

Mindfulness-Based Sobriety

*Integrated Addiction Recovery Using
ACCEPTANCE & COMMITMENT THERAPY
MOTIVATIONAL INTERVIEWING
& RELAPSE PREVENTION THERAPY*

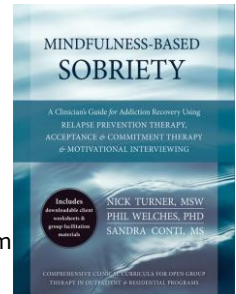
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Mindfulness-Based Sobriety

- Turner, N., Welches, P., & Conti, S. (2014). *Mindfulness-based sobriety*. Oakland, CA: New Harbinger Publications
- Downloadable client handouts
- Available on Amazon.com and other major book retailers



Training Objectives

1. To explain the role of mindfulness in recovery from mental and addiction problems.
2. To describe an integrated use of Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI), and Relapse Prevention Therapy (RPT).
3. To describe how ACT and MI can be used to prevent substance abuse and mental health relapse.

Mindfulness-Based Sobriety Overview

MBS is a process of *awareness enhancement* through mindfulness and self-reflection

Mindfulness-Based Sobriety Overview

MBS helps individuals explore and clarify what is important to them (their *values*); and helps individuals develop value-based goals – so they can get to where they really want to go!

In MBS, sobriety is approached in the service of value-based living

Value-Based Living

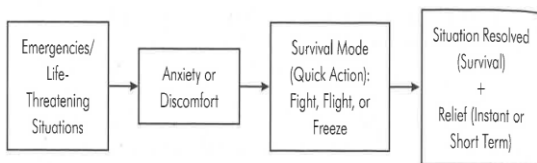


Figure 1: Early Humans—Survival

Value-Based Living

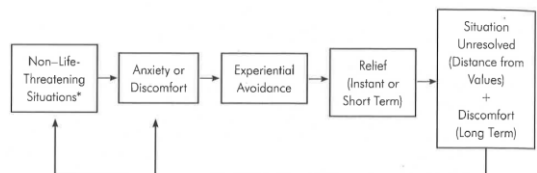


Figure 2: Current Humans—Avoidance

* Over time, the avoidance cycle increasingly limits life satisfaction and may endanger one's health.

Value-Based Living

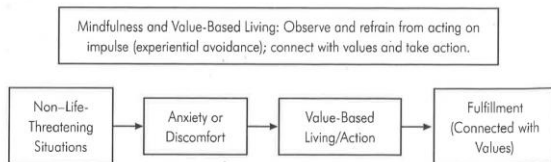


Figure 3: Current Humans—Value-Based Living

Mindfulness-Based Sobriety: Overview

MBS integrates aspects of:

- *Acceptance and Commitment Therapy (ACT)*
- *Motivational Interviewing (MI)*
- *Relapse Prevention Therapy (RPT)*

Overview of Acceptance and Commitment Therapy (ACT) in MBS

ACT: Acceptance

- To acknowledge the realities of a situation, while not fighting “what is.”



ACT: Acceptance

- A nonjudgmental view which allows a person to move forward on a valued path toward self-selected goals.



ACT: Acceptance

- An alternative to experiential avoidance.



ACT: Acceptance

- Acceptance is not approval.



ACT: Commitment

In ACT and MBS, commitment means taking action in service of one's values and goals, regardless of internal experiences (one's thoughts, feelings, cravings, sensations, etc.).



ACT in MBS

ACT is used in the MBS curriculum in order to promote:

- Acceptance and Commitment
- Psychological Flexibility
- Mindfulness
- Values Clarification
 - And related goals
- Motivation Enhancement

ACT in MBS

○ Examples:

- Mindfulness practice
- Metaphors
 - Relapse road (“autopilot”)
- Values and Goals
 - Clarification and review
 - Exercises
- Defusing from the Addiction
- Value-based living

ACT in MBS

- Client handout /exercise
 - “Defusing from the Addiction”



Overview of Mindfulness



Mindfulness: Current Definition

- “Mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to things as they are.”

