Using Mindfulness Based Training in a Drug and Alcohol Rehabilitation Center

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*The mindfulness program is designed for use by the placement agency to be used in conjunction with the addiction treatment program, and at the discretion of the agency staff.
Dedication

I would like to dedicate my thesis to my amazingly supportive mom. Mom, you have sacrificed more than anyone should ever have to make sure I had everything I needed to succeed. You have been there for me throughout these last four years, regardless of the geographical distance between us. Without your constant support and love I would not be where I am today. From the bottom of my heart Mom, thank you.

I’d also like to dedicate my thesis to the staff of Harbour Light and “My Guys”. You have all changed my perspective on addiction and the faces behind it, for that I am eternally grateful. Also, thanks for the cool nickname!
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Abstract

Addiction refers to an individual’s use of mood altering substances or engaging in activities that interfere with health, relationships and/or work. Every year, millions of people struggle with addiction issues and there are numerous treatment models available, including detox, residential rehabilitation programs, support groups and counselling services. The present study aimed to evaluate the effectiveness of adding a mindfulness training program in collaboration with the existing Cognitive Behavioural Therapy (CBT) approach at Harbour Light Centre. It was hypothesized that the addition of mindfulness training would be effective in increasing participants’ Five Facet Mindfulness Questionnaire (FFMQ) scores and subsequently increase participants’ emotion regulation. The study included 16 males, all of whom were currently receiving treatment at Harbour Light. The independent variable present in this study was the mindfulness training program which included class discussions, group exercises and a lecture style component. The dependent variable was the participants’ score on the FFMQ’s five subscales: observing, describing, acting with awareness, non-judgmental, and non-reactivity. This study utilized a pretest post-test design to analyze the data. Results from the study showed no statistical significance; the results were as follows: Observe (t = -1.34, p >0.05), Describe (t = -0.81, p >0.05), Act with Awareness (t = -1.46, p >0.05), Non-judgmental (t = -0.57, p >0.05) and Non-react (t = -1.25, p >0.05). Future research would benefit from a 3 or 6 month follow up, a larger sample size and additional training classes.
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Chapter I: Introduction

Every year, one in five Canadians, an estimated 7.03 million, will experience a problem with addiction (Center for Addiction and Mental Health, 2016). Society has a preconceived notion surrounding the identity of those struggling with addiction. Generally, when the word ‘addict’ is heard many people visualize an unmotivated, dirty, selfish, poor, or homeless person. However, the reality is that addiction does not dwell in a particular lifestyle, or type of individual and can manifest itself in many different ways, some of which are more obvious than others. Additionally, men have been reported to experience higher rates of addiction when compared to women (Teds, 2012; as cited in National Institute on Drug Abuse, 2016).

Addiction refers to an individual’s use of substances or engagement in activities that are compulsive and interfere with health, relationships, and/or work. Risk factors for addiction include family history of addiction, gender, comorbid mental health disorders, peer pressure, lack of family involvement, anxiety, depression, loneliness, and drug usage (Mayo Clinic staff, 2014). Addiction can negatively affect many aspects of an individual’s life including their financial situation, employment, relationships, physical and mental health; in many cases leading to death. While there are many areas that can be affected, it is important to note that some people struggling with addiction may experience impairment in some or all of these areas. While there are some individuals who can manage to sustain themselves financially and can maintain employment, but struggle to foster healthy relationships, others struggle in all of these areas. It is important to note that there is no predetermined criteria for number of areas impaired. If there is significant dysfunction or maladaptive behaviours in a certain area due to substance use, then a problem with addiction is present.

The financial impact of addiction is felt not only by those actively struggling with addiction; addiction costs our healthcare system millions of dollars every year. According to recent healthcare reports, medical costs associated with substance use have increased by 22% between 2006 and 2011, from $219,000,000 to $267,000,000 respectively, a difference of $48,000,000 in just five years (Canadian Center on Substance Abuse, 2016). Based on the aforementioned statistics, it is clear that addiction affects a large portion of the population and causes serious strain on the public healthcare system.

Addiction treatment can be offered in various settings and can involve many different treatment models within the treatment program, ranging from Cognitive Behavioural Therapy (CBT) to community support groups (i.e. Alcoholics Anonymous (AA), Narcotics Anonymous (NA), etc.). There are many different options available depending on where individuals are in their recovery. Some examples include detox centers, support groups, street health, harm reduction programs, counselling services, and rehabilitation centers. Rehabilitation centers employ and encompass a variety of different treatment methods in their programming.

The study herein was conducted at Harbour Light Centre in Kingston, Ontario. Harbour Light is a residential drug and alcohol rehabilitation centre for men age 18 and over. Programming at Harbour Light runs from 8:30 a.m. to 3:00 p.m., Monday to Friday. There are two full-time counsellors, a chaplain, the program director, and executive directors on-
Programming at Harbour Light Center is predominantly based on CBT and includes group counselling, one-to-one counselling, informative and interactive classes, as well as support groups such as AA and NA. Classes taught at the facility include the management of anger, anxiety, and depression, as well as the nature of addiction, abandonment, loneliness, and resentment. Treatment modalities based on CBT focus on addressing thoughts, feelings, and behaviours to determine the origin and reasoning behind these thoughts and feelings as well as how they affect one’s behaviour.

However, in the moment awareness remains a challenge as well as self-reflection. When reviewing the programming at the facility, it was noted that mindfulness was not a main focus. While mindfulness is touched upon briefly during certain classes, there appeared to be a gap in the services offered and information delivery. Mindfulness is the act of being aware of one’s thoughts, feelings, bodily sensations, and environment in the present moment (Nauma, 2014). It highlights the importance of accepting thoughts and feelings without judgement or the belief that there is a right or wrong way to experience a situation. The practice of mindfulness has been proven to be effective in reducing stress, negative emotions, hostility, anger, and symptoms of Post-Traumatic Stress Disorder (PTSD) while increasing compassion and empathy (Garland 2016). Additionally, mindfulness teaches individuals to objectively examine triggers and cravings while remaining present in the moment which is highly effective in preventing relapse.

Research has shown that CBT based programs benefit from the addition of supplementary programming to enhance the effectiveness of CBT (Magill & Ray, 2009). Based on the research surrounding mindfulness and the positive effects it has on an individual’s mental and physical well-being, mindfulness based training would be a beneficial addition to rehabilitation center’s programming.

**Thesis Statement**

The goal of this thesis is to create and implement a comprehensive class to increase the use of mindfulness based training in drug and alcohol rehabilitation centers. The research presented herein shows the benefit of combining CBT treatment models with supplementary programming, such as mindfulness, to improve emotional regulation, and coping skills as well as reducing rates of relapse. Therefore, it is believed that the addition of a comprehensive mindfulness training class to the existing CBT treatment model at Harbour Light will greatly benefit the clients receiving treatment.

**Overview**

The thesis will include five chapters: (I) Introduction, (II) Literature Review, (III) Methodology, (IV) Results, and (V) Conclusion. The introduction has addressed the prevalence of addiction in our society, the negative effects addiction has on the affected individuals as well as the health care system, the different treatment methods employed by rehabilitation centres, the gaps in the treatment center’s programming, and briefly outlined
the goal of the mindfulness based training. Chapter II: Literature Review will expand on mindfulness based training as a treatment for drug and alcohol addiction in addition to providing empirical evidence to support the use of mindfulness training for men in treatment at this facility. The literature review will also expand on why mindfulness is beneficial as a main treatment option. Chapter III: Methodology will provide information and context on the participants’, consent procedures, setting, materials, and procedures used in this research study as well as the outline for the mindfulness class that will be created. Chapter IV: Results will include the scores and analysis thereof from the questionnaire used to determine the effectiveness of the program. Finally, Chapter V: Conclusion will include the strengths and limitations of the thesis from a multilevel perspective, implications of this thesis in the field of Behavioural Psychology, and recommendations for future research.
Chapter II: Literature Review

Overview

Numerous studies have been conducted in the area of addiction evaluating the effectiveness of a variety of treatments. There is a significant amount of research supporting the effectiveness of Cognitive Behavioural Therapy and 12-step programs as main treatments for addiction. Within the last 10-15 years however, mindfulness has quickly become a new area of focus. Despite a wide variety of research focused on mindfulness based relapse prevention there is only limited research evaluating its use at inpatient facilities in combination with the facility’s current treatment model. The purpose of this thesis is to examine the impact of adding mindfulness based training to an already existing rehabilitation program that is rooted predominantly in CBT. The following is a review of the literature focused specifically on mindfulness in relation to addiction and relapse prevention in order to maximize the effectiveness and implementation of the training program.

