

Chapter 5

Mindfulness-Based Sobriety: Residential Treatment Curriculum

Courage is not the absence of despair; it is, rather, the capacity to move ahead in spite of despair.

—Rollo May

The mindfulness-based sobriety (MBS) residential curriculum focuses on the person's need for the residential level of care and what needs to happen (planning, skill development, motivation enhancement, and so on) to prepare for the next (lower) level of care. Accordingly, factors that contribute to the person's need for residential treatment may be regarded as barriers to discharge; these factors preclude success in a lower level of care, such as a partial-hospitalization program (PHP) or an intensive outpatient program (IOP).

We recommend that MBS groups be a core of the residential treatment array of services. The groups can meet three to seven times per week. This model is designed for relatively brief residential stays. However, this should not present problems for individuals whose clinical needs require longer stays. Further participation in this curriculum will allow for additional review of principles, assessment of sobriety challenges, relapse prevention planning, personal reflection, motivation enhancement, and recovery-skill practice.

Session Setting and Materials

Room Arrangement: For MBS sessions, a circular or semicircular arrangement of chairs is recommended, and the presence of a table, which may be experienced as an interpersonal barrier, is discouraged.

Facilitator Guides and Client Handouts: In order to conduct MBS sessions, the clinician will need facilitator guides and client handouts. They are located in two places: the guides and handouts that are used in multiple sessions can be found in appendices A, B, C, and D, while the guides and handouts that are specific to individual session topics are located after the session descriptions. Additionally, facilitator guides and client handouts can be downloaded directly from www.newharbinger.com/28531. See the back of the book for more information.

Whiteboard/Flip Chart and Clipboards: During most sessions, the facilitator will write information on a whiteboard or flip chart. Additionally, clients will need a surface to write on, for which clipboards may suffice.

MBS in Residential Treatment Session Content

While there is a rotation of twelve group topics, the role of the “topic of the day” is less pronounced in the residential group session than in the IOP model. Each group session is three hours in length and consists of three sections. Typically, there is a brief break (five to ten minutes) between each section. Acceptable modifications of the MBS format of three-hour, three-section sessions are outlined below.

Section one begins with a two-tiered check-in. During the first tier, clients are asked to share their names, sobriety dates, and something they have done mindfully in the past twenty-four to forty-eight hours. During the second tier, group members are encouraged to share what they want to get out of treatment or what they need from that day’s group session. Following that, they are encouraged to share any immediate insights or concerns they might have, including both challenges and successes. This is followed by mindfulness practice, after which group members share their experiences and discuss how mindfulness might improve quality of life. Next, the facilitator provides a brief overview of the MBS model. The overview serves multiple purposes. For new and continuing clients, the overview provides an overarching context within which the topic of the day can make sense. It provides or reinforces the “big picture,” and reminds or prompts clients to be attuned to potential blind spots.

Section two begins with an experiential exercise related to things in group members’ lives that are important to them. In this exercise, group members start by reflecting on things that are important to them. After a few minutes, the facilitator instructs group members to write or draw on a blank piece of paper whatever comes to mind. After they are done writing or drawing, the facilitator encourages group members to share their answers with their peers. This provides group members the opportunity to creatively and independently identify and express things in their lives that are important to them.

During the next part of this section, group members are asked to explore the impact that substance use has had on important areas of their lives. Additionally, actions and strategies to improve those life areas are identified in service of preparing group members to be discharged from residential treatment. While this core component of the MBS residential model is a regular focus in MBS

residential groups, an individual's perspective will evolve throughout the course of treatment as he or she gains insight, and as situations, plans, and skills develop. Detailed instructions on how to facilitate this section of the group are included in the section "MBS in Residential Treatment Session Outline." The second section of the session concludes with a review of the previous session's topic.

The third section of the session begins with the topic of the day. There are twelve topics in all. The topic of the day is intended to provide focus on a particular subject matter or skill set within the broader MBS model. The third section and session conclude with a debriefing, review, and mindfulness practice.

Modifications for MBS Residential Split Sessions

Modifications can be made to the MBS residential format of three-hour, three-section sessions. One option is to retain the three-section format while extending the break periods. This approach can assume a range of variations. For example, the first section might run in the morning, the second in the afternoon, and the third in the evening. Another type of modification is to provide two 90-minute sections with an extended break, such that there is a morning session and an afternoon session. When providing MBS sessions in two 90-minute sections, the midpoint would usually fall after the "Important Things" reflection exercise (outlined below), although clinical judgment should permit flexibility.

MBS in Residential Treatment Session Outline

The following session outline, along with the topic of the day description and session materials, provides the facilitator with the necessary MBS structure for any particular group session.

Part 1: 45 to 60 minutes

Check-in (20 to 25 minutes)

- Staff and client introductions and check-in (two-tiered check-in)
 - Initial check-in: Name, sobriety date, and something clients have done mindfully in the past 24 to 48 hours
 - Second-tier check-in:
 - What each client wants to get out of treatment or from this group session
 - Immediate insights or concerns that group members may have, including both challenges and successes

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Mindfulness practice and discussion (20 to 25 minutes)

- Sitting meditation (5 to 15 minutes)
 - The facilitator may use materials from appendix A for the mindfulness part of the session.
- Open exploration of experience (5 to 15 minutes)
 - Name and experience description (encourage each participant to describe his experience in an objective, nonjudgmental manner).
 - The facilitator may use materials from appendix A for the mindfulness part of the session.

