

The Utilization of Integrated Mindfulness-Based Cognitive Behavior Therapy in Treatment of Co-occurring Disorders Within the Assertive Community Treatment (ACT) Team Model.

Jan Morong, LMSW, MPA

Mindfulness.

- Mindfulness is not difficult. What is difficult is to remember to be mindful (Teasdale as stated in Rock, 2009).
- It is a way of paying attention: on purpose, moment by moment, and without judgment (Kabat-Zinn, 1994).

Concentration meditation breathing + accept feeling

mindful meditation - accept thoughts but don't dwell on them

paying attention to moment by moment w/out judgement

need curiosity, openness + acceptance

Five Principles (Baer et al., 2008).

- Observing
- Describing
- With awareness
- Non-judgmental
- Non-reactivity

What it is and what is not:

- **Is:**
- Awareness of the present with acceptance.
- Being present to our experience however distressing or upsetting it may be.
- Facing difficulties without overreacting, making things worse.
- Allow us to be open, alert, and experience the present to the fullest.
- **Not:**
- Not a relaxation technique.
- Not a way to avoid difficulty.
- Not a way to by-pass, avoid, personality problems.
- Not about achieving a different state of mind.

Mindfulness, use wherever and often.

- Any activity, daily chores, eating, walking, etc. can be utilize mindfulness.
- Ex. In a shower (notice the sound of the water hitting your body, coming down. Notice the smell of shampoo, the feel of it on the skin. Notice the sight of the water against the backdrop of the shower curtain. Notice the movements of your arms while you wash).

Persons with schizophrenia and co-occurring disorder.

- **Biological Factors:**
- Persons with schizophrenia use substances to self-medicate to alleviate symptoms of the disorder or the side effects of medications taken (Chambers et al., 2001).
- The underlying neuropathological abnormalities in the brain of the disorder facilitate the positive reinforcing effects of substance use (Chambers et al., 2001).
- As symptoms of schizophrenia may increase impaired thinking, poor social judgment and impulse control, even a smallest amount of alcohol may qualify as substance abuse disorder (Mueser et al., 1998).

Persons with schizophrenia and co-occurring disorder.

- **Psychosocial and socio-environmental factors:**
- Many persons with schizophrenia reside in an areas with limited vocational, housing, social, and recreational opportunities where they are more susceptible to substance use (Lamb et al., 2001).
- As they live generally segregated from others in the community, due to stigma, illness, lack of social skills, substance use may facilitate social interaction and sense of belongings (Dixon et al., 1990).

Stage-Wise treatment.

- Engagement-building trusting relationship.
- Persuasion- developing motivation to manage both disorders towards recovery.
- Active treatment – developing skills needed for illness management and recovery.
- Relapse prevention – strategies to avoid and minimize the effects of relapse (Osher et al., 1989).

Comparison of mindful meditation and CBT.

- **Similarities:**
- Don't rely on one's thought as a truth, proof of reality.
- Encourage examination of thought, sensation, perception, and behavior.
- Stress inducing situations is often the cue to engage in new behaviors.
- Accentuate cognitions as mediators of emotions.
- **Differences:**
- CBT – emphasis on repairing faulty thinking. Used for persons with psychopathology.
- Mindfulness – thoughts are just thoughts. Develop a “generic” integrated coping strategies to manage stress, sadness, pain, urges rather than a technique focused on particular problem.

Why Mindfulness? The “Dual Network.”

- **The “Default Network:”** This circuit is active when we plan, setting goals, or strategizing (Farb as stated in Rock, 2009). This network is active for most of the day as it does not take much effort to operate. As information from outside world is processed we assign meaning to the information and data and add our interpretation of events. Involves the prefrontal cortex along hippocampus (memory region).
- **The “Direct Network:”** With this network we experience information as is, without filtering or considering other aspects. It allows us to experience the world around us more fully, without relying in how we experience the world through habits, past experiences, expectations, and assumptions (Farb as stated in Rock, 2009).

Why mindfulness? The “Dual Network.”