The review of the current literature will examine the practices of mindfulness as treatment option for individuals struggling with addiction. The aim of this study is to create and implement a mindfulness based training program for participants to improve emotional regulation during their recovery. It is believed that the addition of mindfulness based training to the existing programming at the Harbour Light Center will benefit clients in their recovery and maintenance of their sobriety. Previous research also demonstrates the effectiveness of mindfulness training to cope with cravings as well as the maintenance of one’s sobriety post treatment.

What is mindfulness?

The act of mindfulness is described as a “non-judgmental observation of the ongoing stream of internal and external stimuli as they arise” (Baer, 2003, p. 125). There are two main components to mindfulness which involve focusing attention by being aware of physical sensations, thoughts and feelings and choosing to accept these experiences with openness in a non-judgmental manner (Bishop et al., 2004). In recent years, mindfulness has become increasingly popular in the treatment of addiction, mental health, and stress reduction (Marlatt & Kristeller, 1999; Murphy & MacKillop, 2014).

A study conducted by Dakwar et al. (2011) proposes that characteristics of substance use disorders (SUD) such as low self-regulation, diminished insight, and heightened reactivity to drug cues suggests impairments in mindfulness abilities among individuals with SUDs. The researchers aimed to prove that mindfulness based interventions would be beneficial for individuals in active addiction. This study contained 315 participants who were actively seeking treatment for their substance use. The Mindful Attention Awareness Scale (MAAS) was used to evaluate the level of impairment in moment-to-moment awareness of participants. Results from the study indicate that MAAS scores were significantly lower among individuals with poly-drug use. This suggests that impairments in mindfulness are common in individuals actively seeking treatment and is a suitable area of focus in the treatment of addiction. Dakwar et al. also note that developing an awareness of one’s cues and triggers is integral in relapse prevention. By becoming more aware of these deficits it is possible for individuals to be more successful in their sobriety. Finally, the authors state that
Mindfulness training can improve an individual’s ability to adapt to situations, ease one’s experience with cravings and triggers, and improve emotional regulation.

**Current Treatments for Addiction**

CBT is one of the most extensively researched interventions for Substance Use Disorders (SUDs) and is considered the main treatment option for drug and alcohol dependence (Magill & Ray, 2009; Curran & Drummond, 2006). CBT models for SUD interventions generally incorporate identifying intrapersonal and interpersonal triggers for relapse, coping skills training, drug refusal skills training, and functional analyses of substance use (Magill & Ray, 2009). CBT treatments can be delivered in a multitude of formats including group or individual as well as alone or in combination with other programming (Magill & Ray, 2009). A meta-analysis conducted by Magill and Ray (2009) concluded that CBT is most effective when combined with supplementary psychosocial treatments when compared to CBT interventions on its own or in combination with pharmacological treatments. CBT emphasizes coping with situations in an appropriate and healthy manner making it a suitable option for long-term treatment (Magill & Ray, 2009).

It would be beneficial to examine CBT in combination with another therapy that is more practical long-term, such as mindfulness training. The Harbour Light Center employs a predominantly CBT based treatment program, which is supported by the findings of many research studies. As recent research has concluded (Magill & Ray, 2009; Kouimtsidis et al., 2012; Garland et al., 2013; Garland et al., 2016) CBT treatment programs benefit from being combined with other psychosocial therapies. Therefore, these findings imply that the Harbour Light Center would benefit from the addition of another treatment model in combination with their CBT programming.

A study conducted by Kouimtsidis et al. (2012) examined the effectiveness of CBT in the treatment of opioid-dependent clients currently receiving methadone maintenance treatment (MMT). The study utilized a multi-centre randomized controlled, parallel group design in order to compare MMT alone and MMT in combination with CBT (Kouimtsidis et al., 2012). Clients randomized to the CBT treatment condition received 50-minute CBT sessions weekly for 24 weeks and also attended 30-minute MMT sessions biweekly (Kouimtsidis et al., 2012). Results indicated that participants in the CBT treatment condition showed a greater increase in days abstinent from opioids (Kouimtsidis et al., 2012). This study supports the belief that CBT is highly effective when used in combination with other treatments. Therefore, if CBT is highly effective when combined with other treatment models, it can be interpreted that CBT would be effective when combined with mindfulness which can be seen in the following studies.

Despite the limited research focused primarily on the incorporation of mindfulness into CBT treatment models, there are a few studies that explore the relationship between these two treatment models. The Mindfulness-Oriented Recovery Enhancement (MORE) model was designed by Garland et al. (2013) to integrate mindfulness training and CBT into a comprehensive and integrative treatment approach. This model utilizes mindfulness meditation in combination with cognitive reappraisal to try to provide the most effective treatment model for stress-related issues and addiction. Results from this study showed that
participants in the MORE treatment group showed significantly higher rates of thought suppression and stress management when compared to the control group. The combination of CBT and mindfulness was shown to be highly effective and beneficial in the treatment of stress reduction and addiction. Additionally, a study conducted by Garland, Manusov et al., (2014) utilized the MORE model to examine the effect on reducing stress and cravings in opioid users. Results from their study showed significant reductions in stress arousal and cravings when compared to the control group. This study also found that the MORE model of combining CBT and mindfulness training weakened the relationship between drug craving and addictive behaviours. This model is highly indicative that the effectiveness of CBT based treatment benefits greatly when combined with mindfulness based training. As such, based on the research surrounding this model, the addition of mindfulness based training to the programming at Harbour Light would very likely benefit and improve client success rates.

In addition, Garland et al. (2016) conducted a study to compare the effectiveness of MORE in comparison to CBT and treatment as usual (TAU) in the reduction of cravings, post-traumatic stress symptoms, and psychiatric distress. Researchers hypothesized the MORE would produce greater improvements than CBT and TAU. The MORE treatment condition was comprised of mindfulness training, third-wave CBT and positive psychology principles. Techniques from each of these components were integrated into a comprehensive 10-session group intervention. The mindfulness training aspect focused on targeting automatic behaviours and fostering non-reactivity to distressing situations; the CBT aspect focused on cognitive training to regulate adverse emotions and reactions and develop a sense of meaningfulness in the individual’s life. Finally, the positive psychology principles focused on appreciating pleasant events and emotions to retrain the reward center of the brain. Using a pre-test post-test analysis, results from this study concluded that MORE showed statistically significant improvements in regulating cravings, decreasing post-traumatic stress symptoms, as well as positive and negative affect as compared to CBT and TAU (Garland et al., 2016). Results showed that this intervention was effective in producing therapeutic effects by enhancing the participants’ mindful awareness of their daily life. This study supports and validates the effectiveness and benefits of a combined approach using CBT and mindfulness based programming in the treatment of addictions.

In a residential treatment facility, clients have instant access to many different resources in their recovery. CBT worksheets, skill “workshops”, extra support, and counselling are readily available throughout treatment should clients need clarification or a refresher for the skills CBT provides. However, outside of the treatment facility clients may not maintain the skills or possess the capacity needed to practice CBT. In reality, the probability of clients practicing cognitive behavioural strategies in the moments following a distressing situation is low outside of a treatment environment. CBT strategies can be time consuming and are not always feasible should the individual require a worksheet to work assess the situation, their emotional response, and thought patterns surrounding the issue. Mindfulness, however, can be practiced quickly and with little effort; it does not require any kind of outside resources. When practicing mindfulness one must simply evaluate the bodily sensations that are being experienced and the associated emotional response. The main principles of mindfulness aim to be aware of the present moment and experience the situation as it occurs. There is no focus on challenging cognitive distortions, reshaping thought
patterns, or identifying triggers in the environment. Mindfulness simply allows the individual to experience the situation in the moment and accept the sensations and emotions that are conjured in a non-judgmental way. While CBT strategies are effective in these scenarios, mindfulness strategies would be more accessible and easier to practice in the moment. Therefore, clients would benefit greatly from mindfulness based training strategies that can be applied in the moment.

How does mindfulness affect the process of addiction?