Brief review of MBS model (see appendix B) (5 to 10 minutes)

- Mindfulness and quality of life: Definition and discussion of practical applications
 - Defining mindfulness, acceptance, and commitment and exploring how they influence a person's quality of life.
 - *Mindfulness*: Being present in the immediate (“here and now”) situation and observing, nonjudgmentally and without psychological attachment, avoidance, or reaction.
 - *Acceptance*: To acknowledge the realities of a situation while not fighting “what is.” Acceptance is a nonjudgmental view that allows clients to move forward on a valued path toward their self-selected goals. Acceptance is not approval; it is acknowledging one's experience.
 - *Commitment*: In MBS, commitment means taking action in service of one's values and goals, regardless of internal experiences (one's thoughts, feelings, cravings, sensations, and so on).

Break (5 to 10 minutes)

Part 2: 45 to 60 minutes

“Important Things” reflection exercise (15 to 20 minutes)

- Facilitator does one of the following:
 - Writes on the board, “What's important to you?”

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- States to client group: “Now I want you to close your eyes, take a few minutes, and see what comes to mind when I ask you ‘What’s really important for you in your life?’” (2 to 3 minutes of silence)
- Next, the facilitator instructs the group members to write or draw on a blank piece of paper whatever came to mind during the exercise.
 - After group members are done writing or drawing, the facilitator encourages them to share their answers with their peers.

Life domain exploration (20 to 25 minutes)

- On the board, the facilitator writes the following examples of key domains that might influence a person’s quality of life: “Financial,” “Work,” “Social/Friends,” “Physical/Health,” “Personal Development,” “Family/Relationship,” “Living Environment,” “Emotional,” “Community/Volunteer,” “Spiritual.”
- Next, the facilitator asks group members whether anything has been missed, and then adds members’ responses to the list on the board.
- The facilitator distributes the “Life Domain Exploration” client worksheet. Depending on time, the facilitator gives each client one or two worksheets.
 - Clients pick one or two of the domains that are written on the board (one domain per worksheet) and work through each domain using the worksheet.
 - Group members are told that they can choose a new domain or domains—ones that they haven’t addressed in prior sessions—or they can continue with a domain or domains that they find especially important to them.
- The facilitator then processes and reviews the worksheet with the clients.
 - Clients are encouraged to share at least one answer each.
 - Feedback and suggestions can be provided to the client with the client’s permission and should be delivered in a tentative matter.

Review of previous topic (10 to 15 minutes)

Break (5 to 10 minutes)

Part 3: 45 to 60 minutes

Topic of the day (30 to 40 minutes): See “Residential Group Topic Rotation” later in this section, and refer to the topic descriptions, facilitator guides, and client handouts that follow.

Debriefing/review (15 to 20 minutes)

- Summary statements by the clinician–group leader.
- Clinician elicits feedback from clients on that day’s group.
 - “What are you walking away with?”
 - General feedback: “What made sense? What didn’t make sense or was not so useful? What do you need in future groups?” (The purpose is to engage clients and elicit specific feedback for tailoring MBS to their specific needs. Additionally, the clinician may tie clients’ needs self-assessments to relapse prevention and future topics.)
 - Values and goals: “What steps have you taken toward your values and goals in recent days or weeks?”
 - Random question (favorite movies, books, music, and so on). For example, “If you could have lunch with two people—dead or alive, real or imaginary—who would they be and what would you ask them?”
- Skill-practice reminder (practice between sessions).
- Other announcements (if any).
- Brief closing mindfulness experience (5 to 10 minutes).

Life Domain Exploration

Life Domain:

How was this area of your life affected by substance use?

What would need to change in this area in order for you to succeed outside of residential treatment?

How could you go about making those changes?

Residential-Group Topic Rotation:

1. Relapse Prevention Plan 1
2. Relapse Prevention Plan 2
3. Relapse Prevention Plan 3
4. Recovery Environment
5. Role-Playing and Drug Refusal Skills, Part One
6. Scheduling and Creating a Routine
7. Recovery Skills and Lapse/Relapse Traps, Part One
8. Spirituality
9. Coping with Emotions and Urges
10. Role-Playing and Drug Refusal Skills, Part Two
11. Recovery Skills and Lapse/Relapse Traps, Part Two
12. Value-Based Living

The following pages are organized by session topics. They contain session descriptions, facilitator guides, and client handouts.

Sessions 1, 2, and 3: Relapse Prevention Plan

Due to the importance and comprehensive nature of the topic “Relapse Prevention Plan,” it spans three consecutive sessions. While the overall approach is presented and all three handouts are usually distributed in session 1, sessions 2 and 3 allow for continued processing to enhance awareness and strengthen sobriety strategies. It should also be noted that in addition to these three sessions, relapse prevention (sobriety) planning occurs throughout MBS sessions.

Topic Objectives

Group members will:

- Gain understanding about lapse and relapse processes, including the definitions and the differences
- Understand how lapses and relapses may occur along the path to recovery and that they do not reflect personal failures
- Learn that lapses and relapses are processes, not isolated events
- Identify their individual situations that pose a high risk for relapse
- Develop relapse prevention plans that include strategies to avoid or cope with high-risk situations
- Identify and develop skills to cope with high-risk situations and triggers

Instructions

The facilitator begins this section by explaining the objectives, as outlined above. Next, the facilitator introduces and explains the concepts of lapse and relapse to the group members.

- *Lapse*: This is also known as “slip.” A limited use of a substance that doesn’t necessarily lead to a full-blown relapse, that is, returning to the previous pattern of addictive behavior.
- *Relapse*: A return to the previous (full-blown) pattern of addictive behavior.

