

Fostering Resilience™

RELAPSE PREVENTION PROGRAM

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The Mini-Manual



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DEDICATION

This relapse prevention program and supporting research is dedicated to the millions of people who struggle with substance use disorders, and to the friends and family who love them unconditionally. It is also dedicated to the tireless efforts of everyone working in the field of addiction treatment, who compassionately devote themselves each day to helping people to successfully recover and live happy, healthy and purposeful lives. Shame and stigma still permeate the souls of those who are affected by addiction. May this program model be a positive step toward helping those who suffer, and helping those who don't know what they don't know, come to understand.

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Table of Contents

Fostering Resilience: A Theoretical Model	1-5
Overview	6
SECTION ONE – RELAPSE PREVENTION	7
Relapse Warning Sign List	8
Relapse Prevention and Coping Skills	9-10
Core Beliefs	11
Cognitive Distortions	12
SECTION TWO – MINDFULNESS-BASED RELAPSE PREVENTION	13
Mindfulness Meditation Core Skills	14-16
What is Rumination?	17
What is Neuroplasticity?	18
Using Mindfulness to Manage Anger	19
Ten Tips to Foster Compassion through Mindfulness	20
Mindfulness of Relationships	21
SECTION THREE – SHAME RESILIENCE	22
Shame Resilience Core Strategy Descriptions	23-25
Shame Resilience	26-27
Four Elements of Shame & 12 Shame Triggers	28
Shame Triggers Worksheet	29
Developing Shame Resiliency	30
SECTION FOUR – MEDITATIONS	31
SOBER Breathing Space	32
Mindfulness of Emotions Meditation	33
Increasing Joy, Decreasing Judgement Meditation	34
Loving-Kindness Meditation	35-36
Imagine Being Sober Meditation	37
Mountain Meditation	38-39
References	LAST

Fostering Resilience

A Theoretical Model

Fostering Resilience™ – The Fostering Resilience relapse prevention model (FR) is a manualized relapse prevention protocol and the first of its kind to integrate shame resilience theory (SRT) with evidence-based cognitive-behavioral relapse prevention (RP) and mindfulness-based relapse prevention (MBRP). The FR model was created based upon direct client experience, the supposition of the intrinsic role shame plays in substance use disorder, and the corresponding belief in the essential value of implementing shame reduction techniques for improving treatment outcomes.

Relapse Prevention Theory - Relapse prevention strategies have been developed to reduce the propensity for relapse, starting with the pioneering work of Marlatt and his colleagues in the early 1980's (Donovan & Witkiewitz, 2012). Marlatt and Gordon's (1985) Relapse Prevention (RP) model was the first published model of relapse prevention and focused on understanding the factors contributing to and maintaining addiction. The RP model is based on a cognitive-behavioral therapy (CBT) approach which provides a conceptual framework for understanding relapse and a set of cognitive-behavioral treatment strategies designed to limit relapse likelihood and severity. The basic assumption is that relapse events are immediately preceded by a high-risk situation (Hendershot, Witkiewitz, George & Marlatt, 2011). The central aspect of RP is the detailed classification of factors that can precipitate or contribute to relapse episodes (Larimer, Palmer & Marlatt, 1999). The RP model posits these factors as falling into two categories: immediate determinants (e.g., high-risk situations, coping skills, outcome expectancies and abstinence violation effect) and covert antecedents (e.g., lifestyle imbalances and urges and cravings). The RP model has been a mainstay of addictions treatment since its introduction and gained prominence because of its empirical support (e.g., what is

now called evidenced-based practice) and its clinical applicability.

RP techniques have been integrated into numerous aspects of substance abuse treatment and research (Rawson et al, 1993). Beginning in 1986 Terence Gorski developed the Gorski-CENAPS model for relapse prevention (Gorski 1986, 2010). Similar to Marlatt, the main focus of Gorski's model is identifying early warning signs of relapse. The RP materials developed by Gorski and associates (Gorski & Miller, 1986; Gorski & Grinstead, 2010) have become popular in both inpatient and outpatient treatment settings. The Gorski-CENAPS model has received little empirical evaluation since the model describes broad clinical recommendations without presenting a specific format or methodology which can be tested in a controlled environment (Rawson, Obert, McCann & Marinelli-Casey, 1993).

Mindfulness-Based Relapse Prevention – MBRP is a protocol that integrates mindfulness meditation practices with Marlatt's traditional RP model (Bowen et al., 2011). MBRP was largely inspired by and based on the work of Jon Kabat-Zinn and his colleagues (Bowen et al., 2011). The aim of MBRP is to directly target negative mood, craving and their roles in the relapse process (Witkiewitz & Bowen, 2010). Mindfulness provides an alternative coping response and is a particularly effective tool for the practice of relapse prevention (Bowen, Chawla & Marlatt, 2011). Two research studies comparing RP to MBRP provide empirical support for the benefits of integrating mindfulness training with relapse prevention treatment (Witkiewitz & Bowen, 2010; Witkiewitz et al., 2014). Both studies indicate reduced relapse rates for the MBRP group compared to the RP group. Furthermore, the results suggest that mindfulness training might help clients by attenuating the relation between negative cognitive and emotional states and subjective experiences of craving.

Shame Resilience Theory - Shame has been identified as a contributing factor in the onset and maintenance of substance use disorders (Hernandez & Mendoza, 2011). According to Brown (2009), shame is a silent epidemic and there is strong evidence of a connection between shame and addiction, as

well as a myriad of other issues. It can be described as a factor that is both a contributor to the development and maintenance of addiction problems and an effect of addiction problems (Wiechelt, 2007). Common sense would suggest that people who abuse substances are likely to engage in behaviors they feel ashamed of and therefore will develop and experience a sense of shame (Wiechelt, 2007). In fact, shame is more common among those with substance use problems than those without such problems (Dearing, Stuewig & Tangney, 2005). Shame is also at the emotional core of stigma, a common byproduct experienced by individuals struggling with addiction issues. Shame is associated with treatment seeking delays, treatment dropout, and poorer social functioning (Luoma, Kohlenberg, Hayes & Fletcher, 2011). It is a complex and detrimental emotional state which can be difficult to define. Interestingly, with few notable exceptions the treatment approaches for alleviating shame are scarce (Luoma et al, 2011, Gutierrez & Hagedorn, 2013).

As part of her qualitative research on shame, Brown (2006) discovered that a common characteristics of shame, and one that makes it so challenging to address, is the fact that “no one wants to talk about it.” Moreover, most people don’t recognize, nor do they understand, the role shame plays in their lives. Even the act of therapy can be a shame inducing process, especially if the clinician is unaware of and unable to identify, tolerate or manage their own shame experience. In the randomized community controlled trial of opiate dependents by Maarefvand et al. (2015), stigma (a by-product of shame) was noted by the researchers as the main barrier to community reintegration, and therefore represents a significant barrier to successful addiction recovery. It is essential that addiction professionals attend to shame in their clients and in the treatment delivery system, in order to maximize healing (Wiechelt, 2007).