- Mindfulness allows us to adjust the attention to the “Direct Network” and in the process being able to consciously differentiate between the two of them. That, in the long term, will provide for being able to switch between the two networks and have more cognitive control and ability to shape what you do (Farb as stated in Rock, 2009).
- When people approach daily task on an auto-pilot, they develop an old habits of thoughts, emotions, sensations, that may be triggered/escalate without us being aware of it until it will become difficult to manage them successfully (Williams et al., 2004). Mindfulness teaches us to pause, focus on each moment, in order to describe and act at that moment. This pause allows for metacognitive state of detached awareness consisting of obtaining knowledge of ones’ cognition and how they can be regulated by processes such as planning, monitoring, and evaluating (Schraw, 1998).

Neuroplasticity and Metacognivity.

- **Neuroplasticity:**
- Is the capacity of neurons to adapt to a changed environment (Fitzgerald et al., 2002).
- In the past studies showed the potential for developing new synaptic inter-connections and the capacity of the brain to develop new functions and roles (Kalivas et al., 2008).

Neuroplasticity and Metacognivity.

- **Metacognivity:**
- In an addict, mindfulness encourages a person experiencing cravings and anxiety, to change the metacognitive beliefs regarding this aversive conditions rather actual cognition itself (Teasdale, 1999). In CBT the therapist would modify maladaptive thoughts, in mindfulness the therapist would encourage a detached acceptance of thoughts (Wegner et al., 1994). The regulatory processes would involve the removal of the effects of maladaptive thoughts on processing, modification of responses to an anxiety-provoking stimuli, and development of metacognitive plans for controlling thought processes (Wels, 2002).

Neuroplasticity and Metacognivity.

- Cayoun (2005) found that mindfulness promotes the enhancement of perceptual ability through brain plasticity in prefrontal cortex resulting in greater degree of self – understanding and control.
- Davidson et al. (2003) found that mindfulness increases activation of prefrontal cortex that is involved in the control of an “online” attention that enables metacognitive awareness, and arousal of pleasant emotions.
- Kabat et al. (1990) found increased ability to feel sensations throughout the body therefore increased perception of internal states of “Interception.” With this improvement, the person is able to feel subtle –cues co-emerging with thoughts earlier which provides the benefit of early appraisal of negative thinking and greater time and choice for responding (Cayoun, 2005).

Neuroplasticity and Metacognivity-”The Co-emergence model of reinforcement (Cayoun, 2005).

Stimulus>>>>>	Sensory response>>>>>	Evaluation>>>>>
	Reaction^	Interoception <<<<<

The Co-emergence model of reinforcement
(Cayoun, 2005).

- Emphasizes the central role of embodied cognition in the reinforcement of common and maladaptive responses.
- Received stimulus is perceived, evaluated according to the past experiences, needs, personality, expectations, values, that leads to the manifestation of body sensations to which one may react with learned response.
- These components function in equilibrium when mentally healthy.
- Disequilibrium, information-processing mechanism not balanced (the most common when perception of senses-the physiological response to stimuli-is minimized, and reactive habit patterns are maximized.)

The Co-emergence model of reinforcement
(Cayoun, 2005).

- Ex. The addictive person reaction to stress is to seek substance use without utilizing, or with decrease in mental effort, the "Sensory Perception," and "Interoception" (body sensation), increasing maladaptive behavior by utilizing the "Evaluation" to "Reaction" components. This is creating automatic response/disequilibrium of components, and maintaining the high relapse behavior (this as a result of avoidance processing to avoid aversive body sensations-intentional mindlessness). By utilizing mindfulness, attention to all body sensations, our information processing and response to stimuli will include more attention for "Interoception" and "Perception." evening the disequilibrium(Cayoun, 2005).

The Co-emergence model of reinforcement.

- What it means for our clients? It means that mindful meditation will provide the necessary time and space that they can process the stimuli, learn from old habits, and acquire new coping skills to manage these situations. It also means that by keeping the components in equilibrium the person is able to process incoming information/body sensations and have a greater ability for metacognitive awareness (Cayoun, 2005).

Integration of mindfulness based CBT into the ACT model.

- Provide general orientation and concept of mindfulness during one of our groups (COPSD, DBT, Good Chemistry).
- First introduce the concept of “deep breathing,” focusing on the skill rather than technique, as an anchor of future practice of mindfulness.
- As the client is further into the process add the aspect of appropriate technique such as exhale/inhale on the count of four, attentiveness to the present moment, etc.

Integration of mindfulness based CBT into the Assertive Community Treatment (ACT) model.