A significant component of addiction is dyscontrolled use: described as the consumption of substances despite the individual’s intentions to restrain therefrom (Widiger & Smith, 1994). It has been discovered that the reinforcing consequence that follows the use of substances is highly motivating and can automatically trigger the desire to continue using (Ostafin et al., 2012). Despite the automatic response to the use of substances, however, it is possible to control these processes through deliberate evaluation regarding the benefits and risks of substance use (Deutsch & Strack, 2006; Fazio, 1990). As research continues to support the role of automatic processes in the role of addiction researchers have now begun to study different methods to lessen the effect of automatic responses on behaviour (Ostafin et al., 2012). Hayes (2014) states that mindfulness embodies an innovative approach to challenging the effect thoughts and emotions have on behaviour. Ostafin et al., (2012) believe that this is due to the fact that mindfulness allows the individual to experience the situation in an objective manner. By doing this, impulses and cravings are viewed as a passing mental state and not a permanent condition (Ostafin et al., 2012). Ostafin et al. believe that this could be a function of weakening the relationship between automatic processes and the behaviour that follows as opposed to weakening the automatic processes themselves. Ostafin et al. (2012) conducted a study to examine this relationship. It was hypothesized that the relationship between automatic processes and drinking behaviour would be weakened in those in the treatment group. Participants were randomly assigned to the mindfulness group or the control group. Those that were assigned to the treatment group completed four sessions practicing mindful breathing, adopting mindfulness into bodily sensations and thoughts, and applying the techniques learned to a real-life situation. Results from this study support the researcher’s hypothesis. This study is highly indicative that mindfulness is effective in decoupling the relationship between automatic thought processes and addictive behaviour.

Similarly, a study conducted by Reynolds et al. (2014) evaluated which mindfulness skills are central to reducing internally motivated drinking among undergraduate students. Researchers predicted that the skill of accepting without judgement would be related to participants’ drinking habits. The researchers used the Drinking Motives Questionnaire – Revised (DMQ-R) to evaluate participants’ drinking motives. Results from this study partially supported the hypothesis, and also found that acting with awareness was associated with reduced rates of alcohol consumption. These findings suggest that individuals who are able to practice these mindfulness skills were less likely to drink for internally motivated reasons (Reynolds et al., 2014). The results from this study emphasize the importance of developing mindfulness skills to reduce rates of internally motivated drinking habits. By accepting moments as they occur in an objective manner, individuals will learn how to
respond in a rational manner to a situation instead of reacting emotionally. This is beneficial in recovery because addiction is commonly used as a form of escape from unpleasant experiences and emotions. Therefore, if the individual can learn to objectively experience a situation, they would be less likely to reactively engage in active use and can instead think critically and respond to the situation in a more appropriate and healthy way. This also ties in with the mindfulness skill of acting with awareness. Being aware of one’s surroundings and the physical and mental effects caused by the distressing situation, it then becomes easier to practice the skill of accepting without judgement. The programming at Harbour Light briefly touches on this concept, but clients would benefit from an in-depth and focused exploration of these skills as well as practicing them in a safe environment.

**Mindfulness and Cravings**

Mindfulness based training has been incorporated into a variety of approaches in the treatment of addiction (Elwafi & Davis, 2014). A more specific subgroup of study within mindfulness is the effect mindfulness training has on cravings. Cravings are defined as an “intense, urgent, or abnormal desire or longing” for something (Merriam-Webster, 2011). Elwafi & Davis (2014) state that when environmental cues or stimuli arise there is an automatic response that occurs, either pleasant or unpleasant. The way in which an individual interprets this event is then conditioned by past experiences and associative memories (Elwafi & Davis, 2014). Following this, a craving arises to engage in a certain behaviour. This craving urges the individual to either continue engaging in the pleasant condition or cease engaging in the unpleasant condition or feelings (Elwafi & Davis, 2014). The craving then becomes the motivation for the individual’s behaviour which further creates an association between the stimuli and the consequences following exposure (Elwafi & Davis, 2014). This means that individuals are more likely to deal with a similar situation in a similar way if they have found a coping method that alleviates the discomfort or enhances the pleasure they are experiencing (Elwafi & Davis, 2014).

By practicing mindfulness skills, it is possible for one to differentiate between a craving and the desire to escape a certain situation or feeling (Elwafi & Davis, 2014). In other words, by being mindfully aware of one’s self both physically and mentally one can prevent and even break the cycle of habitual responses (Elwafi & Davis, 2014). A main function of mindfulness is decoupling the relationship between the event and the emotional reaction that follows (Elwafi & Davis, 2014). By removing the emotional distortions and physical feelings of a craving, it then becomes easier to clearly discover the driving motivation behind one’s actions (Elwafi & Davis, 2014).

A study conducted by Ostafin, Kassman and Wessel (2013) examined whether mindfulness and executive control would be a factor in decoupling the relationship between internally motivated drinking and alcohol-related thoughts. Sixty-one undergraduate students, predominantly male (n=34), were selected for this study. Participants were asked to complete the Five Facet Mindfulness Questionnaire (FFMQ), an Implicit Association test (IAT) and the Sternberg working memory task. Results from this study help validate the belief that mindfulness and executive control can reduce one’s preoccupation with alcohol-related thoughts (Ostafin, Kassman & Wessel, 2013).
Murphy & MacKillop (2014) studied the effects of mindfulness on cravings for alcohol during repeated and prolonged exposure to alcohol cues. The researchers hypothesized that compared to distraction strategies therapy (DST), mindfulness strategies would be most effective in reducing the participant’s desire for alcohol. Participants (N = 84) would be poured a beverage and asked to listen to audio recordings with auditory, visual, and tactile cues (e.g., “pick up the drink”, “notice how the glass feels in your hand”, “take note of the colour of the beverage, the smell”). Those in the mindfulness treatment group were then instructed to be present in the moment and accept any cravings that arose without judgement. Participants in the DST group were instructed to distract themselves from the cravings. Contrary to the researchers’ hypothesis, results showed that while mindfulness was effective in reducing the desire to drink, DST showed slightly better craving management. While DST conditions showed better results in this study, these findings might not be applicable in the long-term outside of a controlled environment. It would be very difficult for an individual to distract themselves or avoid every situation that could trigger a craving. It is not feasible to live one’s entire life in avoidance of all situations that are uncomfortable or unpleasant. However, if one possesses the necessary skills to accept the situation without judgement and can work through the associated feelings and sensations in a productive way, coping with these real-life situations would become more manageable. Therefore, mindfulness training can be generalized to all areas of one’s life and would be beneficial long-term by teaching individuals how to cope and work through distressing situations in a healthy way.

Looking at the results from Murphy and MacKillop’s study raises a question about whether distraction strategies are effective in reducing cravings on a long-term basis. It is possible that distraction strategies could be beneficial in early recovery when cravings are frequent and intense. Perhaps mindfulness techniques would be most beneficial once the most intense withdrawal symptoms and cravings have passed and the individual is more capable of disconnecting and objectively observing their physical and mental state. Also, it has been noted that different strategies work for different types of cravings and different individuals (Murphy & MacKillop, 2014). Based on the aforementioned findings from Murphy and MacKillop, one can reasonably conclude that mindfulness training is a beneficial strategy in the management of cravings.

Existing Mindfulness Based Treatment

There is significant research surrounding Mindfulness Based Relapse Prevention (MBRP) in the treatment of addictions. There are many models of treatment based on biopsychosocial factors and the interaction they may have in influencing relapses (Witkiewitz et al., 2014). Many contemporary models are built on mindfulness-based treatment and have been integrated into current psychological treatments (Witkiewitz et al., 2014). Mindfulness is practiced as a focused, purposeful, non-judgmental attention aimed at evaluating the current emotional state one is experiencing (Witkiewitz et al., 2014). By observing these thoughts and feelings in an objective fashion individuals are able to reconstruct and reframe the experience into one that is manageable (Witkiewitz et al., 2014). This process is not to be confused with the practice of cognitive restructuring commonly found in CBT; mindfulness does not aim to challenge thought content (Witkiewitz et al., 2014).
2014). Instead, mindfulness aims to bring awareness to the cause of those thoughts and feelings and allow individuals to experience them in a healthy way (Witkiewitz et al., 2014).