Shame Resilience Theory (SRT) is a grounded theory developed by Brown (2006) to address and alleviate shame. The SRT model proposes that shame can be decreased and managed by learning and practicing the four elements of shame resilience, identified as 1) recognizing shame and shame triggers,

2) practicing critical awareness, 3) reaching out, and 4) speaking shame. Brown (2007) developed a *Connections* shame resilience program, based on SRT, as a tool to help clients dealing with shame issues and as a means for developing shame resiliency. SRT proposes that the process of building shame resilience is critical in facilitating empathy, connection and power (Brown, 2007). In 2011 the SRT model was utilized in a pilot study by Hernandez and Mendoza with 19 participants from predominantly Hispanic backgrounds in three residential substance abuse treatment centers in central California. The results indicated a significant difference on measures of general health, depressive symptoms, internalized shame, self-conscious affect, and shame resilience (Hernandez & Mendoza, 2011).

Fostering Resilience™ - This model was created and manualized by the author based upon personal experience facilitating hundreds of relapse prevention groups. This model represents original, advanced work in the field of adult treatment of substance use disorders. As an addiction survivor and a clinician working in the field of addiction recovery, it has been the author's personal and professional experience that shame plays a significant role in both the progression of substance use disorders (SUD) and in SUD relapse. The author spent five years facilitating hundreds of relapse prevention groups using cognitive-behavioral exercises and mindfulness skills, while also working individually with clients struggling with SUD. Over the course of conducting these groups it became very apparent that shame triggers were being identified by clients as an underlying factor driving many of the personal relapse warning signs presented during the relapse prevention exercises. The author also found that the clients who were attending relapse prevention groups while concurrently working to address their shame issues in individual sessions, appeared to be more successful in their ability to sustain their sobriety. Yet, it has also been the author's experience that many individuals are reluctant to identify or discuss their shame and must feel a sense of safety, security and acceptance in order to do so. This is especially difficult in an outpatient transient group environment. However, it is possible and even highly successful when an individual or a group has had the opportunity to build trust and cohesion. In fact, when working with

clients both individually and within the outpatient group format, the author has found that when individuals are educated about shame, the role shame plays in their struggle with addiction, they are able to talk about their shame and experience empathy (either from within the group or from their therapist), these clients are more successful in their recovery than those who are unwilling to learn or talk about their shame.

The Fostering Resilience relapse prevention protocol was developed and created based upon this direct experience, in an effort to improve overall treatment outcomes. The FR protocol combines traditional cognitive-behavioral relapse prevention exercises with mindfulness-based relapse prevention skills, and adds the very powerful and essential elements of shame resilience theory. The significance of this new model is that it is the first and only relapse prevention model of its kind to integrate specific shame resilience strategies. By integrating the shame resilience elements into the center of the overall relapse prevention program curriculum, the shame material is being presented in a way and at a time when the group has had the opportunity to build trust and cohesion, and thereby the participants are much more willing to engage in learning about, discussing, and processing their shame.

In a recent research study conducted by Foster, Gill, Emelianchik-Key, Villares & Lieberman (2018), this new integrative group protocol significantly improved relapse risk, internalized shame, and psychological well-being, compared to treatment as usual in individuals seeking outpatient treatment for substance use disorders. The study also indicated a significantly high correlation between shame and relapse risk, as well as shame and psychological well-being. This study established support for the new FR relapse prevention group model as a beneficial treatment for significantly improving relapse risk, internalized shame and psychological well-being in adults with substance use disorders. This research also provides important knowledge and insight regarding the critical nature of shame and its' role in relation to relapse risk and psychological well-being in those who struggle with substance use disorders.

Fostering Resilience Overview

The Fostering Resilience™ (FR) model is a manualized program that integrates cognitive-behavioral exercises, mindfulness meditation skills and shame resiliency strategies.

Relapse Prevention *Core Exercises:*

1. In-depth Interview
2. Sentence Completion
3. Presentation of Relapse Warning Cards
4. Cognitive Restructuring

Mindfulness *Core Skills:*

1. Automatic Pilot and Response
2. Awareness of Triggers and Cravings
3. Mindfulness in Daily Life
4. Mindfulness in High Risk Situations
5. Seeing Thoughts as Thoughts
6. Social Support and Continuing Practice

Shame Resilience *Core Elements:*

1. Recognizing Shame & Triggers
2. Practicing Critical Awareness
3. Reaching Out
4. Speaking Shame

SECTION ONE

COGNITIVE-BEHAVIORAL RELAPSE PREVENTION

Fostering Resilience

Relapse Warning Sign List

(Adapted from Gorski, 2012)

Instructions: The following list of relapse warning signs will help you identify some problems that can lead to relapse. Please review the list and highlight any warning signs you currently have or have experienced in the past. After highlighting these warning signs, please create a warning sign card for each of your personal warning signs. Provide specific examples where not otherwise indicated.

1. I feel nervous or unsure of my ability to stay sober. I have thoughts such as, “I’m not sure if I’m going to be able to do this,” “I’m never going to be able to stay sober,” or if you have other negative thoughts about your ability to stay sober.
2. I have many problems in my life. (Be specific about the problems when creating your relapse warning cards).
3. I tend to overreact or act impulsively. (Be specific about these behaviors/actions when creating your relapse warning cards).
4. I keep to myself and feel lonely. I isolate.
5. I get too focused on one area of my life. (Be specific; examples, such as work, gym, relationship, etc.)
6. I feel blue, down, listless, depressed.
7. I engage in wishful thinking. (Be specific; examples, if only I had, if only he or she, if only I could be happy, I wish something magical would happen to rescue me from this situation).
8. The plans that I make tend to fail.
9. I have trouble concentrating and prefer to think and dream about how things should be rather than how they could be.
10. Things never work out well for me.
11. I feel confused.
12. I get annoyed or irritated with my friends.
13. I feel angry or frustrated.
14. I have bad eating habits.
15. I don’t really care what happens.
16. I feel things are so bad I might as well drink/use.
17. I feel sorry for myself.
18. I think about drinking/using. I glamorize or minimize my past drinking/using.
19. I lie to other people.
20. I feel hopeless and lack confidence.
21. I feel angry at the world in general.
22. I am doing little or nothing to stay sober.

Relapse Prevention and Coping Skills

Triggers are events, situations and attitudes that can lead to relapse. They are called “triggers” because they cause a sudden return of the overwhelming cravings for drugs and alcohol in someone recovering from addiction.

The Stages of Relapse

Relapse isn't just “off” or “on”. It is an ongoing process of events. By understanding the stages of relapse, you and your family will be able to assist in relapse prevention. Relapse begins months, and even weeks, before an addict may restart using drugs or alcohol.

Emotional Relapse

In this stage you are not thinking about using again, but there are many emotions that may be setting you up for relapse. Symptoms of emotional relapse:

- Anxiety
- Intolerance
- Anger
- Negative reactions to stressful events
- Fatigue
- Insomnia or other sleeping difficulties
- Changes in any behavior that isn't healthy
- Loss of control
- Poor judgment
- Problems with work, social or family relationships

Since drugs and alcohol have often been used to handle or cope with difficulties, experiencing some of these emotions puts one at risk for relapse. It is important to manage whatever is going on that is causing any of the above symptoms.

One key thing to remember is that emotional highs can also bring about relapse. Using drugs or alcohol may be done for negative reasons as well as to “celebrate” positive events. The recovering person must remain very aware of this. In the past, weddings, job promotions, or holidays may all have included use of alcohol or other substances. Having a trigger plan in place will help manage these happy emotional times that come along in the future.