-Jon Kabat-Zinn

o Information adapted from “The Mindful Way Through Depression” by Mark Williams et al. (2007)

Mindfulness In Clinical Practice

- o Feeling BETTER versus FEELING better
 - Symptom removal is often a goal in therapy
 - o From a mindfulness perspective it is the unwillingness to experience what life has to offer that increases suffering.
 - Example: Urges and cravings

Mindfulness in Clinical Practice

- o Control is the problem, not the solution
 - “When I get my anxiety under control, I will go back to church.”
 - “When I don’t feel guilty anymore I will reconnect with my children.”
 - “When my pain stops, I’ll date again.”

Mindfulness in Clinical Practice

- Humans not only suffer when things are bad, they suffer when things might be bad.
 - o Example: Anticipation of relapse and life in sobriety.



Mindfulness in MBS

- In each MBS session:
 - Introduction to mindfulness and mindfulness practice.
 - One or two 10 minute guided meditation sessions.
- Urge Surfing
 - In both residential and outpatient curriculums.
 - Practice and take home instructions.

Exercise: Urge Surfing Practice



Overview of Motivational Interviewing (MI)

Motivational Interviewing (MI)

- “Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change” (Miller, W.R. & Rollnick, S., 2013, p. 29).
- MI is a way of being with the client

Motivational Interviewing

- The MI approach engages clients where they are in the change process
- MI explores with clients their ambivalence regarding behavioral health or life-style change

MI Spirit

In MI:

- Spirit is prioritized over technique
- The practitioner is encouraged to embody the spirit of MI both inside and outside of interactions with clients

Four Vital Aspects of MI Spirit

- Partnership
- Acceptance
- Compassion
- Evocation

MI Spirit: Partnership

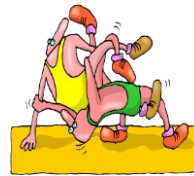
- MI is collaboration between the practitioner and the person



Partnership

- The client (not the practitioner) is the expert on herself
- Clinical attempts, by an “expert,” to coerce, convince, or confront the client into changing are unlikely to succeed, and risk the client reacting in defense of her self agency

*MI –
Like Dancing*



Not Wrestling

MI Spirit: Acceptance

Acceptance features four specific qualities:

- Absolute worth
- Accurate empathy
- Autonomy support
- Affirmation.

Acceptance: Absolute Worth

- Absolute worth involves the practitioner acknowledging and respecting the inherent worth or ability within someone.



Acceptance: Accurate Empathy

- Accurate empathy involves the practitioner putting forth a genuine effort towards trying to understand the person's experience.



Acceptance: Autonomy Support

- Accepting that the person and only the person can make her decisions & carry out her actions.



Acceptance: Affirmation

- Acknowledging the client's inner abilities and strengths – strength-based
- Through affirming strengths, the clinician is highlighting the client's own inherent abilities and helping her to feel empowered and capable



MI Spirit: Compassion

- Compassion involves commitment and behavior on the part of the therapist to promote the welfare of the other person.

MI Spirit: Evocation

- MI encourages practitioners to evoke and bring about that which is already present (the person's own reasons for and ways of approaching the change process).

Motivational Interviewing in MBS

Premise –

- To the extent that an individual is aware of his situation and grounded in personal values, he is less likely to engage in value-inconsistent behaviors

MI in MBS: Raising Awareness

MI in MBS raises awareness:

- Pervasive MI spirit (PACE) encourages non-defensiveness
- Exercises that can elicit *self-efficacy*
- *Exercises that evoke and clarify personal values*

Values Clarification for the “Less Motivated”

