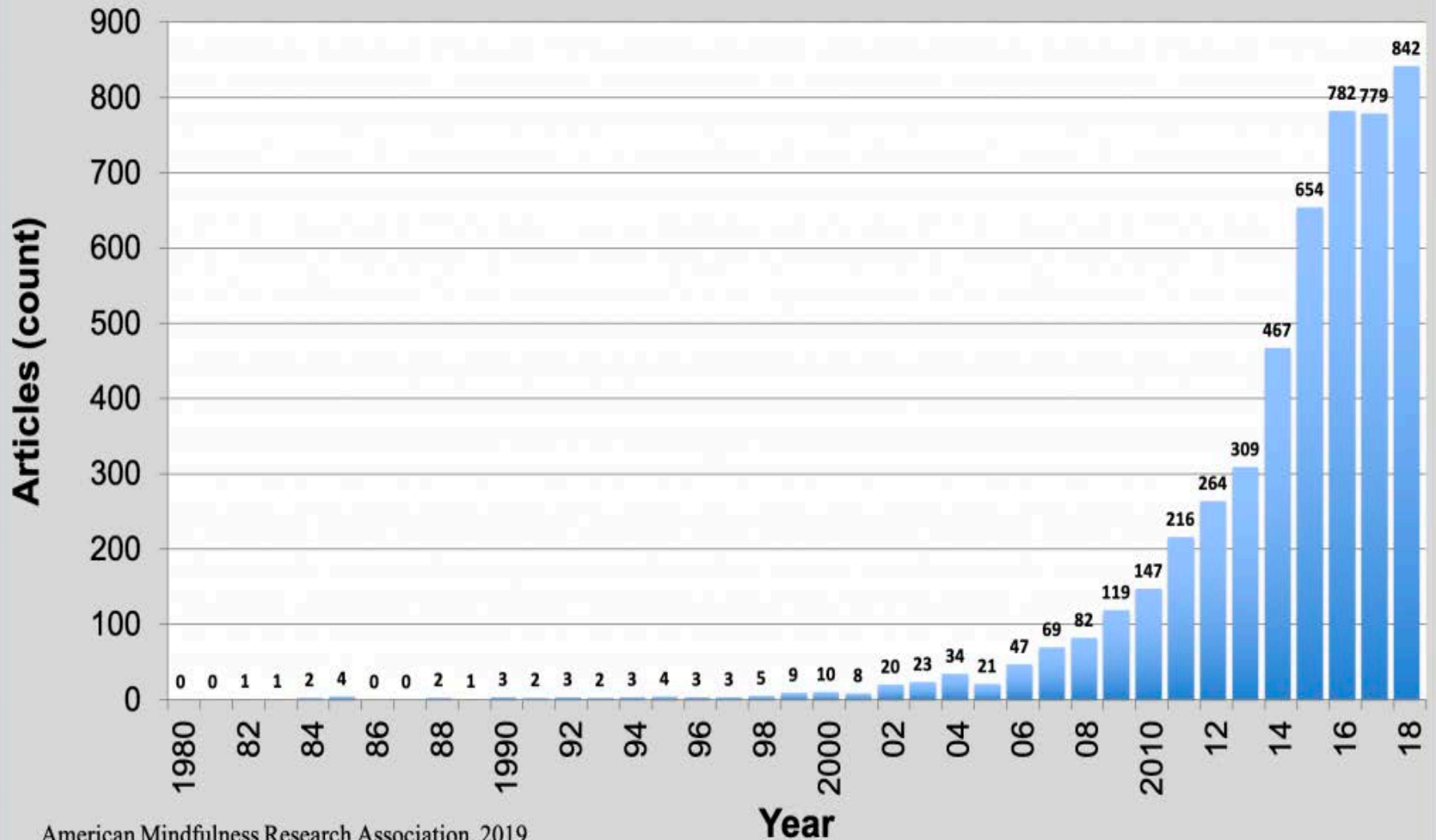


**SAMHSA's National Registry of
Evidence-based Programs and Practices**

Mindfulness-Based Interventions

- ❖ Integration of mindfulness techniques into secular behavioral intervention programs
 - ❖ Mindfulness-Based Stress Reduction (MBSR, Kabat-Zinn)
 - ❖ Mindfulness-Based Cognitive Therapy (MBCT, Segal et al)
- ❖ Efficacious and comparable to other active treatments