The facilitator then engages in a dialogue with the group members about the lapse and relapse processes (a series of decisions and events that lead to a person’s initial use after abstaining). This process can also be understood as someone engaging in “prelapse” decisions and behaviors. The facilitator should also normalize lapse and relapse, and introduce these concepts as processes that

sometimes occur during the course of recovery. This can be done by asking the following open-ended questions:

- “How can a lapse or relapse be a process and not just an event?”
- “Can you think of examples from your own experiences where a series of decisions and events led to your lapsing or relapsing?”

Once the concepts are processed and understood, the facilitator distributes the client handouts:

- “High-Risk Events and Scenarios (Experience in Situation)” information sheet (appendix D)
- “Situation Rating Scale and Action Plan” worksheet (located immediately following this session description)
- “Relapse Prevention Plan Worksheet” (located immediately following this session description)

The facilitator explains the MBS model on the “High-Risk Events and Scenarios” sheet. The facilitator reads the following paragraph to the group as a means of introduction:

Risk of lapse or relapse increases according to the person’s experiences in particular situations. Typically people experience situations like math problems, such as $1 + 1 = 2$. For example, a person in recovery goes to a wedding where alcohol is available and people are indulging. In the past, he also had indulged in alcohol at weddings, and since the person (1) is at a wedding where alcohol is available (+ 1), the outcome is that he drinks (= 2). In becoming aware of autopilot or programmed responses, a person can develop a transcendent or broader perspective, which can help him experience a situation differently and respond in a value-consistent manner.

The facilitator may give some examples of experience in situation:

- Feeling anxious (experience) at a party where you have access to marijuana (situation) and choosing to use
 - As opposed to feeling anxious (experience) at the party (situation) and leaving or refusing the marijuana that’s offered
- Feeling happy (experience) at a wedding where there is an open bar and drinking is encouraged (situation)
 - As opposed to feeling happy (experience) at a wedding where there is an open bar and you are accompanied by a sober support (situation)

- Thinking about a time when things were better (experience) while you are alone and still in contact with old friends who are still using (situation)
 - As opposed to thinking about a time when things were better (experience), after having repaired your relationships with healthy friends and family (situation)
- Feeling lonely (experience) while not having a support network to call (situation)
 - As opposed to feeling lonely (experience) while having a peer support network (situation)

The facilitator then leads group discussion about how someone can experience similar things in different situations and with different outcomes.

The facilitator distributes and introduces the “Situation Rating Scale and Action Plan” worksheet. It is important that the facilitator guides the group members step-by-step through this exercise in order to avoid confusion and misunderstanding. Initially, the facilitator encourages the group members to take the situations they chose from the previous worksheet and describe them on the “Risky Situation” section at the top of page 1 (front) of the worksheet. Then, group members will complete the section titled “How do you expect you might respond in this type of situation?” Next, the facilitator asks group members to rate, on a scale from 0 to 10, how risky the situation is for them. Following this, group members rate the value (or importance) that the situation has for them, also on a scale from 0 to 10. Group members will then indicate a general plan—“Long-Term Avoidance,” “Short-Term Avoidance,” or “No Avoidance”—by checking the appropriate box:

- *Long-term avoidance* is typically indicated for situations that are of high risk and little-to-no value.
- *Short-term avoidance* is typically indicated for situations that are of high risk and moderate-to-high value.
- *No Avoidance* (with coping plan) is typically indicated for situations that are of high value or have a value rating that outweighs the risk rating.

After completing the first part of the “Situation Rating Scale and Action Plan” worksheet, the group begins the second. On page 2, group members complete either the top or bottom box of the worksheet. Members who chose either “Long-Term Avoidance” or “Short-Term Avoidance” will complete the top box. This box has two parts: “Avoidance Strategies” and “Backup Coping Strategy (if the situation is unexpectedly encountered).” Members who chose “No Avoidance” will complete the bottom box, “Coping Strategies.”

After both parts of the worksheet are completed, the facilitator splits the group members into pairs or small groups and has them share their answers (as well as brainstorming, coping, and avoidance strategies) with each other. Once the small group discussions have concluded, the facilitator can open the floor for discussion prior to moving into the debriefing/review.

The facilitator then passes out and reviews with the clients the “Relapse Prevention Plan Worksheet.”

- “High-risk situations are situations in which one may experience greater temptations to use.”
- Clients are asked to enter their personal “high-risk situations” in the first column of the “Relapse Prevention Plan Worksheet.”
- Next, remaining columns in the “Relapse Prevention Plan Worksheet” are completed. Note:
 - Situations rated “high risk” on the “Situation Rating Scale” are generally avoided.
 - Regarding the “Likely Ways of Encountering” column on the “Relapse Prevention Plan Worksheet,” the facilitator gives an example, such as going back to the old “neighborhood” where one might encounter a dealer or old user buddies.
 - For situations rated “high value” on the “Situation Rating Scale,” coping strategies are generally a focus.
 - Situations that are “high risk” *and* “high value” are more nuanced:
 - They may be temporarily avoided until such time as the person has developed sufficient coping skills and confidence.
 - When not avoided, coping strategies may include the person’s being accompanied by a sober support or developing detailed strategies that are practiced through role-playing.
 - Topics of sections B, C, and D are referenced, because “Continuing Recovery Plans,” “Positive Supports,” and “Quality of Life Enhancement” are important in relapse prevention planning. These sections may be completed in this session or subsequent to this session.
- The facilitator emphasizes that one’s relapse prevention plan is a “living,” active resource, one that should be reviewed and revised through ongoing experience.

Upon completion of the “Relapse Prevention Plan Worksheet,” the facilitator leads an open discussion about each box in the worksheet and the various relapse scenarios captured by the group members. The facilitator encourages the group members to focus on one situation at a time, starting with the situation on the front of the worksheet.