Bowen et al. (2009) conducted a study that evaluated the feasibility and efficacy of an 8-week outpatient MBRP program. A main component of the MBRP program was recognition of early relapse warning signs as well as increased awareness of internal and external triggers and appropriate coping skills (Bowen et al., 2009). Participants in the treatment group completed a 2-hour group session weekly for 8 weeks facilitated by two therapists (Bowen et al., 2009). Each session had a central topic which were as follows: “automatic pilot and its relationship to relapse, recognizing thoughts and emotions in relation to triggers, integrating mindfulness practices into daily life, practicing the skills in high-risk situations, and the role of thoughts in relapse” (Bowen et al., 2009, 295-305). Each session began with a 30-minute guided meditation and incorporated many exercises, discussions and homework assignments (Bowen et al., 2009). Results from this study supported the feasibility and efficacy of the MBRP program in the prevention of relapse and reduction of cravings.

Bowen et al. (2014) also directed a study to determine the long-term efficacy of MBRP compared with a regular Relapse Prevention (RP) program and TAU. The researchers randomly assigned participants into the three treatment groups. Participants assigned to the MBRP group attended one two-hour session weekly for 8-weeks. Each week had a central topic which included automatic thinking, being mindful of and recognizing high-risk situations, as well as practicing acceptance and action (Bowen et al., 2014). The sessions would begin with 30-minute meditation, continue on to group discussions and exercises, and concluded with assigned homework handouts. The RP group matched the time and framework of the MBRP group, but the topics of each session differed. The topics for the RP group included identifying high-risk situations, cognitive and behavioural coping skills, problem solving, goal setting, self-efficacy and social supports. Finally, the TAU group met one to two times weekly for one-and-a-half hours and followed a 12-step abstinence based program similar to Alcoholics and Narcotics Anonymous. At the three-month post-treatment follow up, no significant differences were found between the three treatment conditions. By the six month follow up, however, participants from both the MBRP and RP showed significantly reduced rates of relapse. Furthermore, at the 12-month follow up, the MBRP group showed a 31% decrease in rates of relapse, which is substantially lower when compared to the RP and TAU groups. Findings from this study support the researchers’ hypothesis that MBRP would be effective long-term in reducing rates of relapse. This could be due to the structure of the MBRP program which was based on empirically tested cognitive behavioural strategies as well as mindfulness strategies (Bowen et al., 2014). The structure of this program was designed to increase participants’ awareness of reactions to internal and external events that could trigger a relapse. Therefore, Bowen et al.’s research supports the addition of mindfulness to improve emotional regulation and increase chances of maintaining sobriety long-term.

Summary

Mindfulness is the act of being presently aware in the moment of one’s thoughts, feelings and sensations. It is believed that individuals who struggle with addiction experience
Impairments in mindfulness which can be attributed to low levels of self-regulation, diminished insight, and heightened reactivity to drug cues (Dakwar, Mariani, & Levin, 2011). It can therefore be surmised that treatment options incorporating mindfulness would be beneficial in rehabilitation programming. The Harbour Light Center’s programming is predominantly CBT based and as research has shown, CBT is most beneficial when used in combination with other psychological treatments. Therefore, based on the literature, introducing a mindfulness-based program to Harbour Light’s treatment plan would be highly effective in improving clients’ treatment options as well as maintenance of their sobriety. Additionally, mindfulness is a relatively easy skill to learn and can be used at any point: a trait which is of great value. Clients would not have to spend a great deal of time learning the skill in order to grasp the core concepts mindfulness entails. Furthermore, mindfulness is easily transferable across situations and environments. This makes the practice of mindfulness a cost-effective and beneficial skill in all aspects of an individual’s life. Finally, the aforementioned research suggests that the practice of mindfulness can be effective in reducing rates of relapse in the long-term: a major component of rehabilitation programs.
Chapter III: Methodology

Participants

Participants for this study consisted of 15 males ages 18-60, all of whom were actively seeking addictions treatment. The participant selection process was designed so as to include clients currently receiving treatment for their addiction issues at Harbour Light Center, a residential treatment program. Participants who were actively participating in programming and were abstinent from drugs and alcohol met the inclusion criteria for this study. Exclusion criteria for this study included non-compliance with study procedures and programming and the active use of drugs or alcohol. All the participants were assigned to the treatment group as the creation of the mindfulness training was being incorporated into the existing programming all clients receive at the center.

Informed Consent and Ethical Approval

This research project was approved by the St. Lawrence College Research Ethics Board on Thursday, November 3, 2016. Informed consent procedures were discussed and outlined with each participant prior to asking if they wanted to participate in the study. If clients wanted to participate in the study, they were instructed to sign and date the Informed Consent Form (Appendix A). The researcher obtained two copies of the consent form: one for the client and one for the agency. All confidential documents pertaining to the study were stored in a locked cabinet at the Harbour Light Center.

Design

This study utilized a pre-test post-test measure to analyze the data. The independent variable was the mindfulness training class that was introduced to the existing treatment at the Harbour Light Center (Appendix C). The dependent variable was the score each participant received on the Five Facet Mindfulness Questionnaire (FFMQ) (Appendix B). The research project was executed in one 60-minute class with the scoring assessment being completed one week prior to training and one week following training. Changes to the FFMQ scores indicate the effectiveness and impact of the training on the participants’ mindfulness knowledge and application. It is expected that participants’ scores will be positively affected by the implementation of mindfulness training.

Definition of Variables

The independent variable, the mindfulness training class (Appendix C), included class discussion, group exercises, and a lecture style component. An example of a group discussion topic from the training class would be “Identify a high-risk situation for you post treatment; how would practicing mindfulness be beneficial in this situation?”. An example of a group exercise would be to pair up with a partner and come up with an example of accepting a situation without judgement.

The dependent variable examined was the scores obtained from the FFMQ. Sample questions from the FFMQ include, “I criticize myself for having irrational or inappropriate emotions”, “I tell myself I shouldn’t be feeling the way I’m feeling”, and “I pay attention to how my emotions affect my thoughts and behavior”. The FFMQ is a self-report questionnaire.
with 39 questions and was developed by Baer et al. (2006). The questionnaire assesses 5 subscales of mindfulness which are as follows: observing, describing acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. Participants rate each statement using a 5-point Likert scale with scores ranging from 1 (never or very rarely true) to 5 (very often or always true). Using the FFMQ as a pre- and post-test measure allowed the researcher to measure the changes in the participants’ knowledge and application of mindfulness both prior to and following the implementation of the mindfulness training.

**Settings and Materials**

This research study was conducted at the Harbour Light residential addictions treatment program in Kingston, Ontario. The mindfulness training took place in the classroom area where the clients receive all usual programming. This ensured that the learning environment did not change thereby minimizing the treatment effects that could occur from environmental stimuli. Additionally, clients received paper print out booklets (Appendix D) with copies of the information handout outlining the different facets of mindfulness, how to practice them, and how to incorporate mindfulness into everyday situations. These booklets allowed clients to follow along with the training and take notes as needed. A baseline assessment and post-intervention assessment of the FFMQ was completed by each of the participants’ one week pre- and post- implementation respectively of the training session. In both instances participants were provided with a paper copy of the FFMQ and a writing utensil.

**Procedure**

The mindfulness training treatment phase completed a 60-minute training class that consisted of group discussion, partnered group exercises, and a lecture style component. This training program was incorporated into the already existing 8-week rotating schedule of programming. Participants took part in this training session on Friday, November 25, 2016 during the 1p.m. afternoon class. The training session was run by the student researcher and was supervised by one of the counsellors at the Harbour Light Center. Participants were provided with a paper copy of the FFMQ and a writing utensil and were asked to complete the assessment one week prior to and one week following the training session. All completed assessments were returned to the student researcher and subsequently stored in a locked filing cabinet at the Harbour Light Center as per the agency’s policy.

**Data Analysis**

A paired sample t-test was used to analyze the data in this research study. This test was used to determine the statistically analyze the effectiveness of the training program using a before and after examination. Results will be graphed to allow for visual analysis. Additionally, the means, medians and standard deviations will be included in tables.
Chapter IV: Results

Mindfulness Training Class

The 60-minute mindfulness training class was created for Harbour Light Center as part of their 8-week long treatment program. The intention of the training was to improve emotional regulation among participants. The training class focused on defining mindfulness and an explanation of why mindfulness is a beneficial skill for clients to have. Also, included in the training were interactive activities and worksheets to give participants an opportunity to practice mindfulness skills in a regulated environment in relation to a real-life event. This gave participants the opportunity to seek clarification and guidance while learning how to apply mindfulness to their everyday lives. The interactive activities included a thought and emotion recognition exercise, a bodily sensation exercise, and a thought diffusion exercise. The final worksheet incorporated all three activities and combined them into an event breakdown wherein participants recorded a prior experience that caused them significant distress. The activity then had them break down their thoughts, emotions, and bodily sensations experienced during the situation, then list healthy coping strategies that could be used in the future should they find themselves in a similar situation. The training class was reviewed by three staff members at Harbour Light Center as well as the student researcher’s supervisor. It was hypothesized that the Mindfulness training class would increase participant’s emotional regulation.