Mindfulness Journal Publications by Year, 1980-2018



American Mindfulness Research Association, 2019
Source: goAMRA.org

MBIs for Addictive Behavior

Directly address mechanisms underlying addictive behavior

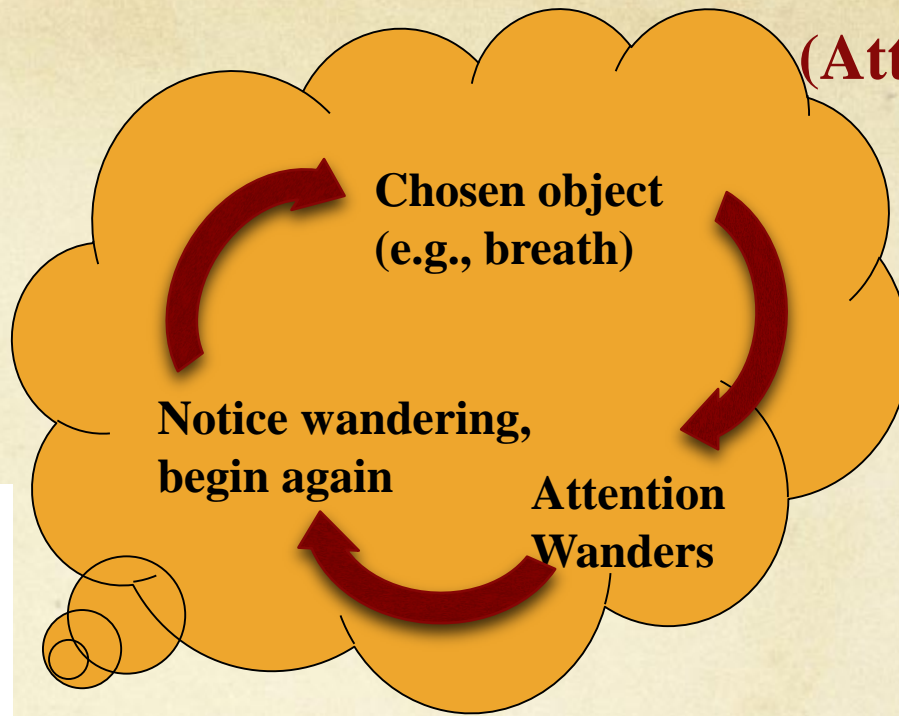
- ❖ Mindfulness-Based Relapse Prevention (MBRP; Bowen et al., 2010)
- ❖ Mindfulness-Oriented Recovery Enhancement (MORE; Garland, 2013)

Mindfulness-Based Relapse Prevention

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)

Components

- ❖ Metacognitive awareness
- ❖ Attentive monitoring of moment-by-moment thoughts, emotions and sensations
- ❖ Without perseveration on thoughts of past and future
- ❖ Nonjudgmental

Mindfulness & Addictive Behavior

❖ ATTENTION

Greater awareness of internal and external experience, including triggers and reactions. Discerning between thoughts, feelings and urges to act, thus interrupting automatic behavior.

❖ PRESENT MOMENT

Non-reactive to and accepting of uncomfortable thoughts, feelings and sensations, rather than escaping or avoiding them.

❖ NONJUDGMENTALLY

Detach from self-critical and automatic thoughts that often lead to addictive behavior and relapse.

Mindfulness & Addictive Behavior

These qualities (trait mindfulness) are significantly inversely associated with substance use and craving, and positively associated with the ability to disengage attention and recover autonomic function following exposure to addiction-related cues.