- While treating ACT clients we find the interconnectedness of issues such as depression, anxiety, addiction, relapse, and integrated approach is the best way to meet the needs of clients.
- Mindfulness training and practices are efficient in reducing all of the above by integrating “generic” coping strategies utilized across the board in treating various issues. CBT scientifically demonstrated the efficacy for a variety of addictive disorders. Neurobiological findings show us that meditation has positive outcome for relapse prevention, enhancing awareness as opposite to mindlessness, compulsive behavior, and impulsiveness (Marlatt, 2002). Relapse prevention strategies in combination with mindfulness allows us to develop effective coping strategies dealing with high-risk clients (Witkiewitz et al., 2005).

Integration of mindfulness based CBT into the Assertive Community Treatment (ACT) model.

- In our mindfulness based CBT treatment we emphasize noting sensations, emotions, and thoughts without viewing them as “the truth,” instead encouraging their examination. Cognitions are perceived as a mediator of emotions and emotional disturbances, including cravings, urges, and anxieties associated with these emotions are seen as a “mental events” instead of the “truth.” We encourage approaches with homework assignments to encourage the collaborative inclusion of clients in their treatment.

muscle relaxation → truck driver. followed by 3 deep breaths

Daily routine (suggested utilization for individuals with the ACT team).

- Begin with Progressive Muscle-Relaxation Technique (PMR). Starting from the legs moving up to your hands, shoulder, neck, hands, and fingers. The practice follows the repetition of one squeeze and three deep breaths, three times.
- "Deep Breathing." begin with the feet all the way up to the shoulders and neck. The exhale and inhale are done on the count of four. Each inhale is provided while imagining all the stress and tensions is being inhaled. Each exhale is provided while imagining all the stress inhaled is being exhaled, pushed out, of our bodies.

Daily routine (suggested utilization for individuals with the ACT team).

- "Soldier on the Parade." Practice three times, each times for five minutes. Be assured that starting over and over is typical for everyone, do not get frustrated. If you have difficulty with ruminating thoughts include the thought stopping technique of utilizing rubber band between sets of practicing the "Soldier."
- Set aside time for worrying three times a day for thirty minutes.
- Set a time to write down each evening three things you completed successfully each day.
- Walking, eating, daily chores, are all activities that should be practiced mindfully while being aware of your surroundings.

Outcome impressions from providing mindfulness in an integrated treatment model.

- Clients in crisis may have a difficulty following the format, not suitable for clients with increased symptoms of psychosis, depression, anxiety.
- Some clients learned more than others. The level of cognitive functioning of each individual during the training correlates to being able to follow the instructions.
- The use of creativity is needed to maintain the attention throughout the sessions.
- There is a need for follow up from the counselors as clients reside in sometimes challenging environments with minimal opportunities to practice.
- An option for ACT team models is to provide this training in a form of retreat. This delivery allows for exposing a broad number of clients to the concept of mindfulness.

Potential benefits of mindfulness for clients in their course of treatment.

- Promotes self discovery and increases awareness.
- By practicing attentiveness participants become more aware of triggers, cues to substance use.
- "Being in the present" may influence every element of the therapeutic process and allows clients to participate more fully in their treatment goals.
- Being non-judgmental while attending to ones' sensations, emotions, allows for better management of cravings, fears, anxieties, and depression.
- Practicing meditation benefits physical states of clients, by decreasing their tensions, stress, and associated health problems such as high blood pressure.

Potential benefits of mindfulness for clients in their course of treatment.

- By being able to release stress, manage impulsiveness, participants may be easier to engage in sessions with counselors, and allow learning by being more open and able to share.
- The training can be provided in groups and be widely available to most clients.

Recommendations on agency/system level.

- There is a need to develop an overall vision of incorporating mindfulness to the therapeutic process in a meaningful way within the program.
- Development of mindfulness practice within the integrated approach for individual and group training.
- As mindfulness improves the client care in all aspects, resistance to change should be coordinated with sufficient training for all staff.
- Provide an ongoing, routine assessment of the substance use within the program to find and incorporate new ways to address this issue successfully.

Practice Exercise:

Exercise #1: Chewing a gum.

Mindfulness can be practiced from the most complicated to the simple actions. We will practice how to practice something simple as chewing gum. First, hold the gum in your hand. Touch it with your fingers, feel its weight, feel the texture of the wrapper. Now look carefully at the packaging, notice the color, the design, how it is packaged to keep the gum fresh and clean. Now, slowly open the wrapper noticing whether you hear any sound as the wrapper is torn. Notice if you experience the movement of the muscles you used to unwrap the gum? Now slowly raise the gum towards your nose. Pay attention to when you first smell the scent of the gum. Do not put the gum in your mouth yet. Simply smell it. Do you feel the back of your mouth beginning to generate saliva? Do you feel a tingling sensation at the back of your mouth? Do you have an urge to get the gum in your mouth immediately? Is your mouth filling with saliva at the thought of what it will be like to taste the gum? Now, slowly place the gum in your mouth. Please do not chew on it until the exercise is over. Feel free to close your eyes if it helps you to concentrate. Can you make yourself aware of the sensations that are created on your tongue as the smoothness of the gum meets the surface of your tongue? Can you taste the difference in sensations as your tongue automatically moves around the gum and pushes it around inside your mouth? Can you feel the sensations created as your tongue slips over the different sides of the gum? The top, the bottom, the sides? Do you enjoy the sweetness of the gum? Can you taste the particular flavor? Is it more than one flavor and if so which one you prefer? Pay attention to the sensations created in your mouth as the gum becomes smaller and smaller in size. Enjoy and be mindful of all the sensations created as you move the gum in and around your mouth. Sit quietly and be mindful of the sensations created by the gum in your mouth for the next minute.

Reflection: How did it feel to be open to experience your surroundings focusing on moment by moment. Did you have problems with awareness, concentration?

EXERCISE # 2-“Deep breathing” – How to relate to the present.

“Deep breathing” is at the basic of mindfulness practices. Everyone breaths all the time, does not require any extra effort as that is what the body does to survive. The mind on the other hand often does something else as they can be fleeting and sneak up on us with self-defeating, negative thinking. In order to align both the mind and our bodies we utilize the technique of deep breathing. Practicing “deep breathing” will allow us to develop our awareness to better observe our feelings and emotions. To be able to concentrate and focus to achieve awareness we use “deep breathing” as an anchor, constantly returning to our breath to minimize intrusive thoughts. The purpose of the deep breathing is to be aware of the different stages of our breathing, that it is happening, not to willfully change our breathing.

Benefits:

1. Our breathing will become more relaxed (the more we practice).
2. Inhale - we are aware, exhale – we let go (anxiety, stress).
3. The more we practice the more it will become available when needed.
4. Allow us to tune into the present.

Instructions:

Sit in your chair with your back straight, feet flat against the floor, hands on your knees. Close your eyes and breathe normally through your nose. As you continue breathing normally through your nose, begin to focus your attention on the sensations in and around your nostrils, and on your upper lip just below your nostrils, that are caused by the breath passing in and out. You may feel a slight tickle, or a feeling of warmth or coolness, or heaviness or lightness. Keep your concentration fixed there – as your anchor – the place you will always return to – observe the changing sensations you experience in that area as the breath passes over your anchor. At the beginning of every breath, commit yourself to noticing everything you can about the sensations caused by just that one breath. Then do the same for the next breath – committing yourself to your practice, just one breath at the time. If thoughts arise, gently, but firmly, bring your awareness back to your anchor, and again commit yourself to remaining focused on the in and out breath, one breath at the time... Pause briefly (five seconds) to give group members opportunity to experience the breath... Again, focus all your attention on the changing sensations around your nose and upper lip that are caused by the breath as it goes in and out. Notice whether the breath is long or short? Does the air pass through one or both nostrils? Is the air cool or warm? If your mind wanders again, note “mind wandered again” and return to your “anchor.” Do not get discouraged, it is the mind's nature to wander, and we can bring it back. If you are having difficulty bringing your mind back, try counting your breaths, up to ten, don't get caught up counting. The goal is to stay focused on your “anchor” not counting numbers.

After practice:

Slowly open your eyes.

Reflection: share with your group: How was it, difficult, easy? Were you able to keep your attention focused on your anchor? Did you experience your breath? Where did you feel it? Did you notice the air moving through one nostril more than the other? Was the breath long or short? Was it warm or cool? What sensations did you feel? (tickle, tingle, pressure, perspiration? Were you able to bring your attention back to your anchor each time it wandered away? (It is not uncommon for individuals to have difficulty returning

the mind to the anchor. Continued effort to bring the mind back to the anchor has lasting benefits even if the mind keeps wandering

The focus on here and now.

Our integrated treatment incorporates aspect of mindfulness affecting the stress related aspects (MBSR) by practicing “Body Scan.” As sensation of each area of the body is observed, participants acknowledge the sensations, and observe the sensations non-judgmentally. When participant’s attention wanders the nature of the content is noted and attention is returned back to the present moment. This practice assist participants in realization that sensations, thoughts, and emotions are transient like “a clouds in the sky.” It is important to be aware that the goal is not to induce the relaxation but to assist with non-judgmental observation of current state (stress, racing thoughts, tensions, etc.)

Exercise #3-Body Scan.

Lets take a few minutes to get grounded by understanding what is going on in the inside and around us in our environment.

Sit in your chair with your back straight, feet flat against the floor, hands on your knees. Close your eyes and breathe normally through your nose. As you continue breathing normally through your nose, begin to focus your attention on the sensations in and around your nostrils, and on your upper lip just bellow your nostrils, that are caused by the breath passing in and out. Keep your concentration fixed there – as your anchor – the place you will always return to – observe the changing sensations you experience in that area as the breath passes over your anchor. At the beginning of every breath, commit yourself to noticing everything you can about the sensations caused by just that one breath. Then do the same for the next breath – committing yourself to your practice, just one breath at the time. If thoughts arise, gently, but firmly, bring your awareness back to your anchor, and again commit yourself to remaining focused on the in and out breath, one breath at the time... Pause briefly (five seconds) to give group members opportunity to experience the breath... Again, focus all your attention on the changing sensations around your nose and upper lip that are caused by the breath as it goes in and out. Notice whether the breath is long or short? Does the air pass through one or both nostrils? Is the air cool or warm? If your mind wanders again, note “mind wandered again” and return to your “anchor.” Do not get discouraged, it is the minds nature to wonder, and we can bring it back. If you are having difficulty bringing your mind back, try counting your breaths, up to ten, don’t get caught up counting. The goal is to stay focused on your “anchor” not counting numbers. Now, while practicing “deep breathing” notice any pain, tensions, or discomfort. Do not do anything about it, just make a space for it.

Then notice any sensations of relaxed, comfortable feelings, comfort, and feeling at ease.

Thirdly, notice all neutral sensations, things you do not normally notice.

Pausefeel all the different sensations on the inside for a few minutes.

Notice your feet, your feet in your socks, in your shoes, the feeling of being connected to the ground.

Notice your seat, if your feel comfortable or not.

Notice your environment with your five senses:

Notice five things you can feel in contact with your body (watch, trousers, the air upon the face, your feet upon the floor, your back against the chair, etc.).....

Take a minute to notice of five things you can hear....

Now take a minute and notice five things you see in your environment.....

Next, take a minute to detect any smell and taste, if applicable.....

Become aware of people around you , closeness and distance. Take a few minutes to be present with yourself on the outside and on the inside.

Reflection: Share in the group things you noticed with your senses.

Developing positive self - regard.

To be able to address the sometimes negative view participants have of themselves they are provided with aspects of DBT affecting the acceptance and change. Participants are encouraged to accept their histories, themselves, exactly as they are, while working intensively to change their behaviors and environments to build a “life worth living.” This meditation practice develops the quality of loving acceptance towards the self and others. When practiced regularly, it can help free a troubled mind from pain and confusion and make very day relationship more meaningful.

Exercise # 3 – “Loving Kindness.”

Sit in your chair with your back straight, feet flat against the floor, hands on your knees. Close your eyes and breathe normally through your nose. As you continue breathing normally through your nose, begin to focus your attention on the sensations in and around your nostrils, and on your upper lip just below your nostrils, that are caused by the breath passing in and out. You may feel a slight tickle, or a feeling of warmth or coolness, or heaviness or lightness. Keep your concentration fixed there – as your anchor – the place you will always return to – observe the changing sensations you experience in that area as the breath passes over your anchor. At the beginning of every breath, commit yourself to noticing everything you can about the sensations caused by just that one breath. Then do the same for the next breath – committing yourself to your practice, just one breath at the time. If thoughts arise, gently, but firmly, bring your awareness back to your anchor, and again commit yourself to remaining focused on the in and out breath, one breath at the time... Pause briefly (five seconds) to give group members opportunity to experience the breath... Again, focus all your attention on the changing sensations around your nose and upper lip that are caused by the breath as it goes in and out. Notice whether the breath is long or short? Does the air pass through one or both nostrils? Is the air cool or warm? If your mind wanders again, note “mind wandered again” and return to your “anchor.” Do not get discouraged, it is the mind's nature to wonder, and we can bring it back. If you are having difficulty bringing your mind back, try counting your breaths, up to ten, don't get caught up counting. The goal is to stay focused on your “anchor” not counting numbers.

While practicing “deep breathing” imagine a light filled with unconditional love filling your body. Maintain this focus for a few minutes while practicing “deep breathing” Then imagine inhaling all positive light in and exhaling all the negative light out, which should help you while trying to release negative reinforcements about yourself.

After filling yourself with positive light think of someone you love. Send love to them. Do the same with someone neutral and someone you do not like. Finally, send a positive light to all the people you know. Even if at first don't feel difference you need time to practice. With time you will develop a more positive feelings of worthiness, positive regard for yourself.

Reflection: Share with the group if you notice any changes about how you feel about yourself.

Acceptance and Cravings-Relapse Prevention.

Purpose:

Developed for people with substance abuse but can be used for any addictive behavior. Urges, in an environment with no access to the substance, rarely last longer than 30 minutes. If there is no opportunity to use then there is no struggle. It is the internal struggle that feeds the cravings. Trying to fight cravings is like trying to block a waterfall. We ended up inundated. With the approach of mindfulness, we step aside and watch the water (cravings, impulses, and urges just go right past. Often people try to eliminate urges by distraction or talking themselves out of them. This usually just feeds the urges and creates the illusion that there are interminable you need to give in to them (suppressing pain, thought, sensation, increases it).

To cope with urges we present the concept of accepting the constantly changing experiences of the present moment instead of persistently seeking the next “high.” Marlatt (2000) introduced the concept of relapse prevention by: 1) recognizing triggers, desires (cravings), and urges (intentions). 2) teach clients that you can accept cravings, urges, without automatically engaging in addictive behavior.

Preparation:

To better implement this idea we practice “urge surfing” by imagining ocean waves that gradually grow until they crest and subside. Participant’s rides the waves without giving in to urges, learning the urges will pass. It is imperative to stress that urges will be unpleasant, must be accepted, and can’t be eliminated. Mindfulness skills will allow participants to learn the concept of observing the urges as they appear, accept them non-judgmentally, cope with them by utilizing appropriate coping strategies.

Practice:

Exercise # 4 – “Urge Surfing.”

This is important reflection as it can improve efficacy for riding out urges.

Experiencing the changing nature & impermanence of urges, **instructions:**

Sit in your chair with your back straight, feet flat against the floor, hands on your knees. Close your eyes and breathe normally through your nose. As you continue breathing normally through your nose, begin to focus your attention on the sensations in and around your nostrils, and on your upper lip just below your nostrils, that are caused by the breath passing in and out. You may feel a slight tickle, or a feeling of warmth or coolness, or heaviness or lightness. Keep your concentration fixed there – as your anchor – the place you will always return to – observe the changing sensations you experience in that area as the breath passes over your anchor. At the beginning of every breath, commit yourself to noticing everything you can about the sensations caused by just that one breath. Then do the same for the next breath – committing yourself to your practice, just one breath at the time. If thoughts arise, gently, but firmly, bring your awareness back to your anchor, and again commit yourself to remaining focused on the in and out breath, one breath at the time... Pause briefly (five seconds) to give group members opportunity to experience the breath... Again, focus all your attention on the changing sensations around your nose and upper lip that are caused by the breath as it goes in and out. Notice whether the breath is long or short? Does the air pass through one or both nostrils? Is the air cool or warm? If your mind wanders again, note “mind wandered again” and return to your “anchor.” Do not get discouraged, it is the mind’s nature to wonder, and we can bring it back. If you are having difficulty bringing your mind back, try counting your

breaths, up to ten, don't get caught up counting. The goal is to stay focused on your "anchor" not counting numbers.

While practicing "deep breathing" wait for any sense of discomfort, restlessness, itching. Note the feeling, the desire to move and resist. Your thoughts (I need to move, scratch, etc) are just thoughts and they will pass. Bring your attention back to the deep breath and bodily sensations. Note the changes in discomfort, feelings (tight or loose), the location of sensation, its exact borders, whether these borders are firm or loose. Try to observe, describe, non-judgmentally, as much you can. Does the feeling change when you inhale/exhale? Your thoughts may after a while turn attention to something else. Acknowledge, observe, describe non-judgmentally and get back to your breath and bodily sensations (when mind turning to thoughts go back to the physical sensations of the urge).