Results from the Mindfulness Questionnaire

All 15 participants in the study completed the Five Facet Mindfulness Questionnaire (FFMQ) one week prior to training and one week following the training. The FFMQ contained 39 questions that were categorized into five subsections: Observation, Description, Acting with Awareness, Non-judgment, and Non-reaction. A breakdown of participant scores can be seen below in Table 1 and the average of all participants scores across baseline and intervention as well as subsection can be seen in Table 2.

Table 1
Participant’s baseline and intervention scores across the 5 subsections of the FFMQ
An increase in participant scores can be seen across all five subsections of the FFMQ. A more detailed breakdown of participant scores as well as the mean difference between conditions can be seen in Table 3.

### Table 3
*Percentage of Change in participant’s scores*

<table>
<thead>
<tr>
<th>Subsection</th>
<th>Observe %</th>
<th>Describe %</th>
<th>Act With Awareness %</th>
<th>Nonjudge %</th>
<th>Nonreact %</th>
<th>Baseline</th>
<th>Intervention</th>
<th>% of Change</th>
<th>Baseline</th>
<th>Intervention</th>
<th>% of Change</th>
<th>Baseline</th>
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<th>% of Change</th>
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<td>26</td>
<td>28</td>
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<tr>
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<td>27</td>
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<td>14</td>
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<tr>
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</table>

As shown in Table 2 and 3, collectively the participant’s scores increased. Located at the bottom of Table 3, “MD” represents the mean difference across participant’s scores for each subsection of the FFMQ. The MD was calculated by subtracting the baseline score from the intervention score and then dividing the result by the baseline score. The Observation subsection showed a 4.68% increase, the Describe subsection a 5.20% increase, the Acting with Awareness subsection a 9.45% increase, the Non-judgmental subsection a 7.64% increase and finally the Non-reaction subsection an 11.78% increase.

In addition to calculating the average increase of participant scores, a paired sample t-test was conducted by the researcher to determine if the results were statistically significant. An alpha level of 0.05 was set to determine significance. The pre-test mean for the Observation subsection was 26.93 (SD=3.61) post-test mean was 28.13 (SD=4.87). For the Describe subsection the pre-test mean was 26.6 (SD=5.23) and the post-test mean was 27.67 (SD=6.53). The Act With Awareness pre-test mean was 24.33 (SD=4.22) and the post-test mean was 26.33 (SD=5.58). The Non-judgmental pre-test mean was 23.73 (SD=5.09) and the post-test mean was 24.8 (SD=6.64). Finally, the Non-react pre-test mean was 21.4 (SD=3.92)
and the post-test mean was 23 (SD=3.14). A paired sample t-test was conducted using a Microsoft Excel 2013; the results were as follows: Observe (t = -1.34, p >0.05), Describe (t = -0.81, p >0.05), Act with Awareness (t = -1.46, p >0.05), Non-judgmental (t = -0.57, p >0.05) and Non-react (t = -1.25, p >0.05). The paired sample t-test identified no statistically significant difference among the scores in the five subsections. Therefore, there was no significant difference among the participants’ scores to conclude that the mindfulness training was effective in improving the participant’s emotional regulation.

Below, in figures 1–6, a visual representation of the previously discussed results can be seen.

**Figure 1.** Average participant pre-test and post-test scores on the FFMQ
Figure 2. Participant pre-test and post-test scores for the Observe subsection of the FFMQ
Figure 3. Participant pre-test and post-test scores for the Describe subsection of the FFMQ
**Figure 4.** Participant pre-test and post-test scores for the Act with Awareness subsection of the FFMQ
Figure 5. Participant pre-test and post-test scores for the Nonjudge subsection of the FFMQ
Figure 6. Participant pre-test and post-test scores for the NonReact subsection of the FFMQ
Chapter V: Discussion

The present research study aimed to evaluate the effectiveness of mindfulness based training to improve emotional regulation of participants in a residential addictions treatment center. The results from this study indicate that the 60-minute training class was not effective in increasing the participants’ emotional regulation. On average, participants’ individual scores on the FFMQ showed a slight increase as did the overall group scores; however, these increases were not substantial enough to be considered statistically significant. Therefore, it cannot be concluded that the mindfulness training class was responsible for the change in the participants’ scores.

Strengths

One of the most significant strengths of this study was the sample population. The sample population represented a diverse group of men varying in age, educational levels, socioeconomic status, geographical location, co-morbid mental health diagnoses and substance of choice. Additionally, the FFMQ measure used to assess the effectiveness of the training is a well-established measure that is frequently used by professionals in the field. The FFMQ is divided into five subsections, which allows the researcher to pinpoint specific areas that participants are excelling in and areas that require additional training.

Limitations

The first limitation that needs to be addressed is sample size. While the sample population was diverse, there were only 15 participants in this study. Due to the small sample size, it would be very difficult for the researcher to generalize the findings from this study to a broader population. Secondly, all the participants were male as the treatment centre where the study was conducted was an all-male residential facility. This limits the ability to generalize the findings as the results can only be attributed to the male population. Additionally, the FFMQ is a self-report questionnaire which can present some issues for the study and challenge the reliability and validity of the results. Reporter bias, habitual responses, misinterpretation and lack of clarification are all issues that need to be noted when using a self-report measure to collect data. Finally, due to time constraints, the training class was restricted to one 60-minute class in the 8-week rotation of classes at the center. This did not allow for a follow up training class or “refresher” for the participants to clarify any issues they encountered while practicing mindfulness after the initial training.

Recommendations for Further Research

Although there was a one week post-test assessment, the study would benefit from a 3 or 6 month follow up with the participants. However, because participants were only in program for 8 weeks and many were from out of town, their availability to complete a follow up assessment was limited. Additionally, a larger sample size would assist the researcher in generalizing the results more clearly and accurately. Finally, additional training classes would be an asset to the treatment program. Mindfulness is a very broad topic with many intricate subsections. The training class that was created for this study was a basic introduction to mindfulness. Future research would benefit from extending the training time and content to incorporate more aspects of mindfulness.
Multilevel Challenges to Service Implementation

Client Level

A significant challenge to service implementation is the client’s willingness to participate in programming. If clients do not believe that a certain training area will benefit them or do not enjoy the topic being discussed, it can be difficult to get clients engaged. Because mindfulness training focuses on in the moment awareness, clients who are distracted or do not wish to participate will not be able to grasp the information being presented and the training will likely not be effective.

Another challenge at the client level is the client’s motivation to participate. If a client is not motivated to work their program and engage in the training activities then teaching them the material can be an arduous task.

Program Level

Program level issues include time constraints and program scheduling. The programming schedule at Harbour Light is utilized as efficiently as possible given that the program is only 8 weeks in length. Due to the class scheduling it was difficult to find a time slot that was available to run the training program. In order to free up one 60-minute slot multiple classes needed to be moved around.

Clients also had a fair amount of coursework to complete in the evening during their downtime. Adding on extra mindfulness exercises for clients to complete on top of their usual course work, step work, and obligatory AA and NA meetings presented a slight challenge. Because of their busy schedule, clients might not have been able to practice their mindfulness exercises/activities as often as recommended.

Organizational Level

Staffing at the organizational level can present some challenges to service implementation. Both counsellors on staff can have up to nine clients at a time which can be difficult to balance if they have higher need clients on their case load. Because of this, extra time to meet with clients and answer any questions regarding the mindfulness activities and work with them one on one was limited.

Societal Level

A key challenge at the societal level is the social stigma surrounding the nature of addiction. It can be difficult to have clients engage fully in programming if the clients feel like they are being judged or do not have a healthy support group. If clients feel judged by others for their attempt to get clean/sober they can begin to feel shame which can lead to low motivation to work their program. Finally, stigma is a primary challenge to service implementation as clients experience difficulty rebuilding their character and reputation during early recovery.