MBRP Core Intentions

- ✧ **AWARENESS**
Thoughts, feelings and sensations, including triggers.
- ✧ **RESPONDING VS. REACTING**
Interrupt previously automatic/habitual behaviors, 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

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



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

Session Themes

Session 1: Automatic Pilot and Relapse

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**Increasing
Awareness**

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**High-Risk
Situations/Relaps
e**

Session Themes

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**Self-
Care/Mainte
nance**

Formal Practices

- ❖ Body Scan
- ❖ Sitting Meditation: Breath, Body, Thoughts, Emotions
- ❖ Mountain Meditation
- ❖ Loving-kindness Meditation



Informal Practices

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



Working with Urges & Craving

- ✧ Urge Surfing
- ✧ False Refuge

Urges Surfing

Riding the Wave

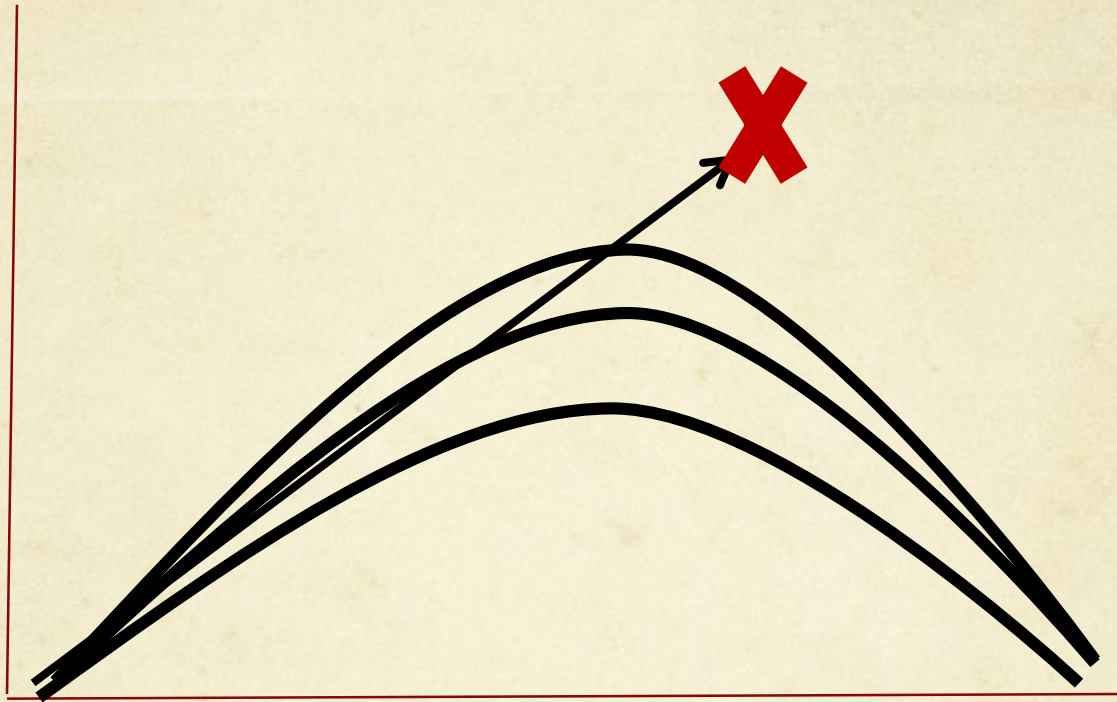


Urge Surfing: Staying with the urge (wave) as it grows, riding it to its peak, using the breath to stay steady, trusting it will naturally subside without any action.