Mental Relapse

The next stage, mental relapse, is when the emotional relapse has caused a battle inside and a struggle takes place between our addict self and our sober self. The urge to use again is at war with not wanting to throw away the pain and effort that went into getting drug-free and sober.

Often physical relapse follows soon after mental relapse, so [getting help](#) in the earliest stage (emotional) is very important!

Some common signs of mental relapse:

- Hanging out with old friends they the addict used to drink and do drugs with
- Being nostalgic about the years of drug and alcohol use
- Spending too much time thinking about people, places and activities from the past
- Thinking of ways to secretly use when family members are at work or away
- Fantasizing about drug and alcohol use
- Telling lies
- Occasional thoughts of using become a constant stream of thoughts for the recovering addict or alcoholic

Physical Relapse

Physical relapse occurs soon after mental relapse, and is the moment when the recovering addict drinks a drink or uses a drug. That's it. Recovery is over.

Being aware of entering the emotional stage of relapse, and doing something about it, is the best way to prevent physical relapse.

Early Relapse Prevention

Relapse prevention is critical. As soon as an early pattern of any of the above symptoms is noticed, it is critical to initiate a plan of protection. If you don't have a plan, then make one *as soon as possible*.

Waiting can mean the difference between long-lasting recovery and relapse.

Techniques for Dealing with Mental Urges

- Spend time with people who are positive influences in your life, and who have healthy lifestyles
- Stay busy! Make sure you have an exercise routine or an absorbing hobby to keep you distracted.
- Learn relaxation techniques or exercises. These can include breathing exercises, mental imagery or yoga
- Remind yourself about the many positive changes that recovery has brought into your life, for yourself and your family
- Share your fears about relapse with someone you trust
- Keep in mind that most of the time urges only last 15-30 minutes...it may feel like an eternity, but focus on your relapse plan to help you get through it
- Increase the frequency of attendance in 12-step programs

Core Beliefs

Core Beliefs are like magnets. They are always waiting to attract evidence which confirms them. The more evidence they collect, the stronger they get. Unfortunately, they repel anything which does not support the core belief. This makes it hard to see or believe anything which would contradict or undermine them.

Core Beliefs are not facts. With persistence they can be challenged and altered.

Many people have negative core beliefs that cause harmful consequences. To begin challenging your negative core beliefs, you first need to identify what they are. Here are some common examples:

I'm unlovable I'm stupid I'm boring
I'm not good enough I'm ugly I'm worthless
I'm a bad person I'm abnormal I'm undeserving

What is one of your negative core beliefs?

List three pieces of evidence contrary to your negative core belief:

- 1) _____
- 2) _____
- 3) _____

Cognitive Distortions

- 1) **ALL-OR-NOTHING THINKING:**
You see things in black and white categories. If your performance falls short of perfect you see yourself as a total failure.
- 2) **OVERGENERALIZATION:**
You see a single negative event as a never-ending pattern of defeat.
- 3) **MENTAL FILTER:**
You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that discolors the entire beaker of water.
- 4) **DISQUALIFYING THE POSITIVE:**
You reject positive experiences by insisting they "don't count" for some reason or other. In this way you can maintain a negative belief that is contradicted by your everyday experiences.
- 5) **JUMPING TO CONCLUSIONS:**
You make a negative interpretation even though there are no definite facts that convincingly support your conclusions.
- 6) **MIND READING:**
You arbitrarily conclude that someone is reacting negatively to you, and you don't bother to check this out.
- 7) **FORTUNE TELLING:**
You anticipate that things will turn out badly, and you feel convinced that your prediction is an already established fact.
- 8) **MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION:**
You exaggerate the importance of things (such as your goof-up or someone else's achievement). Or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick."
- 9) **EMOTIONAL REASONING:**
You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be true."
- 10) **SHOULD STATEMENTS:**
You try to motivate yourself with should and shouldn't's, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders. The emotional consequence is guilt. When you direct should statements toward others, you feel anger, frustration, and resentment. **STOP SHOULDING ON YOURSELF!!**
- 11) **LABELING AND MISLABELING:**
This is an extreme form of over-generalization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser." When someone else's behavior rubs you the wrong way, you attach a negative label to him: "He's a idiot." Mislabeled involves describing an event with language that is highly colored and emotionally loaded.
- 12) **PERSONALIZATION:** You see yourself as the cause of some negative event which in fact you were not primarily responsible for.

SECTION TWO

MINDFULNESS-BASED RELAPSE PREVENTION

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Mindfulness Meditation Core Skills

(Bowen, Chawla & Marlatt, 2011)

1. Automatic Pilot and Response

Automatic Pilot describes our tendency to react without awareness. When we experience cravings and urges to use alcohol or other drugs, we often go into automatic pilot mode. Based upon past patterns, we subconsciously have acted upon thoughts, feelings and situations without full awareness of what was happening and what the consequences would be. Have you ever driven to the liquor store or turned down the street of your drug dealer feeling like you don't know how you got there or felt you were not in control of your actions? Mindfulness can help to step out of this automatic pilot mode, help raise awareness and make more conscious choices in how we respond rather than reacting in habitual, self-defeating, and self-destructive ways. The ability to pause and successfully move through cravings and respond more effectively to high-stress, high-risk situations is gained through the practice of mindfulness meditation. **This starts with learning the basics of mindfulness meditation.**

2. Awareness of Triggers and Cravings

Triggers and cravings (thoughts of using) are experiences that can cause an automatic pilot response. By identifying personal triggers and observing how they often lead to a chain of sensations, thoughts, emotions and behaviors, mindfulness can bring this process into awareness and disrupt the automatic reactive behaviors. Awareness of triggers are identified through the *In-depth Interview* and *Relapse Warning Sign* core exercises. By identifying personal triggers and warning signs, it can be illustrated how these reactions have led to habitual behaviors and caused us to lose awareness of what is actually happening in the moment. Mindfulness helps allow for greater flexibility and choice in responding to personal triggers and warning signs.

3. Mindfulness in Daily Life

The SOBER breathing space practice is introduced to participants and intended to provide a foundation for integrating mindfulness meditation into daily sober recovery practice. The SOBER (Stop, Observe, Breath, Expand, Respond) breathing space. This is an exercise that can be done almost anywhere, anytime because it is brief and simple. It can be used in the midst of a high-risk or stressful situation, or when experiencing urges and cravings to use. It can counteract the Automatic Pilot response system.

The acronym SOBER helps to remember the steps, as follows:

S – STOP. When you are in a high-risk, highly emotional, stressful situation or having an urge or craving to use – or even at random times throughout the day as a way to practice building resiliency – remember to STOP or slow down and check in with what is happening. This is the first step in countering the Automatic Pilot response system.

O – OBSERVE. Observe the sensations that are happening in your body. Also observe any thoughts, emotions, or moods that you are having. Notice and acknowledge as much as you can about what is happening within you during this experience.

B – BREATHE. Gather your attention and bring it to your breathe.

E – EXPAND. Expand your awareness to include the rest of our body, your experience, and to the situation, seeing if you can gently hold it in your awareness.

R – RESPOND. Respond mindfully (contrary to react), with awareness of what is truly needed in the situation and how you can best take care of yourself. Whatever is happening in your mind and body, you still have a choice in how you respond.