Summary
In conclusion, the mindfulness training did have a positive effect on participants’ scores, but the changes were not statistically significant. There are many factors that could have contributed to the results not being statistically significant such as the training length and frequency, as well as not allowing enough time for participants to practice their mindfulness skills. For future research, it would be beneficial to include a second training module as well as a follow up at either three or six months. Finally, having a larger sample size would aid in the generalization of results across broader populations.
References


Appendix A

Project title: Using Mindfulness Based Training in a Drug and Alcohol Rehabilitation Center to Improve Emotional Regulation

Principle Researcher: Nancy McNicoll
Thesis Supervisor: Stacey Dowling

Name of Institution: St. Lawrence College
Name of Agency: Harbour Light Center

Invitation
You are invited to participate in a research study. I am a fourth year student in the Honours Bachelor of Behavioural Psychology at St. Lawrence College. I am currently completing my fourth year advanced placement at the Harbour Light Center. As part of my placement, I will be completing a research project (e.g., an applied thesis). I would like to ask for your assistance in completing the research study. This document will provide you with more information about the research study. Please read the document carefully, ask questions for clarification, and raise any concerns you may have. If you decide that you would like to participate in the study, there is a consent form attached.

Why is this research study being done?
The research study is based on mindfulness training as part of a comprehensive rehabilitation program for drug and alcohol dependency. This mindfulness training is designed to help individuals identify and regulate their emotions in order to strengthen their recovery. Mindfulness is the act of being aware of one’s thoughts, feelings, emotions and bodily sensations in the present moment. For individuals with a drug or alcohol dependence, this skill is vital in every day situation as well as preventing potential relapse. This program is designed to teach these skills in order to give individuals the resources needed in the future to maintain their sobriety and improve their quality of life. Your feedback on the mindfulness training is valuable and appreciated and will help the researcher ensure the program is as effective as possible in the future. The researcher would appreciate any feedback you may have throughout the course of the study.

What will you need to do if you take part?
Participation in the research study will involve one 60-minute class on mindfulness. There will be one class taught throughout the eight weeks of programming at the Harbour Light Center. The class will be taught by the researcher, Nancy McNicoll, and will be supervised by a staff member of Harbour Light Center. You may be required to take part in class discussions during the training class. Further, you will be required to complete two assessment questionnaires to monitor the effects of the training as well as your progress.

What are the potential benefits of taking part?
The benefits of participating in this research study include improving your ability to regulate your emotions. By improving this skill, your interactions with others will be more positive and a sense of emotional security will be fostered which will greatly benefit your recovery. Benefits may be individualized; therefore, you may not benefit in the aforementioned ways.
The research study will at least raise your awareness to the concept of mindfulness in relation to addiction and mental health.

**What are the potential disadvantages to taking part?**

The potential disadvantages to participating in the research study are minimal but may include stress (i.e., emotional stress), and conjuring unpleasant emotions. Potential disadvantages will be minimized. Resources will be available to cope with stress, counsellors and staff are always available for one to ones should you require this service. Additionally, the program will be scheduled into regular class time, therefore you will not have to give up personal time to participate in the training class.

**What happens if something goes wrong?**

Due to the sensitive nature of this research project, you may experience strong reactions throughout the study. Should you experience any strong reactions, please contact Nancy McNicoll. Based on your preference, you can either speak with Nancy McNicoll or one of the counsellors/staff members at Harbour Light. You will have access to any additional services, such as counselling, that you may require during the research study.

**Will the information collected from you in this project be kept private?**

Every effort will be made to keep identifying information confidential. As required by law, confidential information will only be shared if there is a risk of harm to you or others. All hard-copy documents will be stored securely in a locked filing cabinet at the Harbour Light Center. Any computer files containing confidential information will be encrypted and stored on a password protected computer. Identifying information will not be used in reports, publication, or presentations resulting for this research study. As per Harbour Light Center’s confidentiality policies, any information collected will be stored securely indefinitely as part of their records.

**Do you have to take part in the research study?**

Your participation in the research study will be completely voluntary. If you choose to participate in the research study, you will be required to read, sign and return the attached consent document. You will have the right to withdraw your consent at any time during the research study. If you choose to withdraw your consent, please inform Nancy McNicoll as soon as possible. You will not be required to provide a reason for withdrawing your consent. Additionally, there will not be a penalty for withdrawing your consent. However, you are welcome to provide feedback to Nancy McNicoll. If you withdraw your consent, any information collected prior will be excluded from the research study. Finally, you will still have access to all services offered by Harbour Light should you choose not to participate in the research study.
Contact for Further Information

This research project has received ethical clearance from the Research Ethics Committee for Behavioural Psychology (REC-P) under the authority of the St. Lawrence College Research Ethics Board (SLC-REB). The project was developed under the supervision of Stacey Dowling, my supervisor from St. Lawrence College. I appreciate your cooperation and if you have any additional questions, feel free to ask me, nmcnicoll13@student.sl.on.ca. You can also contact my College Supervisor sdowling@amhs-kfla.ca. If you have concerns about the way this research is being conducted or about your rights as a participant you may contact the SLC-REB Chair at reb@sl.on.ca.
**Consent**

If you agree to participate in the research study, as outline above, please read and sign the following form and return signed document to Nancy McNicoll, as soon as possible. A copy of the completed consent form will be given to you, upon request. Additionally, a copy of the completed consent form will be stored at a secure location at *Harbour Light Center*.

By signing this form, I agree that:

- ✓ The research study has been explained to me in a way that I understand.
- ✓ Any questions that I had pertaining to the research study have been answered.
- ✓ I understand that I may contact Nancy McNicoll, or Stacey Dowling with any questions and/or concerns that I may have throughout the research study.
- ✓ I understand consent in voluntary and can be withdrawn at any time.
- ✓ All information collected during the research study will be kept confidential.
- ✓ Any Identifying information will not be printed or released.

I hereby provide my consent to participate in the research study.

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Appendix B

**Five Facet Mindfulness Questionnaire**

**Description:**
This instrument is based on a factor analytic study of five independently developed mindfulness questionnaires. The analysis yielded five factors that appear to represent elements of mindfulness as it is currently conceptualized. The five facets are observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience.

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

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<td>rarely true</td>
<td>sometimes true</td>
<td>often true</td>
<td>very often or always true</td>
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_____ 1. When I’m walking, I deliberately notice the sensations of my body moving.
_____ 2. I’m good at finding words to describe my feelings.
_____ 3. I criticize myself for having irrational or inappropriate emotions.
_____ 4. I perceive my feelings and emotions without having to react to them.
_____ 5. When I do things, my mind wanders off and I’m easily distracted.
_____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.
_____ 7. I can easily put my beliefs, opinions, and expectations into words.
_____ 8. I don’t pay attention to what I’m doing because I’m daydreaming, worrying, or otherwise distracted.
_____ 9. I watch my feelings without getting lost in them.
_____ 10. I tell myself I shouldn’t be feeling the way I’m feeling.
_____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
_____ 12. It’s hard for me to find the words to describe what I’m thinking.
_____ 13. I am easily distracted.
_____ 14. I believe some of my thoughts are abnormal or bad and I shouldn’t think that way.
____ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.
____ 16. I have trouble thinking of the right words to express how I feel about things
____ 17. I make judgments about whether my thoughts are good or bad.
____ 18. I find it difficult to stay focused on what’s happening in the present.
____ 19. When I have distressing thoughts or images, I “step back” and am aware of the thought or image without getting taken over by it.
____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
____ 21. In difficult situations, I can pause without immediately reacting.
____ 22. When I have a sensation in my body, it’s difficult for me to describe it because I can’t find the right words.
____ 23. It seems I am “running on automatic” without much awareness of what I’m doing.
____ 24. When I have distressing thoughts or images, I feel calm soon after.
____ 25. I tell myself that I shouldn’t be thinking the way I’m thinking.
____ 26. I notice the smells and aromas of things.
____ 27. Even when I’m feeling terribly upset, I can find a way to put it into words.
____ 28. I rush through activities without being really attentive to them.
____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.
____ 30. I think some of my emotions are bad or inappropriate and I shouldn’t feel them.
____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
____ 32. My natural tendency is to put my experiences into words.
____ 33. When I have distressing thoughts or images, I just notice them and let them go.
____ 34. I do jobs or tasks automatically without being aware of what I’m doing.
____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.
____ 36. I pay attention to how my emotions affect my thoughts and behavior.
____ 37. I can usually describe how I feel at the moment in considerable detail.
____ 38. I find myself doing things without paying attention.
39. I disapprove of myself when I have irrational ideas.
Scoring Information:

Observe items:
1, 6, 11, 15, 20, 26, 31, 36

Describe items:
2, 7, 12R, 16R, 22R, 27, 32, 37

Act with Awareness items:

Nonjudge items:

Nonreact items:
4, 9, 19, 21, 24, 29, 33

Reference:

Appendix C

Mindfulness Outline

Intro (5-10 mins)

What is mindfulness?