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

Unless you do something to “fix it”

urge



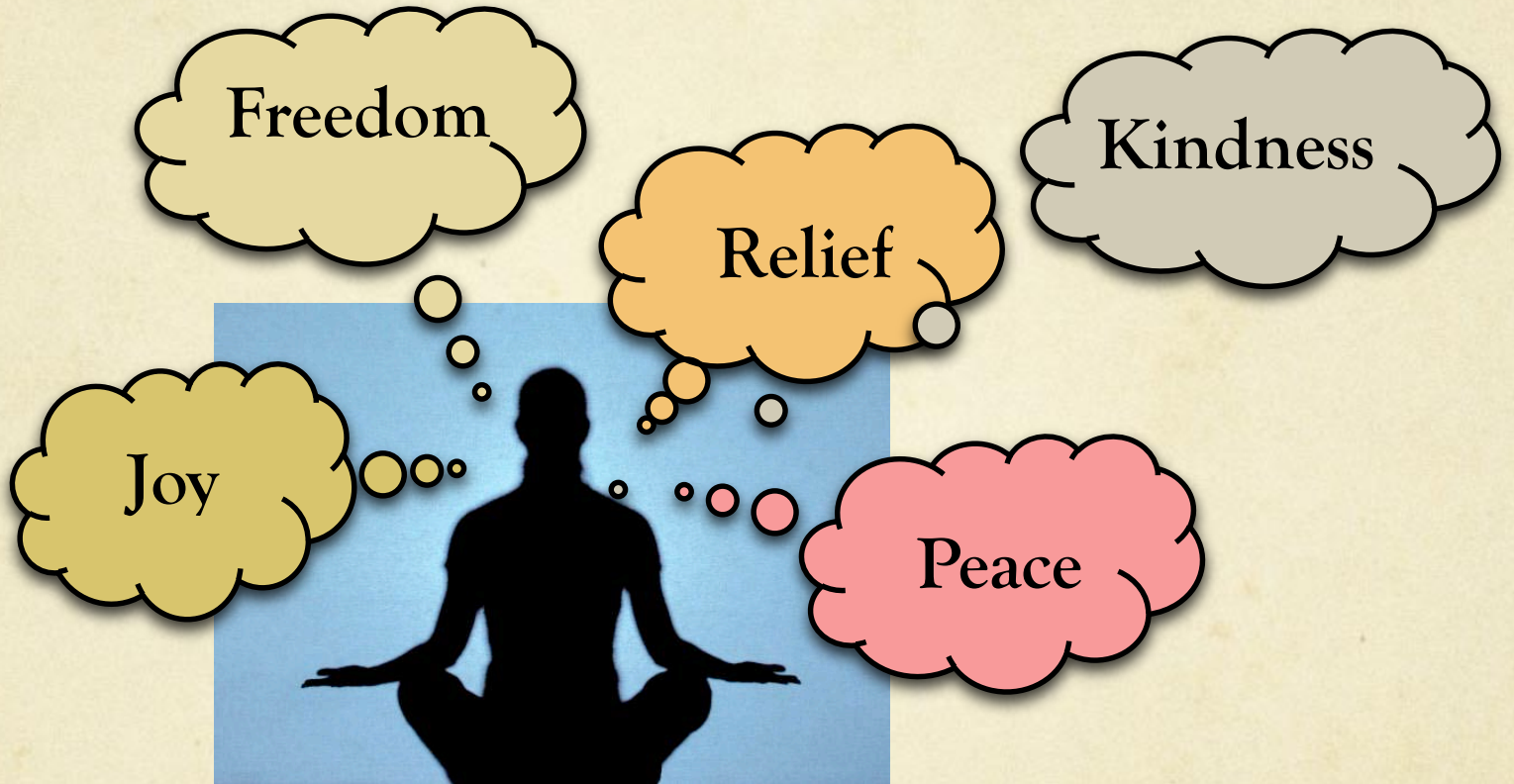
time

False Refuge



Sitting with Craving

False Refuge



Sitting with Craving

SOBER Breathing Space

S: Stop

O: Observe

B: Breathe

E: Expand

R: Respond

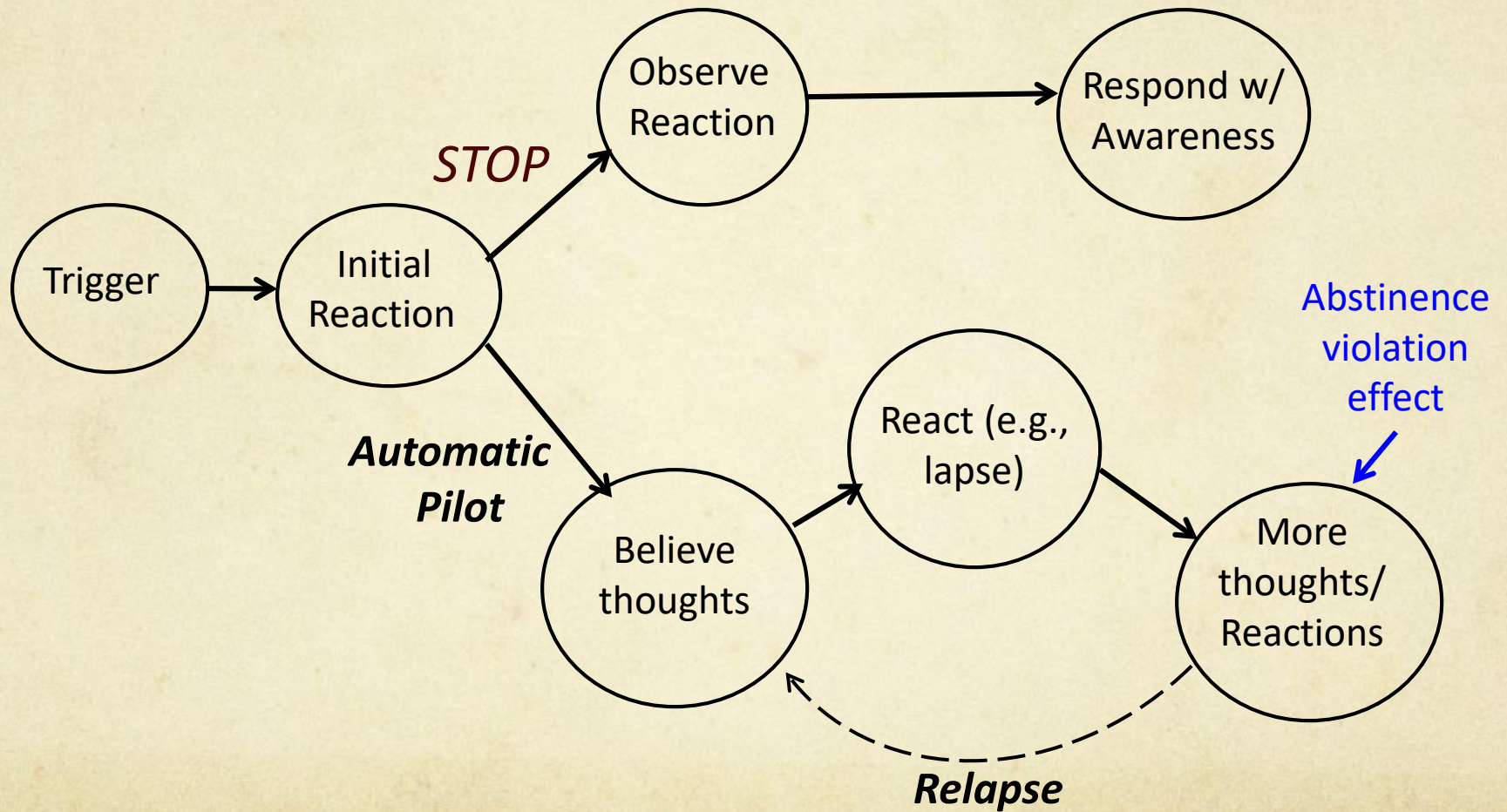
Cognitive-Behavioral Exercises

- ✧ Noticing Triggers
- ✧ Relapse Chain

Awareness of Triggers