Develops discrepancy between desired state and current state

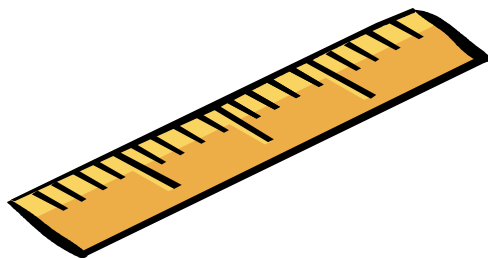
- Introduces & heightens ambivalence about change (progress for the previously unmotivated)
 - discomfort/tension
 - only the client can resolve

Values Clarification for the “More Motivated”

For a person whose current state (behaviors) is *consistent* with their desired state (values):

- Discrepancy does not occur; and
- Affirmation of being “on track” may enhance/strengthen commitment

Rulers: Importance, Confidence, Commitment”



Overview of Alan Marlatt’s “Relapse Prevention Therapy” (RPT) model

RPT Fundamental Assumptions

For most people who develop substance dependence, quitting alcohol and/or other drugs is usually not as difficult as remaining abstinent.



Relapse Prevention Therapy

“Relapse Prevention Therapy (RPT) is a cognitive-behavioral approach to the treatment of addictive behaviors that specifically addresses the nature of the relapse process and suggests coping strategies useful in maintaining change”

(Marlatt, G. A., & Gordon, J. R., 1985, *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York: Guilford.)

Relapse Prevention Therapy

Lapse or relapse is more likely when:

1. The person is faced with substance-use-related cues
2. In a high-risk situation
3. In which she feels unable to cope

High-Risk Situation Taxonomy

1. Intrapersonal Determinants
 - a. Coping w/ negative emotional states
 - b. Coping w/ negative physical-physiological states
 - c. Enhancement of positive emotional states; such as celebrations and other special occasions
 - d. Testing personal control
 - e. Giving in to temptations or urges

High-Risk Situation Taxonomy

2. Interpersonal-Environmental Determinants
 - a. Coping w/ interpersonal conflict
 - b. Social pressure
 - c. Enhancement of positive emotional states (in primary interpersonal settings)

Relapse Set-Ups: Covert Antecedents of Relapse

- *High-risk situations* are identified, and strategies are developed to avoid them
- *Relapse roadmaps*: Analyze exposure and potential exposure to high-risk situations, including choices the person made or might make that could lead to a high-risk situation

Apparently Irrelevant Decisions

- *Psycho-education* may enhance insight of “tricks” the mind sometimes plays
- In RPT, these tricks are regarded as *cognitive distortions*, and they may underlie an individual’s chain of Apparently Irrelevant Decisions (AIDs)

Marlatt’s RPT: Cognitive Restructuring

To help clients adopt alternative cognitive associations of:

- Unfavorable beliefs about sobriety
 - Such as, “Uncool” > “Self determination”
- *Positive outcome expectancies*
(of drug use)
- Abstinence violation effect (AVE)
 - Lapse is a “learning opportunity” not a “failure”

RPT: Self-Efficacy

- RPT attempts to improve self-efficacy by providing feedback on the person’s strengths, progress in treatment, and skill development.
- The change process is defined as one of learning and skill-building.

Life Style Balance: Global Issues

Life-style changes may include “positive addictions” such as:

- Healthy eating
- Exercising
- Massage
- Yoga
- Meditation,
- Spiritual endeavors

MBS Approach to Relapse Prevention

MBS incorporates much of RPT –

- “Subconscious” cravings, decisions, & behaviors (“AIDs” referred to in MBS as “pre-lapse” decisions & behaviors)
- Positive outcome expectancies
- Abstinence violation effects
- Life-style balance (quality of life)
- Skill building
- High-risk situations

Experience in Situation: *Experience*

1. Emotions: Undesired or desired
2. Thoughts: critical, glamorizing, etc.
3. Sensations: Physical discomfort, pain, panic-associated, other
4. Memories: Trauma-related / Pleasant