Mindfulness is the practice of being aware of your thoughts, feelings/emotions, physical sensations, and actions in the present moment without judging or criticizing yourself. Just as a little bit of background on mindfulness – it has been practiced in for thousands of years across many religions including Christianity, Judaism, Buddhism and Islam. Then, in the 1980’s a gentleman by the name of Jon Kabat-Zinn began using non-religious mindfulness skills to help patients treat their chronic pain.

Within the last 20-25 years, mindfulness training has been introduced into many different therapies, including the treatment of depression, anxiety, eating disorders, increasing stress related coping skills, and increasing relaxation.

Have you guys ever heard the phrase “just be in the moment” or “be present”? These are different ways of saying be “mindful” of what is happening to you right now. It’s one thing to say we are going to be aware of the moment, but it’s not always an easy task, is it? The way we think, feel and sense things around us is changing constantly.

I want you guys to take a moment and close your eyes. Take note of what’s happening to you right now in this very moment. Pay attention to your breathing, the way the chair feels beneath you, listen to any sounds you may hear. Are there any thoughts running through your head? How do you feel? Content? Frustrated? Distracted? Anxious? Are there any actions you’re doing that you don’t even realize like shaking your leg, or tapping your toes?

Now, open your eyes. Lots of things happening in that short period of time, right? If I asked you to do this again in 10 minutes, I guarantee you that the thoughts, feelings, and sensations you would experience would be different than what you just experienced. Would anyone like to share what they noticed during this exercise?

The truth is that there is a lot for us to be aware of in a moment. It’s impossible to expect that we would be mindful 100% of the time, but the goal is to increase how frequently we practice mindfulness. By being mindful more often, we will gain more control of our lives and our perceptions of the situations we are experiencing.

The goal is to be aware of the moment as it is occurring. The way we think and feel in one moment will change in the next. One moment you might be happy and content and 15 minutes from that moment you might be frustrated and anxious. An important aspect of being mindful is noticing those differences and accepting them without judgement in the moment.

Accepting without judgement is sometimes also called radical acceptance. This means accepting the moment and how you’re thinking and feeling without criticizing yourself,
your situation or others involved. This is a particularly important step in mindfulness because if you’re judging what’s happening then you’re not truly paying attention to the moment as it happens.

For example, many of us spend a lot of time thinking and worrying about what we’ve done in the past. However, if we spend that time worrying about the past, then we aren’t truly focused on the here and now.

To understand what being mindful is, we first have to understand what being “mindless” is

A “Mindless” Exercise (5 mins)

Go through the worksheet – give them time to read and check off the points that apply to them. How have the ones you selected affected you in the past? Do you still struggle with these currently?

Why is mindfulness important?

We’ve discussed what mindfulness is and looked at different ways we have been mindless in the past – so the question is then why is mindfulness important? Why do you guys think it’s important? (Discuss) (5 mins)

There are three main reasons we want to practice mindfulness

1. Mindfulness allows you to focus on one thing at a time in the moment – by doing this we can gain control on overwhelming emotions
2. It will teach you how to identify and separate judgemental thoughts from your experiences – these judgemental thoughts usually fuel the overwhelming emotions we experience
3. To develop what is called wise mind

Wise mind is being able to make healthy life choices based on rational thoughts and emotions.

When we look at decision making, how difficult is it for us to make rational decisions when we are experiencing intense emotions? Think about the last time you were extremely angry or extremely sad – were the choices you made in the moment rational and controlled? Similarly, when we have intense thoughts or distorted thoughts that contradict our emotions, it can be difficult to make informed decisions. The practice of wise mind is a balanced decision making process.

There are four main skills we’re going to be working on today.

1. To focus fully on the present moment
2. To recognize and focus on your thoughts, emotions, and physical sensations
3. To become more aware and to focus on your moment to moment awareness
4. To separate your thoughts from emotions and physical sensations to make informed and rational decisions
Their Handout – Read through “BE PRESENT!” & “What’s that over there?” sections

Focus on a Single Object (5 mins)

How many of you have had issues with a wandering mind? Have you ever found it difficult to focus on one thing at a time without your mind being distracted by something else? The exercise we are about to do is going to help you focus your attention to one thing and one thing only. By practicing this, you can train your brain to focus just like an athlete would train their body. For this exercise, pick an object – a pen, your watch, a binder, the table etc. Now without touching it, for the thirty seconds, explore the object with your eyes. What does the object look like? Is it shiny or dull? Smooth or rough? Soft or hard? What colour is it? Is there something unique about this object? Now, with your hand, touch the object. Is it smooth or rough? Soft or hard? Bendable or rigid? If you can pick it up, is it heavy? What else do you notice about the way it feels?

How was this exercise for you? Did you find your mind wandering? Was it hard to focus your thoughts on the task? What kind of thoughts did you have?

Thought Diffusion (Distorted Thoughts)

The one thing that we have complete control over is our thoughts. As we know, it can be difficult to control our thoughts at times and we can find ourselves in a negative loop of thinking. When we get into a negative thought pattern, it affects how we feel and continues that cycle of negative and distorted thinking. Thought diffusion aims to let you observe your thoughts and break that cycle we can get stuck in. This skill gives you the freedom to choose which thoughts you focus on and helps you push aside the negative and unproductive thoughts in your mind.

The idea behind this exercise is to use your imagination and visualize the negative thoughts in your head and without judging or criticizing them, imagine them floating away or vanishing. We can do this by using the radical acceptance that I mentioned earlier. (Go to handout and read through the different methods of visualization)

Bodily Sensations (Physical Reactions/Responses)

Think about a time when you were very angry – how did your body feel? Did you feel tense? Was your heart beating faster? Were your fists clenched? Try to remember any other sensations you felt in your body.

By recognizing how our body feels when we are experiencing strong thoughts and emotions, we can learn how to calm those overwhelming emotions that cause us to act irrationally and make rash decisions.

How would being able to recognize how our body feels be beneficial in your recovery and regulating your emotions?
Accepting Without Judgement
Looking at bodily sensations and physical responses, mindfulness is especially helpful when you experience a craving. How many of you have felt guilty at one point or another for experiencing a craving?

A major component of mindfulness is experiencing the moment as it happens in the moment but also to experience it without judgement. This is very important to remember when you’re experiencing an unpleasant situation, such as a craving. As we know, a craving will pass in time. Some people will cope with a craving by distracting themselves from how they feel. But, addressing how you feel as you experience the craving is beneficial for some people. Focusing on the sensations in your body, the thoughts that you might have and the emotions you are feeling can help you identify what triggered the craving.

This is where the no judgement also known as radical acceptance aspect comes in. It’s completely normal and ok to have cravings – that’s not a bad thing. Having a craving doesn’t mean you’re failing in your recovery. Accepting without judgement means to accept the situation you’re currently in without criticizing yourself or others. You’re not a bad person because you are having a craving. This is a particularly important step in mindfulness because if you’re judging what’s happening then you’re not truly paying attention to the moment as it happens.

I realize this is easier said than done. But with practice you will be able to do this, you just have to train your brain to accept the moment as it is happening in the present. Training your brain is the combination of being aware of the moment, your thoughts, feelings and bodily sensations associated with the present moment and accepting those without judgement. This is the recipe for mindfulness!

What are some strategies you can use to help you stay present in the moment?
- Breathing
- Observing the environment
- List of Coping Thoughts Sheet

LET’S RECAP MINDFULNESS!
What is mindfulness?
Mindfulness is the practice of being aware of your thoughts, feelings/emotions, physical sensations, and actions in the present moment without judging or criticizing yourself.

