MINDFULNESS-BASED RELAPSE PREVENTION: AN OVERVIEW

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MINDFULNESS

- What do we mean when we say mindfulness?
- https://www.youtube.com/watch?v=wPNEmxWSNnxg&list=PLsLGf43B7IN-F0xCgmB4a1TT0NF0R91hf&index=2
- Why did anyone think it might help with relapse prevention?

NREPP

- The National Registry of Evidence-Based Programs and Practices (NREPP) lists both MBSR and MBCT, with research quality ratings of 3.0-3.6 (on a 4.0 scale).
- NREPP-listed CBT-based interventions Acceptance and Commitment Therapy and Dialectical Behavior Therapy include mindfulness practice components.

BREATHE

- Breath Meditation
MBSR

- **Mindfulness-Based Stress Reduction**: facilitates detached observation for the purpose of managing health symptoms
- Jon Kabat-Zinn and colleagues at UMass, early 1980s
- Followed by many studies on use with other health conditions

MBSR AND MBCT

- MBSR: addresses physical illness and/or life stress, may result in improvements in psychiatric symptoms
- **Mindfulness-Based Cognitive Therapy**: addresses risk of relapse to depressive symptoms
- NREPP lists both, with research quality ratings of 3.0-3.6 (on a 0.0-4.0 scale)

MBCT

- Targets prevention of relapse to depressive symptoms
- Formalized by Zindel Segal and colleagues
  - Crane et al. (2014) Behav Res Ther 63:17-24

MBI: OVERVIEW OF EFFECTIVENESS

- VA Evidence-based Synthesis Program Reports
- Hempel et al., Evidence Map of Mindfulness [Internet]. Washington (DC): Department of Veterans Affairs (US); 2014 Oct.
MBI FOR SUBSTANCE USE DISORDERS

- Systematic reviews
  - Effectiveness of MBIs for substance use: Chiesa and Serretti (2014) Subst Use Misuse 49(5):492-512

MBI STUDIED FOR SUBSTANCE USE DISORDERS

- Vipassana meditation
- MBSR
- MBCT
- Mindfulness-Based Relapse Prevention
- Spiritual Self-Schema Therapy
- Dialectical Behavior Therapy
- Acceptance and Commitment Therapy
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)

SOBER BREATHING SPACE

- **SOBER**: What did you notice?
  - Stop
  - Observe
  - focus on Breath
  - Expand awareness
  - Respond mindfully

MBRP: 2009 STUDY


  - This paper was followed by several others that evaluated various aspects of the same study
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
WITKIEWITZ ET AL., 2010

- In 2009 study participants, craving mediated the relationship between depression and relapse
- This effect was attenuated by MBRP, suggesting that MBRP participants were better able to manage negative affect and thus reduce likelihood of relapse

BOWEN AND KURZ, 2011

- Assessed between-session practice and therapeutic alliance as predictors of mindfulness in 2009 study participants
- Greater between-session practice predicted higher mindfulness scores at end of course, but not at follow-up
- Greater therapeutic alliance predicted higher mindfulness scores at two-month, but not four-month, follow-up

WITKIEWITZ ET AL., 2013A

- In 2009 study participants, craving reduction was mediated by acceptance, attention and nonjudgment
- No one of these factors was sufficient to mediate the reduction in craving; it required all three
- Thus, these appear to be skills enhanced by MBRP that support abstinence/reduction in use

MBRP: RACIAL/ETHNIC MINORITY WOMEN

- Witkiewitz et al. (2013) Addict Behav 38: 2821–2824, women offenders in residential treatment (n=54 at follow-up)
- Nonwhite women who participated in MBRP, at 15-week follow-up, had fewer drug use days and lower ASI scores than women in RP group
MBRP: RACIAL/ETHNIC MINORITY WOMEN

- Amaro et al. (2014) Subst Use Misuse, 49:547–559
- MB relapse prevention curriculum adapted from MBSR for low-income racial/ethnic minority women
- In treatment sample (n=318), 36% completed (although satisfaction ratings were high)
- Greater participation (>4 of 9 sessions) correlated with reduced alcohol severity, drug severity and perceived stress at 12-month follow-up

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)

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<th>Table 2. Outcome Variable Findings at Follow-up</th>
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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?

CHARACTERISTICS OF MBRP

- Awareness
- Curiosity
- Openness
- Gentleness
- Nonjudgment

NOTICING

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

IN CONTRAST TO . . .

- Story
- Explanation
- Interpretation
- Judgment
PART I

- Facilitating
- Inquiry
- Home Practice
- Co-Facilitation

PART I

- Facilitators
- Training
- Personal Practice
- MBRP and 12-Step Approaches

PART I

- Logistics
  - Home Practice
  - Attendance
  - Gender and Group Size
  - Precourse Meetings
  - Issues to Consider
  - Working with Trauma

FIGURE 1.1. Inquiry process. Adapted with permission from Zindel V. Segal (personal communication, March 8, 2010).
PART II

- 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

Sessions 1-3
- our tendency toward “automatic pilot”
- stepping out of it by attending to present-moment experience

Session 1: Automatic Pilot and Relapse
Session 2: Awareness of Triggers and Craving
Session 3: Mindfulness in Daily Life

DEFINITION OF MINDFULNESS
Handout 1.2

Mindfulness means paying attention in a particular way: on purpose, in the present moment and nonjudgmentally.

—JON KABAT-ZINN

p. 46
PART II

- Sessions 4-6
  - application of mindfulness practices to risky situations
  - individual risk and individual integration of practices

PART II

- Session 4: Mindfulness in High-Risk Situations
- Session 5: Acceptance and Skillful Action
- Session 6: Seeing Thoughts as Thoughts

FIGURE 6.1: Relapse cycle. Use the whiteboard to follow a specific example from the group, illustrating the possible paths that different choices will lead to. Highlight the risk of thoughts in the relapse process, and the possibility of stepping out of “automatic” and making more conscious choices at any point along the way.

p. 135
PART II

■ Session 7: Self-Care and Lifestyle Balance
■ Session 8: Social Support and Continuing Practice

BREATHE

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

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