

# Mindfulness-Based Program for Substance Dependence

## **Introduction**

This 12-week mindfulness-based intervention for addiction recovery series will provide mindfulness coping strategies for individuals in the community who struggle with substance dependence. The program aims to assist with the physical, mental and emotional symptoms of living with an addiction to increase overall well-being and resilience while maintaining abstinence.

## **Target Audience**

The target audience for this program will be adults, 18 years and older, in the local community, who deal with substance dependence in the way of drugs and alcohol. This program will take place in the form of peer groups meeting once a week for 12 weeks. These participants can be self-referred to the program or referred by their medical doctor, mental health counselor, social worker, psychologist or psychiatrist.

## **Statement of Need (purpose or goal)**

According to the 2016 Surgeon General's Report on Alcohol, Drugs, and Health, published by the U.S. Department of Health & Human Services, over 8% of the U.S. population met the diagnostic criteria for substance abuse disorder for alcohol and street drugs alone. That means that 20.8 million people were diagnosed and of that amount, only 2.2 million received any kind of treatment (U.S Department of Health & Human Services, 2016). These figures do not include the other 18.9 million misusing prescription drugs (U.S Department of Health & Human Services, 2016). The extent of substance misuse and abuse in the U.S. not only costs our

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societies in the form of dollars, but also in individual and community health (U.S Department of Health & Human Services, 2016).

Research supports mindfulness base practices for improving mental health and addiction behaviors (Shonin & Van Gordon, 2016). Mindfulness can be considered a disciplinary training and meditative practice concentrating on thoughts, emotions and behaviors in the present moment that can assist in a substance abuse recovery program (Weerasinghe & Bartone, 2016). Within addiction recovery, mindfulness is considered to help as a “relief from suffering”. In other words, mindfulness can act as a relief from cravings (Weerasinghe & Bartone, 2016). According to Shonin & Van Gordon (2016), there are ten evidence-based mechanisms of mindfulness gathered from academic literature that help with mental illnesses and addiction. Those mechanisms include structural brain changes, reduced autonomic arousal, perceptual shift, increase in spirituality, greater situational awareness, values clarification, increase in self-awareness, addiction substitution, urge surfing and letting go (Shonin & Van Gordon, 2016).

The goal of this program is to help those with substance abuse addiction in maintaining abstinence and preventing relapse though mindfulness practices.

### **Short Description of the Program**

During each weekly 1.5 hour session, participants will be introduced to a new mindfulness topic to help with addiction recovery. The participants will receive a lecture, worksheets, handouts and an experiential. In between sessions, group members will have exercises to practice at home.

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1. Introduction to mindfulness (and the brain)
2. Becoming mindfully aware
3. Mindfully dealing with triggers and cravings
4. Mindfulness for depression and anxiety
5. Mindfulness in daily life
6. Mindfulness in high-risk situations
7. Mindful acceptance and action
8. Mindful thoughts
9. Mindfulness of anger
10. Mindfulness for self-care and lifestyle
11. Mindful supports and relationships
12. Mindfulness and finding your life purpose

(Witkiewitz et al., 2014)

### **Adherence Strategies**

- Sessions will be offered on how to specifically use mindfulness to help with addiction, but will allow for the participants to help create how they individually use the information. The program will keep exercises general and help individuals adapt them to their needs and abilities.
- There won't be any required items to participate or complete the mindfulness exercises. Suggestions using smartphones, youtube, etc will be made, but not required. Other ideas will be presented in each lesson so all interventions will remain easily accessible.

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- Lesson topics are designed to help each individual with their addiction, but also relate to general life skills and goals.
- Surveys will be completed after each 3 weeks of sessions to reassess the program and determine if adaptations need to be made to increase adherence and effectiveness of the program.
- No participant can join in the week's session if they are visibly under the influence of any substance.
- Resources will be offered for other related addiction services and mind-body classes in the community both during the program and once the program has been completed.

### **Possible Cultural, Social Issues**

Mindfulness-based interventions will need to be presented as mind/body practices that do not contain any religious context. Some people are under the assumption that mindfulness practices are “new age” or strictly Buddhist practices and could be hesitant to engage if they practice in other religions.

Many who have easy access to CAM modalities are of the educated, affluent white community; therefore, those of minority races/ethnicities may not be as aware of mindfulness and its benefits (Bishop & Lewith, 2010). For example, the previously cited 2016 Surgeon Generals Report states that 4.9% of Blacks and 6.4% of Hispanics in American have a diagnosed substance abuse disorder. This cultural issue may be addressed in the form of greater education when promoting mindfulness for addiction to create understanding within minority races/ethnicities and cultures.

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Also, there are generally more females than males that participate in CAM practices, however, in 2016, more men than women reported suffering from a substance abuse disorder (Bishop & Lewith, 2010; U.S Department of Health & Human Services, 2016). The program will need to take this into consideration in promoting and in providing experiences that appeal to men as well as women.

### **Health Behavioral Theory**

Although the development of Transtheoretical Theory of Stages of Change began some time ago, this model has become more and more popular in treating addictive behaviors (Tomlin & Richardson, 2004). In the *precontemplation* stage, the addicted individuals have little interest in change and don't see their behavior as a problem (DiClemente et al., 2004; Tomlin & Richardson, 2004). Once they are concerned about their behavior and are ambivalent regarding their use, they move into the *contemplation* stage (DiClemente et al., 2004; Tomlin & Richardson, 2004). Once they realize they need to do something about their problem and commit to planning, they enter the *preparation* stage (DiClemente et al., 2004; Tomlin & Richardson, 2004). In the *action* stage, they are making behavioral changes by getting rid of substances and items related to their past use (Tomlin & Richardson, 2004). Then, when they reach the *maintenance* stage, they monitor gains and follow strategies to prevent relapse (Tomlin & Richardson, 2004).

Clinicians and therapists have found it informative and helpful in creating interventions to think of individuals at different stages of change when coming into treatment (DiClemente et al., 2004). They see movement and the process of change as cyclical and relapse as a learning

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process (DiClemente et al., 2004). The stages can also help the client identify where they are at in the stages of changes to get the most out of the program according to their individual readiness.

Having the participants fill out a worksheet to identify their current stage and then collaborating with the participants accordingly can help them get the most out of the program. The other goal using this model would be for them to advance or move to a different stage while in the program. The worksheet could be filled out in the middle and at the end of the program for the client's therapist information as well as their own. Information in the first session introducing mindfulness could educate about how the stages relate to the work they will be doing using mindfulness practices.

### **Partnerships**

Partnering with the local mental health and recovery board along with local county addiction counseling services could provide advocacy for the program. This might also supply the program with professionals and experts in the field of addiction and mindfulness to bring forth the most effective strategies for the community. Also, with the additional partnering of local yoga and mindfulness professionals we could provide additional resources for the participants during and once the program has been completed.

### **References**

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