4. Mindfulness in High Risk Situations

The Sober Breathing Space in a Challenging Situation meditation, What You Want to Experience meditation, and the Cognitive Restructuring exercise are all ways to practice mindfulness and reprocess high risk situations. The idea and goal is that through the mindfulness meditation experiences and the cognitive restructuring exercises you will have the opportunity to picture yourself in a high-risk situation and reprocess the situation and emotions associated with the high-risk situation differently. Imagining yourself making different choices and responding in ways that support your recovery.

5. Seeing Thoughts as Thoughts

Group members will become more aware of, and learn about, automatic thinking. Individuals early in recovery often have a hard time differentiating between thoughts and feelings. Group members learn about the role their thoughts play in the relapse process and the link between thoughts, feelings and

behavior. You will also learn the process and practice of becoming more aware of thoughts and how to slow down the racing thoughts through mindfulness meditation practice. By starting to slow down and observe thoughts, the goal is to ultimately achieve the ability to become the third-party observer of your own thinking and then start to practice and learn how to redirect automatic negative thoughts. This skill practice is where group members start to learn about addicted thinking patterns (Red Wolf) versus true self, sober thinking patterns (Green Wolf) and can begin to question themselves, “is this an addictive thought or a sober thought?” This is where we look at the dysfunctional addictive thought process and more importantly, we challenge the addictive and irrational thoughts and learn how to manage our thinking to develop a healthier and more powerful sober thought, feeling, and action process.

6. Social Support and Continuing Practice

Group members become aware and learn the value of interdependence rather than independence, and the critical importance of support networks as a way of reducing risk and supporting a stable recovery. Here we expand on the information presented relative to handling stressful and high-risk situations by examining individual environments and participation (or lack thereof) in recovery groups and/or communities.

Identifying possible barriers ahead of time in order to anticipate what might put recovery at risk, and finding ways to overcome barriers to asking for help. Here we also emphasize that active recovery and mindfulness is an ongoing practice and lifelong journey that requires daily diligence and commitment. We also can once again use the Red Wolf, Green Wolf metaphor and describe ways in which we can unwittingly feed the Red wolf and give it strength other than by using alcohol or drugs. We also examine how support networks and continuing mindfulness meditation will help to keep the Green wolf strong.

What Is Rumination?

Rumination is:

- Dwelling on difficulties and things which distress us
- Repeatedly thinking about events from our past
- Becoming preoccupied with something and not being able to get it out of your mind
- A learned strategy for trying to deal with our problems.

Is Rumination normal?

- Yes, to some extent everyone ruminates or dwells on their problems
- Thinking about our problems can be helpful: especially if we reach a solution and put it into action.
- Most of the time, and for most people, rumination is time-limited: it stops when the problem is solved.
- Although rumination is normal, excessive use of it can be problematic.

What are the problems with Rumination:

- Unhelpful rumination tends to focus on causes and consequences instead of solutions “*What did I do to deserve this*” and “*Will my life ever get better*” instead of “*How can I make my life better*”
- Rumination tends to focus on what has gone wrong and can lead to negative thinking.
- When used excessively rumination can lead to depression.
- When used excessively, rumination can maintain an episode of depression
- Unhelpful rumination can lead to inactivity and avoidance of problem-solving.

Dwelling on a problem can lead to....

Rumination – Getting stuck in a loop that causes distress.... What is wrong with me? Why do these things always happen to me? What did I do to deserve this?.... This type of thinking leads to a never-ending negative feedback loop.

Resolution – How can I solve this problem? What do I need to do? Take action to resolve the problem.

Unhelpful Rumination asks more “why....” Questions

What is Neuroplasticity?

Close your eyes and picture a lawn of green grass.

Now imagine that someone walks across the grass diagonally from one corner of the lawn to the opposite corner. Notice how the grass changes. Perhaps the grass is a bit matted down where they walked.

Now imagine lots of people walking across the grass following the same path. After a while, notice that some of the grass is dying where so many footsteps have fallen. Imagine that this process continues until there is a path worn in the lawn where there is no longer any grass – just a dirt path worn smooth from all the foot traffic.

This is like the process of neuroplasticity in the brain. According to Hebb's axiom, neurons that fire together wire together (Hebb, 2009) and dendrites increase in size and efficiency when something is repeated over and over. So, like the path worn in the grass, the neuronal pathway gets stronger and stronger with repetition. Mindfulness practice is an effective way to create more healthy pathways in the brain.

Now imagine the lawn with the path across it. Notice what happens to it over time when no one walks on it anymore. The grass slowly starts to grow where the path was until at some point there is no longer a path at all. Mindfulness practice can help rewire the brain so it no longer automatically responds with anxiety; or anger, or fear, or feeling stressed. Mindfulness helps to decrease the negative pathways to the brain.

Implicit Memory

Implicit Memory is encoded throughout our lives starting at birth (some believe it occurs in the womb). Dan Siegel states that it involves perception, emotion, bodily sensation, behavior, mental models, and priming (Siegel, 2010). Essentially, implicit memory is a memory that you don't realize you are retrieving from the past. Implicit memory is useful and necessary as it involves recollection of skills and things you know how to do that you don't need to recall consciously. For example, implicit memory helps you remember how to ride a bike without consciously feeling like you are having a memory of learning to ride. Implicit memory operates below the level of awareness and drives current behaviors.

Implicit memory can be particularly troublesome in the present if you experienced intense emotions or trauma in the past. The implicit memory of these things can emotionally hijack you in the present without your being aware this is happening. This is why mindfulness can be helpful to increase awareness.

It is important to understand how powerful some implicit memories can be and why it is so important to use mindfulness to prevent implicit memory from driving behavior in negative ways.

Implicit memories can emotionally hijack our prefrontal cortex and drive behavior without our awareness. Implicit memories show up in bodily sensations. Implicit memory is like the child that lives within us. Implicit memory can create misinterpretation of current situations.

Mindfulness allows us to integrate implicit with explicit memory to improve emotional response and behavior patterns.

Using Mindfulness to Manage Anger

When thinking about mindfulness, images of meditating and practicing yoga may come to mind. But mindfulness techniques can also be used to help you manage your anger. Unexpressed anger can result in all sorts of physical and emotional issues so it's critical that we find a way to channel that energy in a more productive way.

Do something productive and physical:

Notice the word "productive" in this tip. It won't make much sense to physically beat the object of your anger (whether it's a person or an object). But you can get out some of your frustration by doing something physically challenging. Run, go to the gym, take a hot yoga class, or even visit a boxing gym. Getting your adrenaline level up along with a flood of calming endorphins will help you feel centered, clear, and focused.

Make a list of your triggers:

One of the hallmarks of living mindfully is to be conscious. Rather than moving through life as a ball of unmindful reactions, mindfulness asks us to be aware and live with our eyes open. When it comes to problems with recurring anger, the first step is to identify your triggers. Make a list of things that set you off and get your blood boiling. This is only the first step but is an important one in managing anger.

Create new responses (as opposed to reactions):

Once you have an idea of what sets you off, the next step is to find some new responses to each trigger. If one of your triggers is a person, like your spouse or co-worker, find new ways to manage that relationship. If having a heart-to-heart conversation is out of the question, find other ways to deal with it. Make a list, talk to a friend, counselor or therapist and be creative.

