

Mindfulness in Recovery Report

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Evaluation support from Dr. Martha Traverso-Yepez

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Introduction

It is human nature to seek pleasure and avoid pain, and to believe that the grass is greener on the other side of the fence. Rather than contribute to a sense of well-being, these attitudes lead to increased dissatisfaction with the reality of one's experience. Substance use and other forms of addiction (i.e. gambling, compulsive eating, or any other compulsive behaviour) can play a key role in this process, enabling the user to escape discomfort—such as fear, anxiety, insecurity, loneliness, or worry—as it brings temporary relief. The pleasure, however, is short lived, while the consequences of the addiction can be severe, impacting health (Heyne, et al, 2000; Hyman, et al., 2001), family relationships (Barnard, 2005), and job quality (Terza et al., 2007). Materialism and consumerism exploit this tendency to seek pleasure and avoid pain by linking the purchase of products and the accumulation of wealth to an increased sense of well-being. However, this pivotal assumption has been shown to be false (Kashdan, et al., 2007). Advertisements, magazine covers and the like sow seeds of dissatisfaction—suggesting that one's present experience is not good enough—while creating idealized notions of happiness, success, virility, etc. The presumption is that people can achieve these states of well being by consuming what the market is offering, and the media messages lure them in (Davies, et al., 1994). Considering this cultural milieu, it is no wonder that addictions are so prevalent.

Mindfulness-based programs take the opposite viewpoint. Rather than running away from discomfort and pain, through mindfulness meditation practice, the individual becomes familiar with his/her own thought processes, moods, emotions, and sensations, and their transient nature. The mindfulness practitioner begins to develop a capacity for acknowledging these mental events non-judgmentally, while remaining grounded in the present. This leads to the discovery of innate wakefulness, referred to as “basic goodness” (Trungpa, 1984). People with addiction issues become more aware of their habitual patterns—including the instinct to avoid discomfort and reach for their substance of choice for relief. They begin to see that following these patterns, which include urges and cravings, increases their suffering, and that awareness can disrupt these patterns. As the tight grip of habitual patterns begins to loosen, the urge to act on impulse weakens. The efficacy of introducing mindfulness practices to people with addictions has been well documented by Dr. G. Alan Marlatt and his colleagues at the Addictive Behaviors Research Center at the University of Washington in Seattle, as well as other clinicians (Marlatt, 2002; Bowen et al., 2009; Garland et al., 2010; Hoppers, 2006). Key tenets of Mindfulness-Based Relapse Prevention (Bowen et al., 2010) include:

- Taking a harm-reduction approach, which reduces the chances of a slip becoming a full-blown relapse;
- Engendering self-compassion and the acceptance of whatever arises (including urges and cravings);
- Developing an appreciation for things as they are, as opposed to looking elsewhere for relief; and
- Once urges and cravings are triggered, there is always the opportunity to make a mindful choice.

Mindfulness in Recovery Program

The Mindfulness in Recovery program was developed by Andrew Safer (www.mindfulnessawareness.ca), a senior mindfulness-awareness meditation practitioner and instructor, program developer and writer who lives in St. John's. Based on Trungpa (2011), (1) mindfulness is here defined as the process of seeing things as they are with precision, accuracy and clarity, and (2) awareness, as the recognition of the discoveries of mindfulness, and the willingness to not hold on to them. Awareness is associated with spaciousness—a sense of totality—and a greater connection to the environment. Mindfulness-awareness meditation involves acknowledging our thoughts, emotions, moods, sensations, and perceptions and rather than reacting to or becoming enmeshed in them, coming back to the here and now.

Key elements of the program include:

- Mindfulness-awareness meditation (sitting and walking), including ongoing support of these practices
- Identifying triggers and body cues
- Developing awareness of one's habitual patterns and the option to make a choice
- Developing both kindness towards oneself and a non-judgmental attitude towards one's thoughts, feelings, moods, and sensations
- Learning to pause during daily activities and ground oneself in the present, which checks impulsivity and interrupts habitual patterns
- Examining the push and pull of craving (avoidance of discomfort / lure of the addictive substance)
- Developing a connection to one's innate wakefulness/intelligence (basic goodness)

The program consisted of five two-hour weekly sessions and one full day (17 hours in total). Each session included a check-in, mindfulness-awareness meditation practice, PowerPoint presentation and group discussion. Several other mindfulness practices were also introduced. Nine participants enrolled (six female and three male, ages 34 to 66), six of whom completed the program. One of them participated as a curious student. Booklets of readings on mindfulness were provided. Participants were encouraged to do the various mindfulness practices at home, and to keep a practice log. The sessions were co-facilitated by Mr. Safer and Ms. Michele Pike (BSW, RSW, Mental Health and Addictions Services, Eastern Health), and were held at the Family Life Bureau and the Recovery Centre. On completion, participants were invited to weekly Monday night meditation sessions at the Family Life Bureau, and to a meditation retreat Mr. Safer led in July.

Evaluation Results

Based on program objectives and outcomes developed by Andrew Safer, Dr. Martha Traverso-Yepez, a professor and researcher at the Division of Community Health at Memorial University, developed the quantitative pre-/post- evaluation, which incorporates a Likert scale. Mr. Safer developed the qualitative evaluation (see attached *Mindfulness in Recovery* evaluation form). Nine program participants filled out the quantitative pre-evaluation at the beginning of the first session, and six filled out both the quantitative and qualitative post-evaluations at the end of the last session. Participants wrote their birthdates on their sheets to facilitate pairing the pre- and post- evaluations. Anonymity was ensured in both instances.

Dr. Traverso-Yepez scored the quantitative evaluations, and created categories in order to group the comments that participants provided in the qualitative evaluations. With Dr. Traverso-Yepez' guidance, Mr. Safer entered the data into report format.