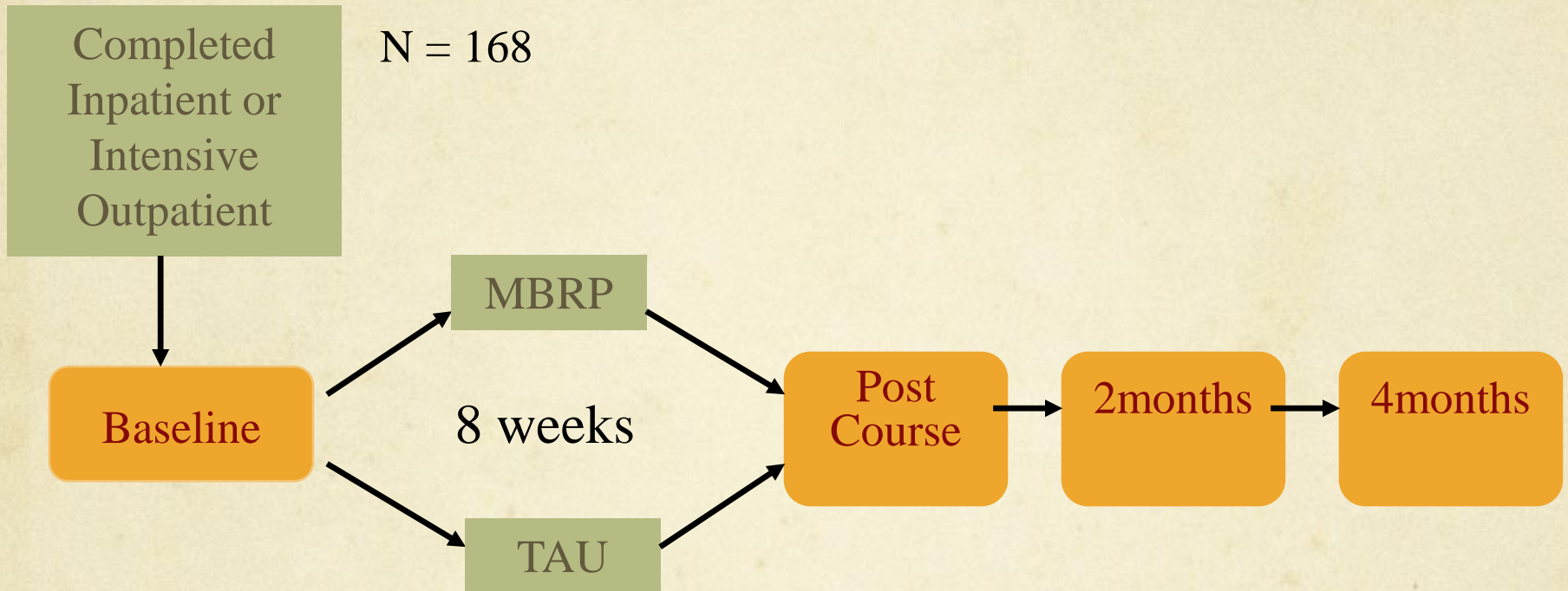
Situation/ Trigger	What sensations did you experience?	What moods, feelings or emotions did you notice?	What thoughts arose?	What did you do?
<i>An argument with my girlfriend.</i>	<i>Tightness in chest, sweaty palms, heart beating fast, shaky all over</i>	<i>Anxiety, hurt, anger</i>	<i>"I can't do this."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

Relapse Chain



Research

MBRP Pilot Study



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

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

Depression, Craving & Substance Use

- ✧ MBRP attenuated the relationship between depressive symptoms and craving (at 2 months) and this predicted substance use 4 months following the intervention.
- ✧ Moderated mediation effect-Craving mediated the relationship between depressive symptoms and substance use among the treatment-as-usual group but not among MBRP participants.

