MINDFULNESS-BASED RELAPSE PREVENTION: AN OVERVIEW

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BREATHE

- Breath Meditation
  (Bowen, Chawla and Marlatt [Guilford, 2011]
  Mindfulness-Based Relapse Prevention for Addictive Disorders: A Clinician’s Guide, pp. 87-88)

MINDFULNESS

- What do we mean when we say mindfulness?
- Why did anyone think it might help with relapse prevention?
The National Registry of Evidence-Based Programs and Practices (NREPP) lists both MBSR and MBCT, with research quality ratings of 3.0-3.6.

In addition, NREPP-listed CBT-based interventions Acceptance and Commitment Therapy and Dialectical Behavior Therapy include mindfulness practice components.

Mindfulness-Based Stress Reduction is an approach that facilitates detached observation for the purpose of managing medical or behavioral health symptoms.

Initial studies were conducted by Jon Kabat-Zinn and colleagues at UMass in the early 1980s.

These studies focused on the management of chronic pain, for which MBSR showed robust effectiveness.

Kabat-Zinn et al.’s work attracted substantial attention, and was generalized to treat symptoms of a variety of medical conditions.

By the early 1990s, several groups were reporting positive outcomes in using MBSR to treat symptoms of psychiatric disorders.

This led to the development of Mindfulness-Based Cognitive Therapy (MBCT).
MBCT

- The best-studied use of MBCT is with major depressive disorder.
- Positive outcomes from multiple studies include lower relapse rates, fewer and less severe residual symptoms, reduced use of antidepressant medications, and improved quality of life.

MBRP

- Mindfulness-Based Relapse Prevention was developed by G. Alan Marlatt, bringing together two of his passions:
  - mindfulness and meditation as tools in clinical psychotherapy, and
  - relapse to addictive behaviors and how to prevent it or lessen its severity.
BREATHE

- Sober Breathing Space (pp. 89-90)

MBRP: 2009 STUDY

- This paper was followed by several others that evaluated various aspects of the same study (Witkiewitz et al., 2010; Chawla et al., 2010; Wikiewitz et al., 2013; Hsu et al., 2013)

PARTICIPANTS

- n = 168
- 63.7% male, 36.3% female
- average age 40.5 years
- 51.8% White, 28.6% African-American, 15.3% multiracial, 7.7% Native American
- 71.6% had at least a high school diploma
- 62.3% earned < $5K per year, 41.3% unemployed
**DESIGN**

- Participants had completed residential or intensive outpatient treatment and were starting aftercare (note: majority of IOP participants were legally mandated to treatment)
- Randomized to eight weeks of either MBRP group or treatment as usual (TAU) aftercare group (weekly topic group with Twelve-Step, process-oriented format)
- Multiple measures taken at baseline, end of MBRP group, and two and four months later

**OUTCOMES**

- Compared to TAU participants, MBRP participants showed
  - greater decreases in substance use
  - greater decreases in craving
  - greater increases in acceptance
- Significant differences at end of intervention and two months after, but not at four months after

**TABLE 1**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Baseline</th>
<th>Posttest</th>
<th>1 month post-intervention</th>
<th>4 months post-intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD days</td>
<td>MBRP</td>
<td>TAU</td>
<td>MBRP</td>
<td>TAU</td>
</tr>
<tr>
<td></td>
<td>27.8 (26.0)</td>
<td>28.9 (27.6)</td>
<td>26.0 (24.1)</td>
<td>21.4 (22.6)</td>
</tr>
<tr>
<td>SIP</td>
<td>11.1 (11.7)</td>
<td>2.1 (3.4)</td>
<td>2.9 (3.6)</td>
<td>3.1 (4.1)</td>
</tr>
<tr>
<td>PACS</td>
<td>1.6 (1.1)</td>
<td>1.7 (1.4)</td>
<td>1.4 (1.3)</td>
<td>1.3 (1.3)</td>
</tr>
<tr>
<td>AAQ</td>
<td>47.1 (7.5)</td>
<td>47.2 (9.6)</td>
<td>47.6 (9.4)</td>
<td>46.0 (8.6)</td>
</tr>
<tr>
<td>FFMQ-ACT</td>
<td>26.2 (6.2)</td>
<td>27.7 (6.3)</td>
<td>27.5 (6.4)</td>
<td>26.4 (6.9)</td>
</tr>
<tr>
<td></td>
<td>27.9 (7.2)</td>
<td>27.9 (7.2)</td>
<td>25.8 (7.2)</td>
<td>26.2 (7.6)</td>
</tr>
</tbody>
</table>

Note: MBRP = Mindfulness-Based Relapse Prevention; TAU = treatment as usual; AOD = alcohol and other drug use; SIP = Short Inventory of Problems; PACS = Penn Alcohol Craving Scale; AAQ = Acceptance and Action Questionnaire; FFMQ-ACT = Five-Factor Mindfulness Questionnaire–Act With Awareness Scale.
BREATHE

- Mindful Movement
  Postures (Bowen, Chawla and Marlatt, pp. 125-126): Mountain Pose
- One minute of mindful breathing

MBRP: 2014 STUDY

- Results from multiple analyses of data from pilot study sufficiently encouraging to merit further research

SUBJECTS

- n = 286
- 71.5% male, 28.5% female
- 42.1% from racial/ethnic minority groups
- age range 18-70 years
DESIGN

- Participants recruited from those completing residential or IOP treatment at two private non-profit treatment centers
- Randomized to eight weeks of either MBRP, Relapse Prevention (Marlatt model, cognitive-behavioral) and TAU
- Evaluated on multiple use-related measures (TLFB, urine screens) at baseline and three, six and twelve months

OUTCOMES

- Three months: no between-groups differences
- Six months: MBRP and RP (vs TAU)
  - reduced risk of relapse to drug use
  - reduced risk of heavy drinking
  - in those who did drink, fewer days of heavy drinking
- Six months: RP (vs MBRP)
  - longer time to first use

OUTCOMES

- Twelve months: MBRP (vs RP)
  - fewer drug use days
  - reduced risk of heavy drinking
  - Perhaps “explained by the participants’ improved ability to recognize and tolerate discomfort associated with craving or negative affect.” (p 554)
CHARACTERISTICS OF MBRP

- Awareness
- Curiosity
- Openness
- Gentleness
- Nonjudgment
DELIVERY OF MBRP

- Fully manualized (Bowen, Chawla and Marlatt, cited on slide #2)
- All instructions, exercises and handouts are included
- Intended to be used in aftercare, with participants who have a counselor/therapist outside of group
- The originators, authors and trainers emphasize what one factor as absolutely vital to the proper delivery of MBRP?

NOTICING

- Direct Experience
  - Physical sensations
  - Thoughts
  - Feelings
  - What’s familiar
  - What’s common

IN CONTRAST TO . . .

- Story
- Explanation
- Interpretation
- Judgment
SESSIONS

- Automatic Pilot and Relapse
- Awareness of Triggers and Craving
- Mindfulness in Daily Life
- Mindfulness in High-Risk Situations
- Acceptance and Skillful Action
- Seeing Thoughts as Thoughts
- Self-Care and Lifestyle Balance
- Social Support and Continuing Practice

BREATHE

- Sitting Meditation: Thoughts (pp. 140-141)

CONTACT

Therissa Libby
Assistant Professor
Human Services/Alcohol and Drug Counseling
Metropolitan State University
therissa.libby@metrostate.edu
651-793-1501