Five out of six participants showed significant improvement in their grasp of the material that was presented during the Mindfulness in Recovery program (see Table 1). The average score change after the intervention was +13—significantly higher—showing a p value of 0.012.

Table 1: Pre- /Post- Comparison (Quantitative Evaluation)

Participant	Pre	Post	Change
R6	40	53	13
R5	30	58	28
R4	43	51	8
R3	41	50	9
R2	38	38	0
R1	38	60	22
Average Score	38	51	13

For the qualitative component of the evaluation (post-intervention only), the responses to Questions 1 and 2 were combined. All responses were categorized. Some participants' responses included different ideas, which were assigned to the appropriate categories. The categories are listed in descending order by frequency in Table 2: *The main points that resonate about mindfulness and its relationship to daily life* (see below). It is noteworthy that when participants were asked to explain what mindfulness has to do with daily life (question 2), five of them replied that they are more able to bear discomfort, rather than opting to escape. Some identified this as a coping skill. Four participants highlighted awareness of the present moment, and being aware of something bigger than their own private concerns. Feelings of being more grounded and the potential of being able to break habitual patterns, through pausing, slowing down, and not acting impulsively were also mentioned.

Table 2: The main points that resonate about mindfulness and its relationship to daily life

- “Being”. Patience with discomfort as opposed to running. Coping.
- Awareness of the present moment / greater level of awareness
- Being aware of something bigger—basic goodness
- Grounding / knowledge
- Breaking habitual patterns. Taking focus away from things that are not useful
- Letting go of thoughts and story lines that feed addiction
- Pausing / slowing down / not acting impulsively
- Awareness that hope and fear are just thoughts (not *you*)
- Distinguishing between fantasy and reality
- Non-judgment

All six participants responded with a yes to question 3 (Do you think having a regular mindfulness meditation practice would be a good thing?), to question 4 (Has this series of sessions been helpful to you?), and to question 8 (Do you think other people could benefit from learning about mindfulness meditation?). The responses to question 5 (If you answered “yes” above, how has it been helpful?), and question 8 (If “yes”, why?) were combined. Each response sometimes included different ideas, which were assigned to the appropriate categories. These categories are listed in descending order by frequency in Table 3: *Perceived benefits of mindfulness* (see below). All six participants expressed that they are starting to become aware of thoughts and feelings that trigger cravings / addiction. Three participants said they are capable of looking at their fears and feelings of distress, rather than escaping, and three noted they are better able to pause / slow down, rather than act on impulse. Participants also noted accepting things as they come and looking inside rather than outside as they experience feelings of compassion and appreciation for themselves and others.

Table 3: Perceived benefits of mindfulness

- Starting to be aware of thoughts / feelings that trigger cravings / addiction
- Less afraid; capable of looking at fears and feelings of distress (rather than escape)
- Pausing / slowing down (not acting with impulse)
- Accepting reality
- Looking inside rather than outside to feel good
- More forgiving and appreciative of myself and others / being compassionate
- Understanding myself / being in touch with myself
- Improving my chances of long-term sobriety, and quality of life
- Peacefulness

As shown in Tables 4 and 5, participants' frequency and duration of meditation practice at home was evenly split between 3 to 4 times per week, and 5 or more times per week, with the duration of each meditation session ranging from 5 to 10 minutes, and 20 to 30 minutes.

Table 4: Frequency of meditation practice at home

Times/week	Participants
3-4	3
5 or >	3

Table 5: Length of time for meditation practice sessions

5-10 min.	2
10-20 min.	3
20-30 min.	1

References

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ATTACHMENT: EVALUATION INSTRUMENT

MINDFULNESS IN RECOVERY

(pre-post intervention)

Please write down in the box on the left the number that best fits how you feel with regard to the statement:

1=Strongly Agree 2=Agree 3=Neither Agree, nor Disagree 4=Disagree 5=Strongly Disagree 0=Don't Know

- My thoughts are real.
- It is normal for my mind to never stay in one place.
- I think over and over about things that have already happened.
- I keep projecting my concerns for the future.
- This pattern of not being fully present in my immediate experience is normal for me.
- I don't believe that I can make a difference in my life.
- I don't have confidence in my ability to deal with the stressful things that happen to me.
- Staying in the present hurts so much that I prefer to run away from what is unpleasant.
- I don't usually know what to do to bear with my discomfort and sense of vulnerability.
- I have difficulty in accepting things as they are.
- I have difficulty dealing with the troubling emotions.
- I usually experience the urge to satisfy my craving without realizing the role that materialism and consumerism have played in creating the illusion that I don't have what I want and need.
- I'm not grounded in my body.
- I'm usually unaware of what things or events triggers my cravings.
- I feel like I have no control over my thoughts, moods, and feelings.
- I get stuck with my storylines that can trigger cravings and I don't know how to pause or interrupt this pattern.
- I don't realize that urges and cravings pull me out of the present.

Mindfulness in Recovery

(Post-intervention only):

1. What are some of the main points about “mindfulness” that resonate for you?

2. What does mindfulness meditation have to do with everyday life?

3. Do you think having a regular mindfulness practice would be a good thing? _____

4. Has this series of sessions been helpful to you? _____ If it has helped you deal with urges and cravings, how specifically has it helped?

5. If you answered “yes” above, how else has it been helpful in terms of recovery?

5. Have you been able to do some meditation practice at home? _____

7. If yes, about how many times a week? _____ Usually for how long? _____

8. Do you think other people in recovery could benefit from learning about mindfulness—both meditation and the other practices? _____ If yes, in what way?

9. Do you plan to come to Monday night meditation at least once, to check it out? _____

Thank you!