Negative Affect & Substance Use

- ✧ Negative affect is associated with re-initiation of use following abstinence
- ✧ Over 40% of Americans with depressive/anxiety disorders have co-occurring substance use disorders
- ✧ Depression has particularly strong relation with craving and relapse

(Curran et al., 2000; Gordon et al., 2006; Kessler, Nelson, McGonagle, Liu, et al., 1996; Levy, 2008; Witkiewitz & Villarroel, 2009; Zilberman et al., 2007)

Negative Affect & Substance Use

Pilot RCT with Stimulant Dependant Adults

✧ MBRP (n = 31) vs. Health education (n = 32)

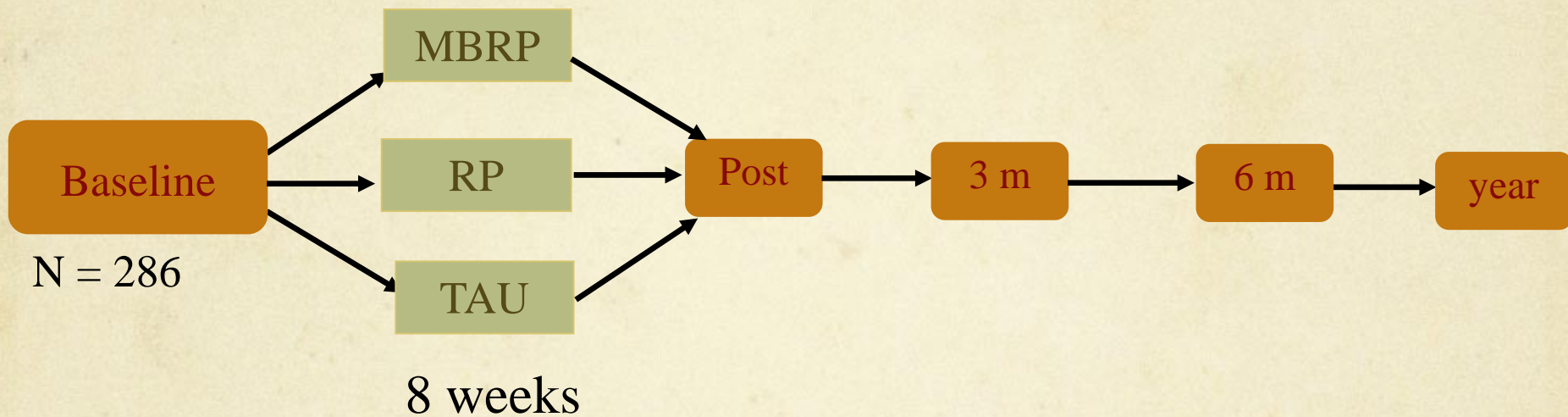
Concurrent with 12 weeks of contingency management

✧ Outcomes (1 month follow up)

- ✧ MBRP participants reported greater reductions in negative affect
- ✧ Greater declines in psychiatric severity
- ✧ Among those with depressive and anxiety disorders, MBRP was associated with lower odds of stimulant use

MBRP effectively reduces negative affect and psychiatric impairment, and is particularly effective in reducing stimulant use among stimulant-dependent adults with mood and anxiety disorders.

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.

MBRP & Medication-Assisted Treatment for Opioid Use

Participants: Opioid addiction treatment program
Intermediate stage of MAT
At least 90 consecutive days substance free

8 weeks of TAU followed by 8-weeks of MBRP
Pre/Post; N = 32

Significant reductions ($p < 0.05$) in depression and mindfulness ($p < 0.05$). Trends in hypothesized direction for anxiety ($p = 0.17$), but not for craving ($p = 0.43$).

MBRP can be incorporated into a MAT in an outpatient setting

MBRP vs. TAU for Methadone-Treated Patients

Opioid-dependent patients referred to Maintenance Treatment
Kashan, Iran

Randomly assigned to Methadone therapy vs. Methadone + MBRP
(N = 70)

Pre, 8 weeks, post and 2 mth follow-up.

The MBRP group demonstrated decreased impulsivity ($P < 0.001$)
and relapse frequency ($P < 0.050$)

Resources

✧ MBRP website: www.mindfulrp.com

✧ MBRP Trainings

✧ Vashon Island, Washington USA: May 31-June 5, 2020

UCSD Center for Mindfulness

www.mbpti.org/mbpti-events/mbrp2020/

✧ Research: www.mindfulrp.com/research

THANK YOU!