There are three main reasons we want to practice mindfulness
1. Mindfulness allows you to focus on one thing at a time in the moment – by doing this we can gain control on overwhelming emotions
2. It will teach you how to identify and separate judgemental thoughts from your experiences – these judgemental thoughts usually fuel the overwhelming emotions we experience
3. To develop what is called wise mind
Wise mind is being able to make healthy life choices based on rational thoughts and emotions.

What were the four skills of mindfulness we looked at working on?
1. To focus fully on the present moment
2. To recognize and focus on your thoughts, emotions, and physical sensations
3. To become more aware and to focus on your moment to moment awareness
4. To separate your thoughts from emotions and physical sensations to make informed and rational decisions

Mindfulness in My Life Handout (20 mins)
Go through the handout
Give them time to complete the handout (5-10 mins)
Discuss (10 mins)
Appendix D

**Mindfulness**

What is mindfulness?

The truth is that there is a lot for us to be aware of in a moment. It’s impossible to expect that we would be mindful 100% of the time, but the goal is to increase how frequently we practice mindfulness. By being mindful more often, we will gain more control of our lives and our perceptions of the situations we are experiencing. The goal is to be aware of the moment as it is occurring. The way we think and feel in one moment will change in the next. One moment you might be happy and content and 15 minutes from that moment you might be frustrated and anxious. An important aspect of being mindful is noticing those differences and accepting them without judgement in the moment. Accepting without judgement is sometimes also called radical acceptance. This means accepting the moment and how you’re thinking and feeling without criticizing yourself, your situation or others involved. This is a particularly important step in mindfulness because if you’re judging what’s happening then you’re not truly paying attention to the moment as it happens.

There are three main reasons we want to practice mindfulness:

4. Mindfulness allows you to focus on one thing at a time in the moment – by doing this we can gain control on overwhelming emotions
5. It will teach you how to identify and separate judgemental thoughts from your experiences – these judgemental thoughts usually fuel the overwhelming emotions we experience
6. To develop what is called *wise mind*

*Wise mind* is being able to make healthy life choices based on rational thoughts and emotions.

There are four main skills we’re going to be working on today.

5. To focus fully on the present moment
6. To recognize and focus on your thoughts, emotions, and physical sensations
7. To become more aware and to focus on your moment to moment awareness
8. To separate your thoughts from emotions and physical sensations to make informed and rational decisions
“BE PRESENT!” - Moment to Moment Awareness

It’s so easy for us to get caught up in the hustle and bustle of everyday living. We can find ourselves constantly thinking about the next thing we have to do. Because of this, it can be difficult for us to just “be in the moment” and focus on the present moment as it is happening. The first part of mindfulness is being aware of the present moment as it is occurring and as we are experiencing it.

“What’s That Over There?” - Observing the Environment

Often times, we get so stuck in our heads that we don’t pay close attention to our surroundings. How many of us can honestly say that we pay attention to the environment we’re in without our minds wandering elsewhere? If we took the time to look at the environment around us we would be surprised to see what is there!

“Whatcha thinkin about?” – Thought Diffusion (Focusing Your Thought Pattern)

The one thing that we have complete control over is our thoughts. As we know, it can be difficult to control our thoughts at times and we can find ourselves in a negative loop of thinking. When we get into a negative thought pattern, it affects how we feel both emotionally and physically and continues that cycle of negative and distorted thinking. Thought diffusion aims to let you observe your thoughts and break that cycle we can get stuck in. This skill gives you the freedom to choose which thoughts you focus on and helps you push aside the negative and unproductive thoughts in your mind.

“How does that feel?” – Bodily Sensations

Think about a time when you were very angry – how did your body feel? Did you feel tense? Was your heart beating faster? Were your fists clenched? Try to remember any other sensations you felt in your body. By recognizing how our body feels when we are experiencing strong thoughts and emotions, we can learn how to calm those overwhelming emotions that cause us to act irrationally and make rash decisions.

Accepting Without Judgement

A major component of mindfulness is experiencing the moment as it happens and to experience it without judgement. This means not criticizing yourself or others for how you think and feel in the moment. This is very important to remember when you’re experiencing an unpleasant situation, such as a craving. As we know, a craving will pass in time. Some people will cope with a craving by distracting themselves from how they feel. But, addressing how you feel as you experience the craving will be more beneficial in the long run. Focusing on the sensations in your body, the thoughts that you might have and the emotions you are feeling can help you identify what triggered the craving.
This is where the no judgement also known as radical acceptance aspect comes in. It’s completely normal and ok to have cravings – that’s not a bad thing. Having a craving doesn’t mean you’re failing in your recovery. Accepting without judgement means to accept the situation you’re currently in without criticizing yourself or others. You’re not a bad person because you are having a craving. This is a particularly important step in mindfulness because if you’re judging what’s happening then you’re not truly paying attention to the moment as it happens. What strategies can you use to help you stay in the moment?
A “MINDLESS” EXERCISE

Obviously, mindfulness is a skill that requires practice. Most people get distracted, “zone out” or spend most of their daily lives being unmindful or running on autopilot. As a result, they then get lost, anxious and frustrated when a situation doesn’t happen as they expect it to. Here are some common ways in which all of us have experienced being unmindful. Check (x) the ones that you’ve done:

___ While Driving or travelling, you don't remember the experience or which roads you took

___ While having a conversation, you suddenly realize that you don't know what the other person is talking about

___ While having a conversation, you’re already thinking about what you’re going to say next before the other person has even stopped speaking

___ While reading, you suddenly realize that you’ve been thinking about something else and have no idea what you just read.

___ While walking into a room, you suddenly forgot what you came in to get

___ After putting something down, you can’t remember where you just put it

___ While taking a shower, you’re already planning what you have to do later and then you forget if you’ve already washed your hair or some other body part

___ While sitting in class, you find your mind wandering and are “spaced out” from what is happening in the class

All of these examples are fairly harmless. But for people with overwhelming emotions, being unmindful can often have a devastating effect on their lives.
THOUGHT DIFFUSION

Thought diffusion requires the use of your imagination. The objective of this skill is to visualize your thoughts, either as pictures or words, harmlessly floating away from you without obsessing about them or analyzing them. Whichever way you choose to do this is okay. Here are some suggestions!

- Imagine sitting in a field watching your thoughts float away on clouds
- Picture yourself sitting near a stream watching your thoughts float past on leaves
- See your thoughts written in the sand and then watch the waves wash them away
- Envision yourself driving a car and see your thoughts pass by on billboards
- See your thoughts leave your head and watch them sizzle in the flame of a candle
- Imagine sitting beside and tree in the fall and watch your thoughts float down on the leaves
- Picture yourself standing in a room with two doors; then watch your thoughts enter through one door and leave through the other

Can you think of any others?
LIST OF COPING THOUGHTS

Here is a list of some coping thoughts that many people have found to be helpful. Check off the ones that you like and feel free to create and add your own!

___ This situation won’t last forever
___ I’ve already been through many other painful experiences, and I’ve survived
___ This too shall pass
___ My feelings are making me uncomfortable right now, but I can work through them
___ I can be anxious and still deal with the situation
___ I’m strong enough to handle the situation that is happening to me right now
___ This is an opportunity for growth and for me to learn how to cope with my fears
___ I can ride this out
___ I can take as much time as I need to relax and let go
___ I’ve survived other situations like this and I can survive this one too
___ My anxiety/fear/sadness won’t kill me; it’s just not a pleasant situation right now
___ These are just my feelings, and eventually they’ll go away
___ It’s ok to feel the way I do right now
___ My thoughts don’t control my life, I do
___ I’m not in danger
___ So what?
___ This is only temporary
___ If he brings me to it, he’ll bring me through it
___ I’m not alone
___ Other ideas:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Coping thoughts can help you regain control in distressing situations by giving you strength and motivation to endure the unpleasant experience. Now that you have an idea of what coping thoughts are, you can start using them today! Pick your top five favourite phrases and write them on an index card or sticky note that you can keep with you in your pocket or wallet. Or, put your coping thoughts up on your wall or mirror where you can see them every day. The more you see them and practice them, the quicker they will become automatic in your mind. PRACTICE PRACTICE PRACTICE!!
Mindfulness in My Life

Now it’s your turn to practice mindfulness! 😊

**Situation:**
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Surroundings/Environment:**
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Emotions/Feelings:**
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Thoughts:**
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Bodily Sensations:**
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Did you have judgements about the situation? What were they? Were they productive?**
______________________________________________________________________________
______________________________________________________________________________
Strategies I can use to stay in the moment: