



UNDERSTANDING MINDFULNESS-BASED SOBRIETY

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MINDFULNESS-BASED SOBRIETY

A Clinician's Guide *for* Addiction Recovery Using
RELAPSE PREVENTION THERAPY,
ACCEPTANCE & COMMITMENT THERAPY
& MOTIVATIONAL INTERVIEWING

Includes
downloadable client
worksheets &
group facilitation
materials

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COMPREHENSIVE CLINICAL CURRICULA FOR OPEN GROUP
THERAPY IN OUTPATIENT & RESIDENTIAL PROGRAMS

Mindfulness-Based Sobriety

- Turner, N., Welches, P., & Conti, S. (2014). *Mindfulness-based sobriety*. Oakland, CA: New Harbinger Publications.
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Training Objectives

1. Participants will understand the basics of mindfulness practice
2. Participants will have a basic understanding of a mindfulness/acceptance approach to integrating Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI), and Relapse Prevention Therapy (RPT).
3. Participants will have basic knowledge about the history and development of the MBS Model.

Evidence-Based Practices

- MBS represents an integration of ACT, MI, and RPT – listed in the National Registry of Evidence-Based Programs and Practices (NREPP).
- MBS promotes client-therapist collaboration, emphasizing empathy and therapeutic alliance, referenced in NREPP under “Evidence-Based Therapy Relationships.”

MBS: Contributing Models

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

Overview of Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT)

- Pronounced “act”
- Acceptance of one’s experience – thoughts, feelings, & sensations – and circumstances
- Commitment to living consistent with one’s personal values

Serenity Prayer: Popular Version

ACT = In a sense, is the serenity prayer
plus values

*God grant me the serenity to accept the things
I cannot change*

*Courage to change the things I can change,
And wisdom to know the difference*

ACT

- *Psychological flexibility*
 - *Helping us to actively expand our lives*
 - *Like Yoga for the mind*

Information adapted from *Learning Act* by Jason B. Luoma, et al. (2007)

ACT: Inflexibility

- *Experiential Avoidance*
- *Fusion*
- *Rigid Sense of Self*
- *Inaction, impulsivity, or avoidance*

ACT: Inflexibility

- *Distance from values*
- *Lack of self knowledge*
- *Attachment to the past and/or the feared future*

ACT: Inflexibility

- *Acceptance*
- *Defusion*
- *Observing self*
- *Mindfulness*

ACT: Flexibility

- *Contact with values*
- *Workable goals*
- *Committed action*

ACT: Therapeutic Processes

- *Defusion:*
 - *Seeing thoughts as thoughts, so those thoughts can be responded to in terms of their workability, rather than their literal truth.*

ACT: Therapeutic Processes

- *Defusion:*
 - *Thoughts are things you have...*
 - *Not who you are...*
 - *Looking at thoughts*
 - *Responding versus reacting*

ACT: Therapeutic Processes

- *Techniques:*
 - *"I'm having the thought that..."*
 - *"Musical thoughts."*
 - *"Naming the story."*
 - *"Silly Voices."*
 - *"Thanking your mind."*

ACT: Therapeutic Processes

- *Committed Action:*
 - *Values provide the compass for the route.*
 - *Committed action are the steps we take to get “there.”*
 - *Goals being the destination.*

Research and Application

- Acceptance and Commitment Therapy currently being studied and used with a wide variety of issues:
 - Substance Abuse
 - Mental Health (Depression, Anxiety, PTSD, OCD, Schizophrenia, Eating Disorders, Personality Disorders)
 - Chronic and/or Terminal Illness (Chronic Pain, Cancer, Diabetes, Irritable Bowel Syndrome, Fibromyalgia, Arthritis)

ACT in MBS

ACT is used in the MBS curriculum:
To promote acceptance and
commitment through mindfulness,
values clarification, motivation
enhancement, and the setting value-
based goals.

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 (MI)

- The MI approach engages clients where they are on the readiness-to-change continuum
- MI processes 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

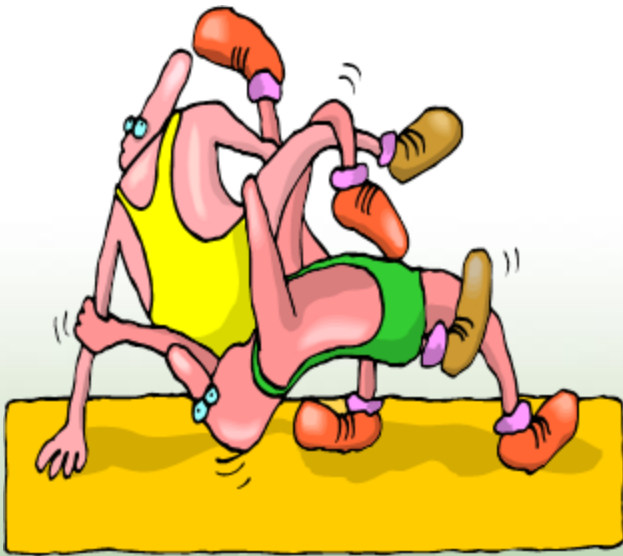
- MI is collaboration between the practitioner and the person
- The practitioner is not the expert on the client's life



Partnership

- The client 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).

MI in MBS

MI is integrated in group treatment through:

- A pervasive spirit; and
- Exercises that can improve *self-efficacy*; *and exercises that evoke and clarify personal values*
 - *both of which serve to enhance motivation to change.*

Motivation Enhancement through Value Clarification

- Value clarification for the less motivated person tends to develop discrepancy and heighten ambivalence
- Discrepancy may naturally develop for individuals whose current behaviors are inconsistent with their values

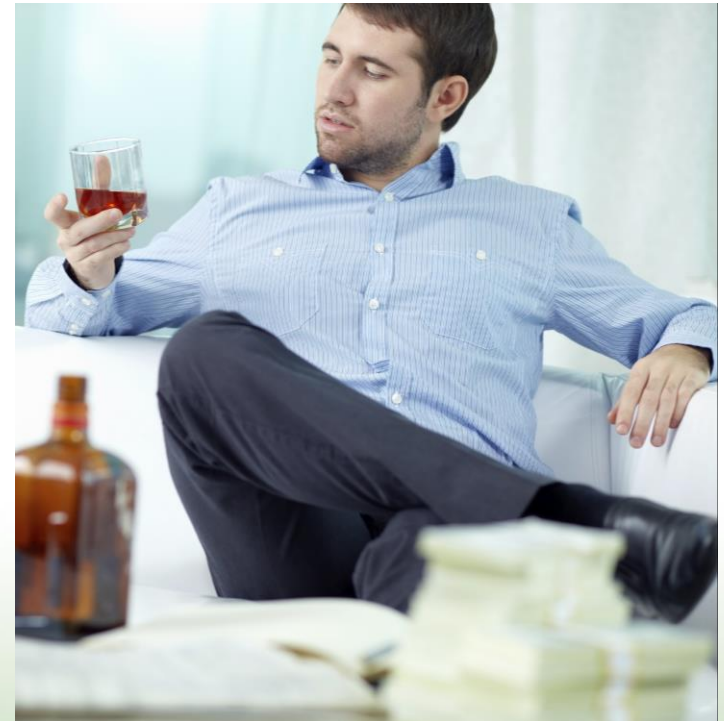
Motivation Enhancement through Value Clarification

- Value clarification for the more motivated person tends to strengthen commitment
- For those whose current behaviors are consistent with their values, discrepancy does not typically occur; and their value-grounding may strengthen

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.



RPT Fundamental Assumptions

The probability of a lapse or relapse increases when the person is faced with substance-use-related cues in a high-risk situation in which the person feels unable to cope.

MBS Approach to Relapse Prevention

MBS incorporates much of RPT:

- “Subconscious” cravings, decisions, & behaviors
- High-risk situations
- Positive outcome expectancies
- Abstinence violation effects
- Life-style balance
- Building coping skills

Mindfulness

- Mindful awareness of cravings helps to prevent “suppression” of them, where they might motivate decisions that lead to high-risk situations and lapses.
- Urge Surfing is mindfulness applied to cravings

Situation Exposure & Therapeutic Avoidance

- Ideally (but rarely), one has the capacity to be fully mindful of any experience which presents in any kind of 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?



Situation Rating: Risk and Value

Options for addressing anticipated risky situations:

- *Avoid the situation* (provided that it can be avoided)
- *Cope within the situation.*

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

Coping 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)

Analyzing Lapses

- Lapses are regarded as learning experiences (not failures) [Marlatt].
- Analyzing lapses can be helpful in understanding pre-lapse (“subconscious”) decisions and behaviors that led to high-risk situation exposure

Analyzing Lapses

Learning from a lapse, one may revise the relapse prevention plan:

- *Strategies to avoid* high risk-situations
- Improving *skills to cope* without using

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

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 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.