All these states represent the changing nature and impermanence of urges. When you notice the physical urge, sensations, you directly facing them instead of feeding the urge through fighting them. The key is to replace the fearful wish that craving will go away with interest in our experience. When we do this we notice that cravings change, crest, and subside like waves in the ocean. In this way it becomes more manageable.

The elements of cognitive therapy facilitating a detached view of one's thoughts, emotions, and sensations teach participants to observe urges/craving non-judgmentally, events that come and go, rather than as an aspect of themselves, "thoughts are not facts and I am not my thoughts." By this understanding and observation the reality does not necessitate **avoidance behavior**.

The de-centered thoughts that come out during the **mindfulness practice interfere with ruminative thoughts** characteristics with depression that often leads to relapse.

Also, most clients go through a long contemplative stage before the actual change. This stage is marked by ambivalence that is being fed by argumentation-disputation, resulting in therapeutic paralysis. ("I have to give up drinking because it interferes with me keeping my apartment" receives a reply "Yes but I was always able to talk others into giving me another chance and it will work again)."

Mindfulness bypasses these problems associated with avoidance and disputation. Instead of trying to distract from or argue with the unpleasant thoughts, feelings, urges, mindfulness makes them less important. We stay exposed to them, during their natural duration, without feeding them or repressing them. So, urges –non-judgmentally-without feeding or disputing, will crest, and subside.

Of course urges will come back but they will become less and less intense and our mindfulness technique improves

Reflection: Ask yourself whether there have been times you could give in to an urge when it presented. Did the urge pass? If they did pass did you have to act on it? This is important reflection as it can improve efficacy for riding out urges. Share in the group.

Looking at thought rather looking from thoughts.

By learning the exercise “Soldier on the parade” participants are encouraged to observe and accept the situation as it is, non-judgmentally, even if they are unpleasant. This observation/acceptance will prevent participants from developing maladaptive behaviors, to avoid these negative emotions, including substance use. This understanding that thoughts and emotions arising from them can be painful, need to be experienced to the full extent and accepted, so the participants behavioral response can be changed to improve their lives.

Exercise # 5 – “The soldier on the parade”

Sit in your chair with your back straight, feet flat against the floor, hands on your knees. Close your eyes and breathe normally through your nose. As you continue breathing normally through your nose, begin to focus your attention on the sensations in and around your nostrils, and on your upper lip just below your nostrils, that are caused by the breath passing in and out. You may feel a slight tickle, or a feeling of warmth or coolness, or heaviness or lightness. Keep your concentration fixed there – as your anchor – the place you will always return to – observe the changing sensations you experience in that area as the breath passes over your anchor. At the beginning of every breath, commit yourself to noticing everything you can about the sensations caused by just that one breath. Then do the same for the next breath – committing yourself to your practice, just one breath at the time. If thoughts arise, gently, but firmly, bring your awareness back to your anchor, and again commit yourself to remaining focused on the in and out breath, one breath at the time... Pause briefly (five seconds) to give group members opportunity to experience the breath... Again, focus all your attention on the changing sensations around your nose and upper lip that are caused by the breath as it goes in and out. Notice whether the breath is long or short? Does the air pass through one or both nostrils? Is the air cool or warm? If your mind wanders again, note “mind wandered again” and return to your “anchor.” Do not get discouraged, it is the mind's nature to wonder, and we can bring it back. If you are having difficulty bringing your mind back, try counting your breaths, up to ten, don't get caught up counting. The goal is to stay focused on your “anchor” not counting numbers.

Let yourself think anything you want. With each thought, imagine that there are little soldiers marching out of your ear and then in front of you, like the parade in front of a reviewing stand. The soldiers are carrying signs, and each thought is printed on a sign in the form of words or pictures. The task is to watch the parade and see how long you can go letting it flow by. If it stops for any reason – if you join the parade, leave the stand, become a soldier – see if you can catch back up just a moment and see what happened right before the observation of the parade stopped.

Reflection: Share with group the difficulties of maintaining attention to thoughts passing by.