Give up the urge to be right:

Deepak Chopra talks about the approach of giving up our feelings of self-importance and the need to be 'right.' When that person cuts us off while driving or a co-worker drops the ball on a project, instead of using all your energy to convince them of your side, let it go. Think about other ways you can use that energy to do something for yourself.

Imagine a different way:

While the idea of meditating may not interest you, the idea of visualizing yourself acting in a different way might. Close your eyes and imagine yourself in one of your trigger situations. Then, "see" yourself acting differently than you usually do. See it in your mind's eye and use that as the start of making a new approach.

Get to the root of it:

While anger is a powerful emotion, the root cause is usually fear. Some believe that there are really only two core emotions, fear and love, and everything else we experience is an extension of one of those. Take the time to get underneath your reactions and identify your fear. It could be fear of being alone, fear of being hurt or fear of failure. This is hard work and takes honesty and courage but can help you resolve your outbursts for good.

Be nice to yourself – Ten Tips to Foster Self-Compassion through Mindfulness

Practice adding these mindfulness tips into your day for a few days. Notice if you feel kinder toward yourself and those you come in contact with.

1. **Start your day with 5 minutes of quiet** - waking up mindfully can help you set the tone for the day. Taking time to eat a small nutritious meal will send a message to your body that you have it within your reach to take care of your basic needs. Reading even the shortest of inspirational passage can help you feel centered for at least the first part of your day.
2. **Take three deep breaths** - before you leave your car or the bus to start your workday take three deep breaths. Planning brief pauses throughout the day will keep stress hormones from activating. Remember that stress hormones are not kind to the body! Focusing on the exhale will help activate the rest and digest response.
3. **What is going right?** - take a moment to think about one or two recent accomplishments before tackling your daily to-do list These can be really small; getting to work on time, keeping your desk neat, helping a coworker, family member or sober support.
4. **Drink water** - a very small kindness toward the self but so important. Staying hydrated will help all your bodily systems run more smoothly. We can feel tired, cranky and stressed, just because we forget to take time for basic needs like drinking enough water.
5. **Take frequent stretch breaks** - whether you spend the bulk of your day sitting or running around, taking time out for few quick stretches will send a message to your body and mind that you are safe and well.
6. **Try to under-schedule yourself** - Instead of packing as much as you can into every day, try a few days of under-scheduling. Do only what is absolutely necessary one day a week. Does this sound too challenging? Alternatively, make sure you add **in** one activity a day that is purely joyful for you. Notice how you feel at the end of the day.
7. **Look people in the eye** - slow down, and be in the present moment with as many conversations as you can today. Notice how this calms the nervous system and makes conversations more meaningful and enjoyable.
8. **Play** - get in touch with your silly inner-child. Squish some clay, draw a funny picture, ride a bike.
9. **Move slowly toward the end of the day** - Try cutting your pace in half after five. Sending the signal to your body that it's time to think about getting some rest.
10. **What went right?** - Before closing your eyes, note three small things that you are grateful for. These items can be as small as a staying sober today, a place to sleep and food to eat.

Mindfulness of Relationships

ELEVEN WAYS TO BE MINDFUL IN YOUR RELATIONSHIPS

All types of relationships can benefit from mindfulness. These include relationships with family; loved ones, significant others, friends; co-workers, bosses, employees, teachers, and so on. Substitute the person you are in a relationship with (or an imagined future relationship) for "loved one" in the following steps:

- 1.** Stop what you are doing and be totally present with your loved one either in person or in your imagination. Listen to them. Look them in the eye. Smile at them. Give them your undivided attention.. Let them know you think they are terrific. Avoid judgment. Show them your unconditional love and acceptance. Think of all the things *you* love about them.
- 2.** Notice what thoughts or feelings arise in you as you think about your loved one. Acknowledge and accept the thoughts or feelings and then let them go.
- 3.** Ask, "What does my loved one need from me right now?" Ask yourself how you can give them your unconditional love and acceptance. Tune-in to their needs as well as your own.
- 4.** Try to see the world from your loved one's point of view. What stressors do they have? How would you feel if you were your loved one?
- 5.** Write down your expectations for your relationship. Are your expectations realistic? Are they in your loved one's best interest? In yours?
- 6.** Practice accepting your loved one exactly how they are. Love them unconditionally. Let them know you love them no matter what. Look past their difficult behavior to the beautiful being underneath. They are already good enough.
- 7.** Understand what your loved one is feeling. Validate their feelings.
- 8.** Avoid the trap of constantly telling your loved one what to do or how to do it. Practice being in charge of yourself but not of your loved one.
- 9.** When you need to represent yourself with your loved one, do it with love. Use "I" statements to say, "I think, I feel, I want." "I like it when ..." Be positive, dear, and kind.
- 10.** Practice compassion and some type of loving kindness mindfulness regularly. Allow yourself to be still. Be silent. Think about all the things you love, like, and are grateful for about your loved one. Focus on the positive.
- 11.** Take care of yourself *so* you can be in the best condition to be mindful.

SECTION THREE

SHAME RESILIENCE

Fostering Resilience

Shame Resilience Core Strategy Descriptions

(Brown, 2007/2009)

1. Recognizing Shame & Triggers

Recognizing shame and gaining awareness of personal shame triggers allows group members to find the space needed to process the experience of shame and gain some clarity before acting out, shutting down, or picking up a substance to sedate the pain. Shame is universal and we all experience shame around multiple aspects of our lives. Shame is especially detrimental in recovery from substance abuse. Shame serves as an antecedent and also perpetuates shame. Shame is at the emotional core of stigma. It is noted by researchers and clinicians alike as the main barrier to reintegration from treatment, and therefore represents a significant barrier to successful recovery.

In addition to learning the 12 common shame triggers, group members will learn about **shame screens**: the ways in which we respond to shame which are often unconscious and unpredictable. According to Brene Brown (2006) the definition of a shame screen is “when we are in shame we are often overcome with the need to hide or protect ourselves by any means possible. When we experience shame, our first layer of defense often occurs involuntarily, going back to our primal flight, fight, and freeze responses.” In order to deal with shame some of us will **move away** by withdrawing, hiding, silencing ourselves and keeping secrets. Some of us **move toward** by seeking to appease and please. And, some of us **move against** by trying to gain power over others by being aggressive and using shame to fight shame.

In learning about our personal shame triggers *does not eliminate shame* or our sometimes ingrained responses to shame, but it does raise awareness so that we can move through these experiences more quickly and start to work toward changing our maladaptive response patterns.

Becoming aware of our own individual shame triggers, what they feel like, where they come from, and *how we want to be perceived* compared to *how we don't want to be perceived* is the first step in developing shame resiliency.

2. Practicing Critical Awareness

Awareness is knowing something exists while critical awareness is knowing why it exists, how it works, and how we and our society are impacted by it and benefit from it. It is also referred to as critical consciousness or critical perspective. In practicing critical awareness and recognizing shame triggers, group members will learn how to:

Contextualize (I see the big picture)
Normalize (I'm not the only one)
Demystify (I'll share what I know with others)

Pathologizing	<i>versus</i>	Normalizing
I <i>am</i> bad.		I <i>did something</i> bad.
Something is wrong with me.		I'm not the only one.
I always screw things up.		I made a mistake in this situation.