Note: At the beginning of sessions 2 and 3, the facilitator reviews the MBS relapse prevention (sobriety) planning model (as shown above) and answers any questions. After the review, the open discussion (immediately above) resumes. Accordingly, sessions 2 and 3 are largely interactive processes in the service of enhancing awareness and strengthening strategies.

Session Materials

Client Handouts:

- High-Risk Events and Scenarios (Experience in Situation) (appendix D)
- Situation Rating Scale and Action Plan
- Relapse Prevention Plan Worksheet

Situation Rating Scale and Action Plan

Name: _____

Date: _____

Risky Situation (describe): _____

How do you expect you might respond in this type of situation? _____

Situation Risk Rating

1 2 3 4 5 6 7 8 9 10

Little or no risk

Very high risk

Situation Value Rating (How important is it for you to be in this type of situation?)

1 2 3 4 5 6 7 8 9 10

Little or no importance

Very important

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Situation Rating Scale and Action Plan page 2

Plan (check one):

- _____ 1. Long-Term Avoidance (situation is high risk and of little-to-no value)
- _____ 2. Short-Term Avoidance (situation is high risk and of moderate-to-high value)
- _____ 3. No Avoidance (situation is low-to-moderate risk and of moderate-to-high value)

Avoidance Strategies (if you chose option 1 or 2 above):

Backup Coping Strategy (if the situation is unexpectedly encountered):

Coping Strategies (if you chose option 3 above):

Relapse Prevention Plan Worksheet

Client: _____ Date: _____

A. High-Risk Situations

High-Risk Situation	Likely Ways of Encountering	How to Avoid	Escape Strategies	Coping Strategies
1.				
2.				
3.				
4.				

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B. Continuing Recovery Plans: Planning for Transition to Lower Level of Care (Co-Occurring Mental Health Problems; Peer Fellowships, such as AA, NA, and so on)

C. Positive Supports: Friends and Family

D. Quality of Life Enhancement: Occupy Time Doing Enjoyable, Healthy Things (such as Leisure, Exercise, Diet, Meditation)

Session 4: Recovery Environment

For this topic, “recovery environment” refers to people, places, activities, and things.

Topic Objectives

Group members will:

- Identify characteristics of the environment that are conducive to recovery and characteristics of the environment that are not conducive to recovery.
- Identify qualities of the environment that give them energy and strength, as opposed to qualities that take away energy (“drain”) them.
- Identify specific examples in their personal lives of healthy changes they would like to make.

Instructions

The facilitator begins this section by explaining the objectives, as outlined above.

Next, the facilitator distributes the worksheets to the group members. The facilitator should instruct the group members to complete one page at a time (there are three pages in all, two for the first worksheet and one for the second). The facilitator should pause for discussion after each page.

Once each page has been completed and discussed, the facilitator assesses for comprehension and further questions.

Session Materials

Client Handouts:

- Recovery Environment
- Improving Recovery Environment

Recovery Environment

Current Environment (Outside of Residential Treatment Setting)

People whom I tend to spend my time with:

Qualities of people that give me energy or strength:

Qualities of people that drain my energy or strength:

Places where I tend to spend my time:

Qualities of environments that give me energy or strength:

Qualities of environments that drain my energy or strength:

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Activities and things in my life that I spend time with or engage in:

Qualities that give me energy or strength:

Qualities that drain my energy or strength:

Recovery Environment:

Qualities of people whom I would like to have in my life:

Qualities of the environments I would like to spend my time in:

Qualities of activities I would like to engage in:

Improving Recovery Environment

Where and how can I meet people I would like to have in my life?

Where do I want to spend my time (specific places)?

What do I want to spend my time doing?

Session 5: Role-Playing and Drug Refusal Skills, Part One

Topic Objective

Group members will improve drug refusal skills.

Instructions

The facilitator begins this section by explaining the objective, as outlined above.

Next, the facilitator orients the group to the topic of “Role-Playing and Drug Refusal Skills.” Drug refusal skills include the ability to assertively and effectively refuse drugs.

Note: Role-playing and drug refusal skills are addressed in two separate sessions (session 5 and session 10), with different skills discussed and practiced in each session.

The facilitator distributes the “Role-Play: Drug Refusal Skills” client handout and instructs the group members to write down each skill on the handout and to take notes in the designated areas.

The facilitator then writes the following skills on the whiteboard:

- Skill 1: Be firm, matching your tone to your words.
- Skill 2: Make eye contact with the person.
- Skill 3: Use body posture to convey conviction (stand tall, in a closed versus open stance).
- Skill 4: Be honest with the person. Examples include:
 - “I cannot afford to use; I have too much at stake.”
 - “I am on medication, and I can’t drink.”
- Skill 5: Let the person know that there are consequences. Examples include:
 - “My (loved ones, partner, significant other, or children will leave; I can’t take that chance.”
 - “I will lose my _____ (job, driver’s license, or house).”
 - “I will go to jail if I get another DUI.”
- Skill 6: If an encounter with the person is unexpected, keep the conversation to a minimum or avoid physical contact with the person altogether.