Introduction to Mindfulness

Mindfulness Exercise



What is mindfulness?

Mindfulness

Background/History

Zen Buddhism

“Four Noble Truths” outlined by the Buddha

- First Truth: Life is fraught with suffering
- Second Truth: Suffering is caused through struggling with “what is”
- Third Truth: We can let go of the struggling
- Fourth Truth: Struggling with life can be transcended by following the Eight-fold Path – Right Mindfulness

Mindfulness

Current Definition of Mindfulness:

“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

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

Mindfulness in Clinical Practice

- Morita Therapy
- Mindfulness Based Stress Reduction
- Third-wave cognitive-behavioral therapies:
 - Mindfulness Based Cognitive Therapy
 - Acceptance and Commitment Therapy
 - Dialectical Behavior Therapy
 - Mindfulness Based Relapse Prevention

Mindfulness in Clinical Practice

Feeling BETTER versus FEELING better

- Symptom removal is often a goal in therapy
 - From a mindfulness perspective it is the unwillingness to experience what life has to offer that increases suffering.

Information adapted from *Learning Act* by Jason B. Luoma, et al. (2007)

Mindfulness in Clinical Practice

- 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

- Ubiquity of Human Suffering
 - Humans not only suffer when things are bad, they suffer when things might be bad.
 - “Is that a bear or a blueberry bush?”

Information Adapted From *Mindfulness for Two* by Kelly Wilson (2008)

Mindfulness

- Ubiquity of Human Problem Solving
 - Our ability to problem solve has allowed us to survive
- However, problem finding and solving get extended into areas that often decrease valued living.
 - When we are wrapped up in problem solving, the rest of the world disappears.
 - “Was that a lion roaring?”

Mindfulness

- *When we turn away from suffering, we miss things, rich and varied, that are linked with that suffering.*
- *Values and vulnerabilities are poured from the same vessel.*

Information Adapted From *Learning ACT* by Jason B. Luoma et al. (2007)
and *Mindfulness for Two* by Kelly Wilson (2008)

Mindfulness

Mindful Living

- *What do you want your life to be about?*
- *“There is as much living in a moment of pain, as in a moment of joy.”*

Qualities of Mindfulness

Mindfulness is...

- *Intentional*
 - *Acting with awareness*
- *Experiential*
 - *Present moment focus*
- *Non-Judgmental*
 - *“Observing Self” versus “Judging self”*

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

Research and Application

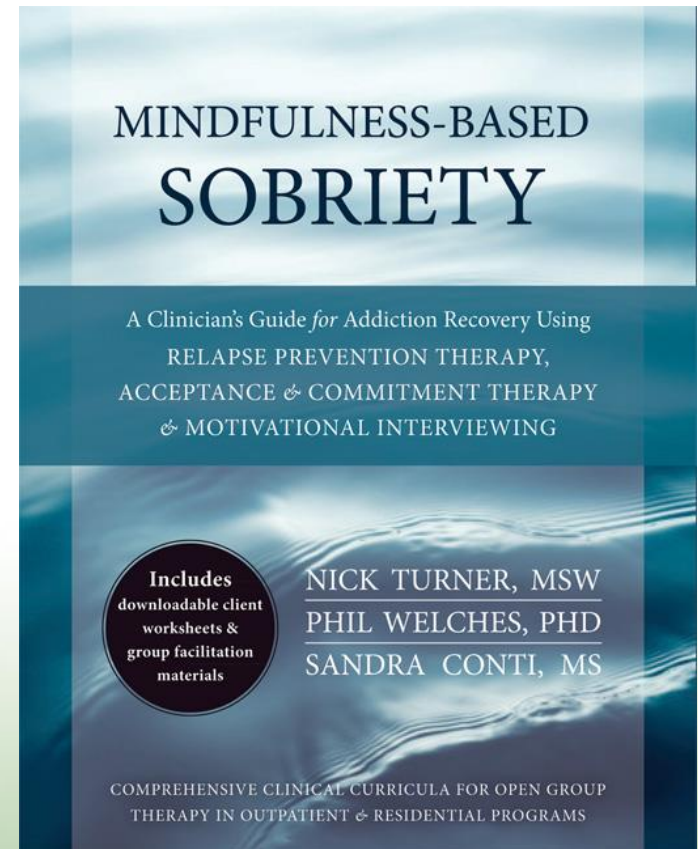
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 - Stress Reduction
 - Parenting
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Mindfulness Practice

- Mindful eating
- Mindful listening
- Body scan meditation

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Questions?