3. Reaching Out

Reaching out is about *Connection* versus *Disconnection*. What is *Connection*? According to Brene Brown's research on shame, *Connection* is feeling valued, accepted, worthy and affirmed. *Disconnection* is feeling diminished, rejected, unworthy and reduced. Reaching out is a way of forming a connection to another person. By reaching out to another person you move from separating and insulating to sharing your story and creating change.

Separating and insulating means there is the concept of *us* and *them* and we are not the same as them. It allows you to believe that what is affecting you could never affect anyone else and what is affecting others could never affect you. No one else has been through or experienced what I have or I can't imagine ever going through or experiencing what someone else has (it will never happen to me). This type of thinking creates walls of disconnection and shuts down communication and relationships. Separating and insulating allows shame to fester and grow.

Separation, insulation, especially when it turns into isolation is a serious threat to recovery. While separation and insulation can, at times, be a normal part of developing and growing relationships, disconnection can become a serious threat when it turns into feelings of isolation. Isolation is a feeling that one is locked out of the possibility of human connection, and of being powerless to change the situation. Psychological isolation can lead to a sense of hopelessness and desperation.

Reaching out is an important part of shame resiliency and stable recovery. Connection helps beat the shame bully. It requires that you choose sharing your story and creating change over separating, insulating and isolation. It is important that when you share your shame story that you do so with someone that you trust. It can do more damage than good when you reach out to someone to share your story and are met with judgement, impatience or disapproval.

4. Speaking Shame

Learning to speak shame is one of the most powerful strategies for shame resiliency. Shame unconsciously drives thoughts, feelings and behaviors. Its survival depends on secrecy and silence. If we recognize shame and understand our triggers, practice critical awareness and reach out to others, we can increase our resilience by building connection networks. Our connection networks are our sources for empathy, connection and power. We need to be able to identify and communicate what we are feeling and why we are feeling it. When we speak shame, we learn to speak our pain.

Most of us don't naturally acquire the vocabulary we need to identify, describe and discuss shame. Especially the person in early recovery who often has difficulty identifying and labeling feelings versus thoughts. Shame is a complex language that requires practice. Speaking shame requires that you develop names and terms to describe painful and often abstract concepts. When we learn to speak shame we go from shutting down and acting out to expressing how we feel and asking for what we need. Here is an example of ways to describe an overwhelming physical and emotional response to shame:

Typically response: *"I was just freaking out and losing it. It was like I was dying inside."*

Shame speak example: *"It hurt my feelings. It was really mean. I felt angry, sad and depressed. I felt like I wasn't a good person" and "My face became flush, my stomach tightened and I replayed the incident over and over again in my head."*

It also helpful to recognize the intentions of shame and that shame can be a real and dangerous form of abuse. Shame is also a highly individualized experience. Each group member should examine their own shame triggers and the messages behind them and develop a personal path to resilience. As you develop shame resilience you will find that many of the expectations and messages producing shame are driven by fear, blame and disconnection.

Resilience is achieved and strengthened through the 1. practice of awareness (recognizing shame), 2. compassion (critical awareness), 3. connection (reaching out) and 4. courage (learning to speak shame).

SHAME RESILIENCE

Brene Brown describes shame as the greatest obstacle to living a whole-hearted life. She describes a whole-hearted life as consisting of three elements: *Authenticity, Love and Belonging, and A Resilient Spirit*.

Authenticity

Authenticity is a daily practice. Choosing authenticity means taking these actions:

- Cultivating the courage to be emotionally honest, to set boundaries, and to allow ourselves to be vulnerable.
- Exercising the compassion that comes from knowing that we are all made of strength and struggle and are connected to each other through a loving and resilient spirit
- Nurturing the connection and sense of belonging that can only happen when we let go of what we are supposed to be and embrace who we are.

Love and Belonging

Nothing is more essential to human happiness than love and belonging. To invite these into our lives means doing the following:

- Developing an internal sense of belonging rather than externally searching for acceptance and approval
- Understanding why trying to fit in and be cool doesn't help us meet our human need to belong but actually gets in the way.
- Accepting that we are worthy of love just as we are and allowing ourselves to be deeply seen and known
- Loving the ordinary and imperfect parts of ourselves and our lives
- Practicing forgiveness and self-compassion

A Resilient Spirit

In an increasingly anxious world, it's important that we are grounded by a deep sense of purpose and guided by a resilient spirit. Living with purpose and resilience means following these approaches;

- Telling our stories
- Practicing hope and gratitude
- Embracing vulnerability
- Thinking critically
- Honoring faith and intuition
- Valuing perseverance and rest
- Holding joy and laughter sacred

Shame tells us that our imperfections make us inadequate and our vulnerabilities are weaknesses. It sends two primary messages: “Who do you think you are?” and “You’ll never be good enough.”

Over time, we learn to hide our struggles and protect ourselves from shame, judgement, criticism, and blame by seeking safety in pretending and perfection.

Our imperfections do not make us inadequate; they are what connect us to each other and to our humanity.

Our vulnerabilities are not weaknesses, they are powerful reminders to keep our hearts and minds open to the reality that we’re all in this together.

Shame Resiliency is developed by our combined ability to recognize

- 1) Shame and our specific triggers
- 2) Our level of critical awareness
- 3) Our willingness to reach out to others, and
- 4) Our ability to speak shame.

Important Points About Shame:

- ♥ Shame is universal
- ♥ Individuals struggling with addiction are very hard on themselves and generally experience more shame due to negative actions during active addiction.
- ♥ When we identify our desired and unwanted identities, we give ourselves very little room to be human.
- ♥ We cannot deny the power of the messages we heard growing up.
- ♥ Most of us judge others whom we perceive as having the traits we dislike in ourselves.
- ♥ When we don’t recognize shame and understand the messages and expectations that trigger our shame, we often rely on shame screens to protect us. Not only is this ineffective but it can be shame-inducing in itself.
- ♥ According to Brene Brown (2006) the definition of a Shame Screen is “**when we are in shame we are often overcome with the need to hide or protect ourselves by any means possible. When we experience shame, our first layer of defense often occurs involuntarily, going back to our primal flight, fight, and freeze responses.**”
- ♥ After the physical **fight, flight** or **freeze** response, strategies of disconnection provide us with a more complex layer of shame screens.
- ♥ In order to deal with shame, some of us will **move away** by withdrawing, hiding, silencing ourselves and keeping secrets. Some of us **move toward** by seeking to appease and please. And, some of us **move against** by trying to gain power over others by being aggressive and using shame to fight shame.
- ♥ Become aware of our own individual shame triggers, what they feel like, where they come from, and how we want to be perceived compared to how we don’t want to be perceived is the first step in developing shame resiliency.

SHAME

Adapted from Shame Resilience Theory (SRT) by Brene Brown (2006).