Experience in Situation: *Experience*

5. Visualizations, imagination, & fantasizing
6. Behavioral tendencies: Impulses, compulsions, other
7. Experience of intent
8. Other experiences

Experience in Situation: *Situation*

- 1. Social:
 - Conflicts
 - Peer pressure
 - Interactions; including social anxiety and intimacy
 - Celebrations and Entertainment
 - Isolation
 - Other social settings

Experience in Situation: *Situation*

- 2. Places; such as:
 - Places where alcohol or other drugs are prevalent or can be obtained
- 3. Time-Related; such as:
 - Holiday, anniversary, time of year, stage of life, other time-related factors
- 4. Other situations

Situation Exposure & Therapeutic Avoidance

- Ideally (but rarely), one would be mindful & non-reactive in the presence of any experience in any situation
- An MBS objective: to have skills to be present and non-reactive in a broad range of situations, particularly where doing so is in the service of value-based living

Identify High-Risk Situations

- In what types of situations are you at high risk of using?
- How might you encounter high-risk situations?
- What is your experience?





Situation Rating: Risk and Value

3 general options for addressing anticipated risky situations:

- *Situation avoidance*
- *Experiential acceptance*
- *Nuanced approach*



Situation Rating: Risk and Value

In MBS, situations are rated in terms of both risk and value

- Situation Rating Scale and Action Plan



Situation Rating: Risk and Value

- For “high-risk/low-value” situations, strategies may be developed to avoid them
- For “low-risk/high-value” situations, there may be no need to avoid, & approach/involvement may be consistent with value-based living



Situation Rating: Risk and Value

- Complexities arise in the middle ground: such as high-risk/high-value situations
- When decisions are made to cope within (rather than avoid) these situations, well-developed coping strategies may be needed

Situation Rating: Risk and Value

Strategies may include:

- Enhanced coping skills (such as, mindfulness, values-grounding, & drug refusal skills)
- Social supports, and
- Situation-specific strategic planning

Example: Niece's wedding where there is Champaign on the table, others are drinking, & the person is expected to lead a toast

Situation Rating: Risk and Value

Preparation might include:

- Accompaniment by a sober friend,
- Presence of non-alcoholic drink,
- Well-rehearsed alcohol-refusal skills, &
- Convenient exit strategy (should one be needed)

Lapses

Analyzing Lapses:

- Lapses are regarded as learning experiences (not failures) [Marlatt].
- Lapses may ultimately have favorable outcomes – “prolapses” from which a person learns

Analyzing Lapses

- Reviewing pre-lapse decisions and behaviors that led to high-risk situation exposure
- Assessing Positive Outcome Expectancies
- Revising relapse prevention plan
- Identifying potential benefits of further skill development

Analyzing Exposure to High-Risk Situation *Where There was No Lapse*

... can be helpful in exploring what worked, and in building self-efficacy

Also, non-judgmentally, how one got into the high-risk situation

Relapse Road Exercise



MBS in a Continuum of Care

MBS: Continuum of Care

- MBS: curricula for Intensive Outpatient (IOP) and Residential
- Primary treatment focus is on factors that contribute to the need for the particular level of care within which the person is placed – what needs to be accomplished prior to the person “stepping-down”

MBS: Continuum of Care

In Residential Treatment, a controlled environment:

- Sobriety is usually the norm.
- Relapse prevention planning is typically done in anticipation of situations the person might face after discharge.

MBS: Continuum of Care

In IOP:

- MBS focuses on the person's more immediate life-in-community experience & situation
- Relapse prevention planning is done in the context of current and ongoing sobriety challenges – what worked – and what didn't work so well

MBS in Independent Practice

- MBS can be adapted to the therapeutic hour format, featuring:
 - Check in, including processing how the person coped with challenges (successes or lapses); revising plans & enhancing skills
 - Introduction to mindfulness, including mindfulness practice
 - An exercise from either the IOP or residential curriculum (time permitting)

Mindfulness-Based Sobriety: Training & Consultation

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