Once each skill is discussed and understood, the facilitator helps the group members practice the skills:

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- Initially, the facilitator asks for a volunteer in order to provide a practice example of a role-play. The facilitator and the group member act out a brief scenario, during which one of them refuses to consume drugs or alcohol.
 - The facilitator can provide an example or ask the group for one. Examples include:
 - An old friend who is still using stops by and pulls out some drugs or alcohol for the two of you.
 - You run into your old drug dealer.
 - Your friends get in your car and pull out a blunt and light up.
- After the practice scenario, the facilitator divides the group members into pairs. The facilitator has each pair identify who will be first to play the role of the “using person” and who will play the role of the “person practicing refusal skills.” Group members are given five minutes or so to practice skills 1, 2, and 3 together. Prior to beginning the first scenario, the facilitator encourages group members not to push too hard and to back off if someone becomes upset or too uncomfortable.
- Once the first round is completed, the facilitator has the pairs switch roles and repeat.
- The group members then repeat the above process for skills 4, 5, and 6.
- Each pair is then encouraged to play out a scenario or two (depending on time) in front of the larger group.
- The group members’ experiences are processed and discussed at the end of the skills practice. Questions for discussion might include:
 - “How did it feel to play the role of a using friend?”
 - “How did it feel to practice the refusal skills?”
 - “Which skill did you find most helpful and why?”
 - “Which skill did you find least helpful and why?”

Session Material

Client Handout:

- Role-Play: Drug Refusal Skills

Role-Play: Drug Refusal Skills

Today's Practice Skills:

1. _____

Notes:

2. _____

Notes:

3. _____

Notes:

4. _____

Notes:

5. _____

Notes:

6. _____

Notes:

Session 6: Scheduling and Creating a Routine

Topic Objectives

Group members will:

- Learn how to schedule and create a routine.
- Practice creating a schedule that is balanced and conducive to valued living.
- Develop a tentative schedule for daily life that they can use once they leave residential treatment.

Instructions

The facilitator begins this section by explaining the objectives, as outlined above.

Next, the facilitator passes out the “Pretreatment Weekly Schedule” client handout and encourages group members to re-create (as best they can) their daily and weekly schedules prior to entering treatment.

Once group members have re-created their pretreatment schedules, the facilitator helps them identify gaps and high-risk times of day (group members can highlight, circle, or check off high-risk time periods and activities).

The facilitator then passes out the “Posttreatment Weekly Schedule” handout and leads a discussion on how to create a balanced routine by eliciting from the group members activities they would like to insert into their posttreatment schedules (or activities that they want to spend more time engaging in).

Next the facilitator encourages group members to create their potential posttreatment schedules.

Once this is completed, the group members are encouraged to share their schedules and highlight changes from the pretreatment to posttreatment schedules.

Session Materials

Client Handouts:

- Pretreatment Weekly Schedule
- Posttreatment Weekly Schedule

Pretreatment Weekly Schedule

	Morning	Afternoon	Evening
Mon.			
Tue.			
Wed.			
Thur.			
Fri.			
Sat.			
Sun.			

Posttreatment Weekly Schedule

	Morning	Afternoon	Evening
Mon.			
Tue.			
Wed.			
Thur.			
Fri.			
Sat.			
Sun.			

Session 7: Recovery Skills and Lapse/Relapse Traps, Part One

Topic Objective

Group members will learn about and identify traps commonly encountered by people in recovery that may lead them to lapse or relapse.

Instructions

The facilitator begins this section by explaining the objective, as outlined above.

Next, the facilitator passes out the “Lapse/Relapse Trap: Decision Making” worksheet and asks for a volunteer to read the paragraph at the top of the worksheet.

Once the paragraph is read aloud by the group member, the facilitator provides the group with the following example:

Intellectual	Put off school	Save money Less stress More free time	Hard time finding work Complacency Stagnation Relapse
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After the example is discussed and understood, the facilitator encourages group members to complete the worksheet. Once this is completed, each member shares his answers with the group.

Next, the facilitator distributes the “Lapse/Relapse Trap: Identifying Common Thinking Patterns” worksheet.

On the whiteboard, the facilitator also writes definitions of fusion, defusion, and autopilot.

- *Fusion*: The act of becoming one with or attached to a thought, belief, or emotion
- *Defusion*: Taking an observational, detached perspective in relation to a thought, belief, or emotion
- *Autopilot*: Unmindful, habitual, routine behavior

Lastly, the facilitator encourages group members to read the instructions and complete the worksheet. Additionally, the facilitator briefly speaks to group members about using mindfulness and awareness as coping skills in recovery. Through being aware of thinking patterns, individuals can learn to identify, let go of, and not act on thoughts that are not in line with their values and goals.

Session Materials

Client Handouts:

- Lapse/Relapse Trap: Decision Making
- Lapse/Relapse Trap: Identifying Common Thinking Patterns

Lapse/Relapse Trap: Decision Making

By living life in a mindful manner, you can make decisions from a point of clarity. However, when you make decisions on autopilot, you can take actions that may seem harmless at first but lead to negative consequences in the long run. Below, for each category, list decisions that you have made in the past or could make in the future that resulted in short-term benefits and long-term negative consequences.

	Decision	→ Short-Term Benefits	→ Long-Term Consequences
Financial			
Work			
Social			
Physical Health/ Wellness			
Personal Development			
Emotional			
Spirituality			

Lapse/Relapse Trap: Identifying Common Thinking Patterns

When an individual is on autopilot and not being mindful, he or she may be more likely to fuse with and act on thoughts that will result in nonvalued behavior (for example, acting impulsively or without thinking). Furthermore, individuals who are on autopilot may forget that they have the choice to defuse from nonvalued thinking patterns and impulses such as rationalization, denial, justification, and positive expectation.

A defusion technique that may enhance one’s ability to be mindful is “Naming Your Addiction.” In the space below, provide names for and quotes from your addiction. Afterward, circle or write in the blank spaces the matching thinking patterns. *For example:* Name, “Mr. Addiction”; Quote, “I can have just one!”; circle “Rationalization” or “Denial”; a person can say, “Oh, there’s Mr. Addiction again. He is so in denial. He loves those rationalizations.”

Name	Quote	Thinking Pattern
		Rationalization Denial Justification Positive Expectation
		Rationalization Denial Justification Positive Expectation
		Rationalization Denial Justification Positive Expectation
		Rationalization Denial Justification Positive Expectation

Session 8: Spirituality

Topic Objectives

Group members will:

- Clarify what spirituality is to them and the importance of spiritual matters in their lives.
- Identify and potentially address barriers to spiritual practice (although this may not happen and is certainly not mandatory).

Instructions

The facilitator begins this section by explaining the objectives, as outlined above.

The topic section of the “Spirituality” session should also begin with the facilitator encouraging the group members to practice openness, acceptance, and patience with both themselves and others. Some may struggle with or have differing opinions related to spirituality and religious practices, and it is important to establish an open and accepting milieu from the beginning of group through the end.

Next, the facilitator distributes the “Spirituality” worksheet and assists each group member in developing an individual definition of spirituality. The facilitator can do this by having the group members answer questions 1 and 2 on the worksheet (“Personal definition of spirituality” and “Background and orientation”).

After group members discuss their initial answers, the facilitator instructs them to complete the remaining questions on the worksheet, including goals, barriers, and ways to overcome specific barriers, as well as tips for establishing and maintaining a spiritual practice.

The facilitator encourages group members to rank the importance of each goal, their confidence in completing the goal, and their motivation to work toward it (on a scale from 0 to 10, in which 0 means low and 10 means high).

Once this is completed (some may need help if they struggle with the concept of spirituality), the group can share and discuss their answers in an open and relaxed manner.

Session Material

Client Handout:

- Spirituality

Spirituality

Personal definition of spirituality:

Background and orientation:

My sense of spirituality comes from...

Goals:

1.

Importance:

Confidence:

Motivation:

2.

Importance:

Confidence:

Motivation:

3.

Importance:

Confidence:

Motivation:

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Anticipated environmental and personal constraints or barriers:

Possible ways to overcome environmental and personal constraints or barriers:

Helpful tips for engaging in and maintaining a spiritual practice:

Session 9: Coping with Emotions and Urges

Topic Objective

Group members will learn and practice “urge surfing” as a method of coping with urges and cravings.

Instructions

Important Note: This topic section may take longer than the others to facilitate. Those who are facilitating this topic should plan for an extra 20 to 30 minutes for practice, processing, and discussion.

The facilitator begins this section by explaining the “Topic Objective” as outlined above.

Next, the facilitator passes out the “Coping with Cravings: Confidence Ruler” and asks group members to complete it.

On this worksheet, group members are asked to rate their “craving level” and “confidence in coping without using” on scales of 0 to 10. (Specific instructions are provided on the worksheet.)

The optional “Follow-Up Questions” on page 2 of the worksheet are designed to help group members increase their confidence in coping without using, identify current strengths and resources, and explore further actions that they might take to enhance confidence and sobriety.

Next, the facilitator introduces the topic of “Coping with Internal Experiences.” The facilitator can introduce this part of the session by directly reading the following script or by independently introducing the concepts within:

Through labeling what happens inside our minds and bodies (emotions, feelings, sensations, thoughts, urges, cravings, and so on) as “internal experiences,” we avoid labeling them as negative or positive.

Through accepting and opening up to our internal experiences (as opposed to struggling with, fighting, and avoiding them, which only provides temporary relief), it is believed that we will suffer less and experience a more fulfilling life. This idea also relates to the concept of “urge surfing,” which will be discussed and practiced later in the session.

After introducing the topic, the facilitator should gauge comprehension and inquire about the internal experiences that the group members have struggled with over the course of their lives. The facilitator then inquires about strategies that the group members have used to cope with internal experiences in the past, and the long-term effectiveness (or in most cases ineffectiveness, such as the impact of alcohol and drug use and other control methods on internal experiences) of these strategies.

It is important for the facilitator to be empathetic, to normalize efforts to control emotions, and to avoid power struggles during this discussion, because it may elicit strong reactions from certain group members. The facilitator should also encourage group members to continue using

coping skills that have worked for them in the past (such as keeping busy and distracting themselves) while they learn and practice strategies that may be more helpful in the long term.

The facilitator then inquires about the emotional and physical experiences one goes through when experiencing a craving or an urge to act impulsively. This discussion can focus on both drug and alcohol cravings and other seemingly impulsive human behaviors (such as acting out through anger, sex, eating, and so on). The facilitator then likens internal experiencing (emotionality, feelings, sensations, thoughts, urges, cravings, and so on) to a wave. (It is helpful to draw, on the whiteboard, a bell-shaped curve or a wave that peaks and falls.) The facilitator then reads the following script or independently introduces the concepts within:

Once the internal experience begins to rise and peak, many individuals use strategies to cut off the wave (fighting, avoiding, distracting, giving in, and so on) that often work temporarily but strengthen the wave in the long term (the facilitator can then draw a second wave that gets cut off before it peaks but then shoots right back up shortly after being cut off). An example of this would be someone who uses his drug of choice when experiencing urges and cravings. The urge or craving may be cut off after the initial use of the substance but will inevitably return once the drug wears off.

Many individuals get caught up in this cycle and often live their lives from distraction to distraction, in service of not feeling or experiencing. Urge surfing is a strategy that encourages the individual to slow things down, breathe, and relax into the craving or urge to act impulsively. Instead of using control strategies, one eventually is able to learn that internal experiences are temporary and will come and go with little effort from the individual. Despite our desire to control our internal experiences, our efforts to do so often increase our suffering in the long term. What we have control over is how we observe and respond to internal experiences, not the experiences themselves.