FOUR ELEMENTS OF SHAME RESILIENCE

- ♥ Recognizing Shame and Shame Triggers
- ♥ Gaining Critical Awareness
- ♥ Reaching Out to Others to Find and Offer Empathy
- ♥ Speaking Shame

12 SHAME TRIGGERS

- ✚ Appearance and Body Image
- ✚ Money and Work
- ✚ Motherhood or Fatherhood (fulfilling these roles)
- ✚ Family
- ✚ Parenting (being an effective parent)
- ✚ Mental and physical health (including addiction)
- ✚ Sex
- ✚ Aging
- ✚ Religion
- ✚ Speaking out
- ✚ Surviving trauma
- ✚ Being stereotyped and labeled

SHAME TRIGGERS WORKSHEET FOR EXPLORING SHAME & DEVELOPING SHAME RESILIENCY

Shame Assignment #1

Step #1

I physically feel shame in/on my:

It feels like:

I know I'm in shame when I feel:

If I could taste shame, it would taste like:

If I could smell shame, it would smell like:

If I could touch same, it would like:

Step #2

I want to be perceived as:

- 1)
- 2)
- 3)
- 4)

I do not want to be perceived as:

- 1)
- 2)
- 3)
- 4)

Step #3

What do these perceptions mean to me?

Why are they so unwanted?

Where did the messages that fuel these identities come from?

DEVELOPING SHAME RESILIENCY

Reviewing the Basics: It is clear that as individuals struggling with addiction and the shame/stigma associated with addiction, we are very hard on ourselves. When we identify our desired and unwanted identities, we give ourselves very little room to be human. Second, we cannot deny the power of the messages we heard growing up. Third, most of us judge others whom we perceive as having the traits we dislike in ourselves.

When we don't recognize shame and understand the messages and expectations that trigger our shame, we often rely on shame screens to protect us. Not only is this ineffective but it can be shame-inducing in itself.

According to Brene Brown (2006) the definition of a shame screen is "when we are in shame we are often overcome with the need to hide or protect ourselves by any means possible. When we experience shame, our first layer of defense often occurs involuntarily, going back to our primal flight, fight, and freeze responses."

After the physical **fight, flight or freeze response**, strategies of disconnection provide us with a more complex layer of shame screens. In order to deal with shame, some of us will **move away** by withdrawing, hiding, silencing ourselves and keeping secrets. Some of us **move toward** by seeking to appease and please. And, some of us **move against** by trying to gain power over others by being aggressive and using shame to fight shame.

Becoming aware of our own individual shame triggers, what they feel like, where they came from, and how we want to be perceived compared to how we don't want to be perceived is the first step in developing shame resiliency.

Shame Assignment #2:

- 1) Pick a shame experience and write about the experience and describe it self-compassionately.
- 2) Think of any other people you can think of who may have gone through something similar. Name them and write about their experience as you know it.
- 3) Pretend you are a compassionate friend and giving advice to that friend on the situation describe in #1. Write about the compassionate advice your friend has given you about the shame experience you described.

SECTION FOUR

MEDITATIONS

SOBER Breathing Space

The acronym SOBER helps to remember the steps, as follows:

S – STOP. When you are in a high-risk, highly emotional, stressful situation or having an urge or craving to use – or even at random times throughout the day as a way to practice building resiliency – remember to STOP or slow down and check in with what is happening. This is the first step in countering the Automatic Pilot response system.

O – OBSERVE. Observe the sensations that are happening in your body. Also observe any thoughts, emotions, or moods that you are having. Notice and acknowledge as much as you can about what is happening within you during this experience.

B – BREATHE. Gather your attention and bring it to your breathe.

E – EXPAND. Expand your awareness to include the rest of our body, your experience, and to the situation, seeing if you can gently hold it in your awareness.

R – RESPOND. Respond mindfully (contrary to react), with awareness of what is truly needed in the situation and how you can best take care of yourself. Whatever is happening in your mind and body, you still have a choice in how you respond.

Practicing this as a daily meditation and also as a tool in daily stressful situations will help you to gain the power of the pause (added recovery strength) and help to prevent/protect you from being hijacked by your emotions and your thinking. This hijacking of EMOTION and THOUGHT can result in the automatic pilot response leading to relapse (ACTION). Practicing this SOBER BREATHING SPACE on a daily basis is a very valuable and powerful relapse prevention tool.

Mindfulness of Emotions Meditation

We all experience emotions continuously throughout the day. They often start as a small nudge, gradually increase in intensity and then decrease. This is much like the waves in the surf at the ocean shore. They start slowly offshore, build as they come into shore, and then slowly recede only to be replaced by new waves in a continuous cycle.

This exercise will help you to tune-in to your emotions, your judgements about them, and their wave-like ebb and flow.

Take a few moments to focus on your breathing. Just notice your breathing without changing it. *(Pause to allow participants to relax into their breathing)*

Notice how you feel emotionally in the present moment. Without judging, just be aware of how you feel. What feeling are you experiencing? Name the feeling. Is it pleasant or unpleasant? Notice if it feels good or not good. Is the feeling steady, or coming and going? Is it changing in intensity? How is it changing? Gently maintain your attention on your emotion. Have you felt this emotion before? Is it originating from the present or the past? What is the present moment of the emotion? *(Pause to allow participants to experience the present moment of the emotion).*

Notice how you are breathing? How does your posture match your feeling? How does the emotion show up in your body? Is there any part of your body that is uncomfortable? Have you noticed this body sensation before? Are your muscles tense or relaxed? What is your facial expression? As you notice thoughts, simply acknowledge them, dismiss them and bring your attention back to your emotion. Allow and accept instead of judging.

As one emotion subsides another emotion may arise. Simply repeat the process – allow, accept and name the feeling. Remind yourself that you are not your emotion. Investigate the present moment of the emotion. *(Pause to allow participants to experience the present moment of the emotion).*

And then, when you are ready, very gently just allowing your eyes to open and bringing your awareness back to the room

Increasing Joy, Decreasing Judgement

A mindfulness exercise to help quiet criticism and boost acceptance.

First, take a few deep breaths, to clear your mind and reset your nervous system. Focus on elongating your exhales. Simply by slowing down your breathing, your body will get the message that you are safe. This will help you start to recognize judgmental, unproductive thoughts.

Next, think of a time when you were judging and being critical of a situation, another person, or yourself. What are the sensations that fill your body when you picture this scenario?

Oftentimes when we are in judging mode we will begin to feel a sense of disconnection to others. This separateness can make us feel lonely, isolated, even fearful. We may feel a sense of heaviness and seriousness that makes it hard for us to feel any sense of joy or well-being. Take a few more breaths to identify the mind/body reactions to judging.

Now, think of a time when you felt open to your experience - a time when you felt accepting of a situation, another person or yourself. You may feel a sensation of lightness and childlike joy. What are the sensations that come up in your body when you picture this scenario?

When we remain open and accepting to a situation, we often feel calm and relaxed. We feel connected to other people. This sense of community sends a message to the body that we are safe, creating a positive feedback loop as our thoughts continue to soften. We may even feel a connection to something more eternal and a feeling of trust in the world. Take a few more breaths to identify the mind/body reactions to acceptance and joy.

Next, think of yourself, sitting in this group, becoming the third-party observer of self in your mind's eye, breathing into the present moment, holding on to this sense of lightness and childlike curiosity. Take in a few moments of self-acceptance. Can you feel a sense of connection to yourself and others through the space, or possibly a connection to something eternal and a trust in unfolding of events? Take a few more breaths to identify the present moment mind/body reactions to acceptance and joy.

And then, when you are ready, very gently just allowing your eyes to open and bringing your awareness back to the room.