The facilitator then gauges comprehension and leads the group members in an urge surfing exercise. (See appendix A, “Mindfulness and Urge Surfing,” for a script and further explanation.) As indicated in the script, group members are encouraged to avoid using the most challenging scenario they can think of for the exercise. Instead, group members should choose a scenario that they feel comfortable with and will not be overwhelmed by. Urge surfing exercises should not be practiced directly before a break due to the strong reaction it may elicit within certain individuals. The exercise itself should be followed by an extended period of open processing (especially if members report intense experiences) and a restorative meditation.

Lastly, the facilitator passes out the “Coping with Cravings: Confidence Ruler” and asks group members to complete it again. Results on this worksheet will serve as a postmeasure when they are compared with results on the same tool used at the beginning of the session topic.

Prior to ending the session, the facilitator distributes and reviews the “Coping with Internal Experiences” and “Urge-Surfing Instructions” worksheets with the group members.

Session Materials

Client Handouts:

- Coping with Cravings: Confidence Ruler
- Coping with Internal Experiences
- Urge-Surfing Instructions

Coping with Cravings: Confidence Ruler

Name: _____

Date: _____

Please rate yourself on:

- *Alcohol or other drug (substance) craving level*
- *Confidence in coping with cravings without using*

If you are experiencing cravings for more than one substance, please rate for each substance.

Specify substance: _____

Craving Level

On a scale from 0 to 10, with 0 being “minimal craving” and 10 being “maximum craving,” please rate your level of craving to use over the past three days.

Minimum Cravings										Maximum Cravings
0	1	2	3	4	5	6	7	8	9	10

Confidence

On a scale from 0 to 10, with 0 being “not confident at all” and 10 being “very highly confident,” how confident are you that you can cope with your cravings without using?

Minimum Confidence										Maximum Confidence
0	1	2	3	4	5	6	7	8	9	10

Coping with Cravings Confidence Ruler: Optional Follow-Up Questions

Why are you at a rating of _____ (stated level of confidence) and not 0?

What has helped you to reach this level of confidence in coping without using?

What would it take for you to increase your confidence level?

Coping with Internal Experiences

Internal Experiences: Anything that happens inside our minds and bodies (emotions, feelings, sensations, thoughts, urges, cravings, and so on).

Control Strategies: Efforts people put forth to try to avoid undesired internal experiences. This may occur through one's behavior or through one's thinking.

Behavioral control strategies may involve avoiding uncomfortable situations, such as social events or situations in which the person risks experiencing failure or rejection, or procrastinating.

Mental control strategies include processes that allow us to avoid undesired internal experiences or decrease their intensity. Examples include daydreaming and mental distraction.

Despite our desire to control our internal experiences, our efforts to do so often increase our suffering in the long run. What we have control over is how we observe and respond to those experiences, not the experiences themselves. Through accepting and opening up to whatever happens inside of our minds and bodies (as opposed to struggling with, fighting, and avoiding them, which provide only temporary relief), we can allow ourselves to suffer less and experience a more fulfilling life. This idea relates to the concepts of mindfulness and "urge surfing," the latter being a mindfulness-based technique for coping with urges and cravings to act impulsively.

Internal experiences can be compared to an ocean wave, which will rise, peak, and eventually fall. Many individuals use strategies to cut off the wave (fighting, avoiding, distracting, giving in, and so on), which often work temporarily but strengthen the wave in the long term. An example of this would be someone who uses his drug of choice when experiencing urges and cravings. The urge or craving may be cut off after the initial use of the substance, but will inevitably return once the drug wears off (often it will grow stronger).

Many individuals get caught up in this cycle and often live their lives from distraction to distraction, in service of not feeling or experiencing. Urge surfing is a strategy that encourages the individual to slow things down, breathe, and relax into the craving or urge to act impulsively. Instead of using control strategies, one eventually is able to learn that internal experiences are temporary and will come and go with little emotional and physical effort.

Urge-Surfing Instructions

When you are experiencing a craving or an urge to act impulsively:

- *Notice how the internal experience is like a wave: it rises, it peaks, and it falls. This pattern continues. Stay with the experience. Observe the waves. Even though you are not reacting, the cravings and urges fall; they subside. They may rise again and subside again. You are like a surfer riding the waves. You may enjoy the freedom of observing and not needing to react.*
- *You may notice thoughts, emotions, or physical sensations that come...and go.*
- *Experience what a craving or urge is while making the choice to be mindful, rather than reacting. Some cravings and urges are more intense than others. Some are like small waves, while others are more like ocean or tidal waves.*
- *Notice that you can be present and not react, that you can experience cravings and urges without reacting.*
- *After the designated period of time, open your eyes, if they were closed, and bring your attention back into the room.*

Session 10: Role-Playing and Drug Refusal Skills, Part Two

Topic Objective

Group members will improve drug refusal skills.

Instructions

The facilitator begins this section by explaining the “Topic Objective,” as outlined above.

Next, the facilitator orients the group to the topic of “Role-Playing and Drug Refusal Skills.” This topic is broken into two separate sessions with different skills discussed and practiced during each group session.

The facilitator then writes the following skills on a whiteboard:

- Skill Set 1: Keeping Valued Relationships
 - Suggesting Alternatives
 - “Let’s watch a movie.”
 - “Let’s go play video games.”
 - “Let’s go play basketball.”
 - “You mentioned your mom needs some help; let’s go help her out.”
 - Using Humor
 - “I would get caught, so I will have to move in with you when my wife kicks me out for using.”
 - “No thanks; the last time I used just once, it lasted a year.”
 - Asking for Help
 - “It’s really important to me to stop using; can you help me by not doing it around me?”
 - “Your support would really mean a lot; I gave up drugs, not you.”
- Skill Set 2: Ending Unwanted Relationships
 - Be brief or rude, but not cruel; burn the bridge without provoking violence or confrontation.
 - Be insistent (increase intensity if the person is persistent).
 - Leave the situation.

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The facilitator then distributes the “Drug Refusal Skills 2” worksheet. The group members are then encouraged to write the designated skills on their worksheets.

Once this is discussed and understood, the facilitator helps the group members practice the skills:

- Initially, the facilitator should ask for a volunteer in order to provide a practice example of a role-play. The facilitator and the group member can act out a brief scenario, during which one of them refuses to consume drugs or alcohol.
- The facilitator can provide an example or ask the group for one. Examples include:
 - An old friend who is still using stops by and pulls out some drugs or alcohol for the two of you.
 - You run into your old drug dealer.
 - Your friends get in your car, pull out a blunt, and light up.
- After the practice scenario, the facilitator divides the group members into pairs and asks each pair to identify who will be first to play the role of the “using person” and the role of the “person who uses refusal skills.” Give them five minutes or so to practice skill set 1 (see above). Prior to beginning the first scenario, the facilitator should encourage the group members to not push too hard and to back off if someone becomes upset or too uncomfortable.
- Once the first round is completed, the facilitator should have the pairs switch roles and repeat.
- The facilitator should then repeat the above process for skill set 2 (see above).
- Each pair should then be encouraged to play out a scenario or two (depending on time) in front of the larger group.

Session Material

Client Handout:

- Drug Refusal Skills 2

Drug Refusal Skills – 2

Today's Practice Skills:

1. Keeping valued relationships:

2. Ending unwanted relationships:

Notes

Session 11: Recovery Skills and Lapse/Relapse Traps, Part Two

Topic Objective

Group members will identify how procrastination and complacency can negatively affect recovery.

Instructions

The facilitator begins this section by explaining the “Topic Objective,” as outlined above.

Next, the facilitator briefly reviews the information and concepts contained within the initial “Recovery Skills and Lapse/Relapse Traps” session (although it is an open-group format, the clients will benefit from a brief intro to the concepts prior to or after reviewing them for the first time).

Once the initial session is reviewed and understood, the facilitator passes out the “Relapse Trap: Complacency and Procrastination” worksheet. The facilitator then asks for a volunteer to read “Important Point 1.”

After “Important Point 1” is read out loud and understood, the facilitator leads the group in a discussion based on the following questions:

- “How has motivation or a lack of motivation affected your life in the past?”
- “How do you see motivation or a lack of motivation affecting your life in the future?”
- “What are some ways you could overcome issues with motivation and procrastination?”

This process should be repeated for the remaining points on the worksheet. The following questions can be used for point numbers 2 and 3:

- Important Point 2
 - “How did fear or avoidance affect your life and ability to accomplish goals in the past? In what ways may fear and avoidance affect your life in the future?”
 - “What are some ways you could overcome issues related to fear and avoidance?”
- Important Point 3
 - “How did coping-skill procrastination affect your life in the past?”
 - “How do you see coping-skill procrastination affecting your life in the future?”
 - “What specific skills do you have or anticipate having a hard time practicing on a regular basis?”
 - “What are some ways you could overcome issues with coping-skill procrastination?”

Session Material

Client Handout:

- Relapse Trap: Complacency and Procrastination

Relapse Trap: Complacency and Procrastination

Things to consider:

- *Important Point 1: Motivation*
- *Important Point 2: Living vs. Existing*
- *Important Point 3: Coping-Skill Procrastination (using skills only when in a crisis or a high-risk situation)*

Important Point 1: Motivation

Another common trap that people may find themselves falling victim to is the “I will do it when I feel like it” trap. Motivation may or may not come to you initially, which requires you to take valued action first and let your feelings, thoughts, and sense of desire and fulfillment catch up to you.

Important Point 2: Living vs. Existing

Many individuals (both inside and out of recovery) do not take the time to define how they want their lives to be (values and goals) and take the actions to get there. In recovery, individuals who fall victim to this trap are often referred to as “dry drunks” or “dry users.” This type of outlook or lifestyle can be referred to as “basic existence.” If you are breathing—your heart is beating and your brain is working—you can exist while being totally dissatisfied and unfulfilled in life.

Living life requires us to take healthy risks and face fears in order to live in a way that is in line with our values and goals (for example, seeking relationships while facing rejection, seeking success and accomplishments while risking failure and embarrassment, and so on). The more we base our lives on avoidance, procrastination, and complacency, the more we risk living a very unfulfilling life (and in the case of addiction, experiencing lapse or relapse).

Important Point 3: Coping-Skill Procrastination (using skills only when in a crisis or a high-risk situation)

Like any skill in life, coping skills require repeated practice in order to determine what works and what does not. With that said, it is important to practice and use coping skills as needed and to be mindful of them on a daily or regular basis. If you wait to use them in a crisis or in high-risk situations, they are less likely to work or seem like viable options. This often results in the individual abandoning effective coping skills and losing self-esteem and worth due to feeling as if he or she has failed in some way.

Session 12: Value-Based Living

Topic Objective

Group members will learn a value-based versus avoidance-based model for living.

Instructions

The facilitator begins this section by explaining the objectives, as outlined above. The facilitator then provides the “Value-Based Living Presentation” (see appendix C).

Session Materials

Facilitator Guide:

- Value-Based Living Presentation (see appendix C)

Client Handout:

- Value-Based Living Flowchart (refer to appendix C)