Loving-Kindness Meditation

(Adapted from Bowen, Chawla & Marlatt, 2011)

This meditation is slightly different from some of the others we have practiced. It is a “friendliness” or compassion practice that involves developing a kinder, gentler attitude toward ourselves and others. This compassionate and friendly approach is an important aspect of mindfulness practice and can help support the other practices that we have done.

To begin, position your body in a way that is comfortable to you, allowing your body to be completely at ease and beginning by just loosening any tension in your body. Allowing any tightness in your body to release, softening your belly, gently releasing any tension in your arms and shoulders, your face, relaxing your jaw. Maybe taking a moment to connect with your intention, your reason for being here and engaging in this group.

Feeling your body against the chair, feeling the solidity and stability of the chair and the ground beneath you, allowing your body to release into the chair and your feet into the ground, and feeling a sense of safety here in this moment, allowing the ground to support you.

Now bring to mind someone you know personally, or know of, who is easy to love and toward whom you naturally have feelings of friendliness and caring. This may be a friend, a child, a grandchild or grandparent. Or it could be a spiritual guide, or even a pet. It is best not to pick someone with whom you’ve had conflict or to whom you are romantically involved, but rather just someone toward whom you feel an easy warmth and friendliness. Maybe someone who makes you naturally smile just by thinking about him or her.

If you’d like, imagine that this someone is sitting next to you, by your side, or in front of you. If you are unable to picture this person, just allow yourself to focus on the feeling, the sensations you may experience in the presence of this being. Take a few minutes to pay attention to how you feel, sensing where in your body you experience feelings of compassion and caring. This may be in the center of your chest, where your heart is, or in the belly or the face. Wherever you feel the experience of caring or kindness in your body, with each breath, allow this area to soften. If you have trouble sensing this or finding the area where these feelings might be centered, it’s okay...just keep your focus on this general area of your heart and notice what, if anything, you can sense there throughout the exercise.

Now, if it feels comfortable to you, send this being well-wishes. We often use the following, repeating them quietly in our minds: “May you be safe, sober, and protected. May you find true happiness. May you be peaceful. May you live with ease.” (Repeat slowly)

You can use these well-wishes or create your own, whatever feels most genuine for you. Continuing to repeat them mentally. May you be safe, sober and protected. May you be happy. May you be peaceful. May you live with ease.

Now, take a moment to think of the person sitting to your right. This person could use your kindness and compassion too. Thinking of the person to your right, send them well-wishes or care and compassion, transmitting this care from your heart to theirs. (Pause)

Now, take a moment to think of the person sitting to your left. This person could also benefit from your kindness and care. Thinking of the person to your left, send them well-wishes of care and compassion, transmitting this kindness and care from your heart to theirs. (Pause)

Now think about the fact that while you were sending your care and concern to those sitting to your left and to your right, that someone was sending kindness, care and compassion to you. Take a moment to take in and absorb the energy of love, kindness, care and compassion.

And then, when you are ready, very gently just allowing your eyes to open and bringing your awareness back to the room.

Imagine Being Sober Meditation

(Foster, 2015)

Take a deep slow breath and as you exhale even more slowly than you have inhaled, you can allow your eyes to close. As your eyes continue resting closed, continue to breathe at least a little bit more slowly and deeply than you normally would. By breathing slow and easy and deep, a bit differently than you would automatically breathe, you are sending a signal to your central nervous system that it is time to relax. Bring your awareness to your breath, the rise and fall of your abdomen.

Now, as we're sitting here in meditation you'll notice that your mind has begun to entertain a particular thought. Just notice the thought, release it and let it pass. Sort of like clouds floating by in the sky. Sometimes the words you hear will influence your conscious mind and you might find yourself listening. At other times, you can simply drift as your inner mind absorbs and integrates and acts on those things that will benefit you.

There are changes and improvements underway throughout your body and mind. Throughout your life. Your life may not be what you'd like it to be in this moment but imagine what it will become as you continue to stay sober and progress in your recovery. (pause)

Imagine Being Sober (pause) Imagine Staying Sober (pause). What does that look like for you? (pause) Imagine it in your mind's eye as clearly as you can? What do you want your life to be? What does it feel like? What do you want it to look like? Imagine yourself living fully present, clear, sourced from within with a quiet power, gentle strength, joyfulness, ease, and balance... thoughts, emotions, and actions are complementing each other. Your mind bringing to your attention things that are beneficial, appealing, and possible. How does that feel? What does that look like?

Our minds are very responsive to symbols. If the image of your best sober self, your best sober life where an animal what would it be? Only pick the first image that came to your mind. Now spend a few moments focusing on this animal in your mind's eye. Trying to take in every detail (pause). What are some valuable qualities this animal possesses that represent your best sober self? Our minds create the perfect animal symbol to influence our minds toward success. Spend these last couple of moments continuing to imagine this animal in your mind.

And then, when you are ready, very gently just allowing your eyes to open and bringing your awareness back to the room.

Mountain Meditation

Settle into a comfortable position, with your spine straight but relaxed, sitting with a sense of dignity and ease, and with the intention to remain wakeful and present. When you are ready, you allow your eyes to close. Allowing your attention to rest on the sensation of the breath as it naturally flows in and out of the body. Just observing your body as it breathes. Coming into stillness, sitting with a sense of completeness, with your posture reflecting this.

Now, when you are ready, bringing to mind the image of a mountain. Picturing the most beautiful mountain you have ever seen or can imagine. Focusing on the image or just the feeling of this mountain in your mind's eye, allowing it to come more clearly into view. Noticing its overall shape: the lofty peak in the sky, the large base rooted on the earth, steep or gently sloping sides. Noticing how massive it is, how unmoving it is, how beautiful both from afar and up close. Its unique shape and form. Perhaps your mountain has snow at the top and trees on the lower slopes. Perhaps it has one prominent peak, perhaps a series of peaks and a high plateau. However it appears, just sitting and breathing with the image of this mountain, observing its qualities.

And when you're ready, seeing if you can bring the mountain into your body so that your body sitting here and the mountain in your mind's eye become one. So that as you sit here, you become the mountain. Your head becomes the lofty peak, your shoulders and arms the sides of the mountain, your buttocks and legs the solid base rooted in your cushion or your chair. Experiencing in your body a sense of uplift from the base of the mountain up through your spine. With each breath, becoming more and more a breathing mountain, unwavering in your stillness, completely what you are, beyond words and thought, a centered, rooted, unmoving presence.

As the sun travels each day across the sky, and light, shadows, and colors are changing virtually moment to moment, the mountain just sits. In the mountain's stillness, night follows day and day follows night, seasons flow into each other, and the weather changes moment by moment, day by day. Calmness abiding all change. In summer there is no snow on the mountain except maybe on the peaks. In the fall, the mountain may wear a coat of brilliant colors. In winter, a blanket of snow or ice. In any season, it may change; it may find itself enshrouded in fog or clouds or pelted by sleet or rain. People may come to see the mountain and be disappointed if they can't see it clearly or they may comment on how beautiful it is. And through all this, seen or unseen, sun or clouds, in sweltering heat or in freezing cold, the mountain just sits. Solid and unwavering. At times visited by violent storms, snow, rain, and winds of unthinkable magnitude; through it all the mountain just sits, unmoved by what happens on the surface.

As we sit holding this image in our mind, we can embody the same unwavering stillness and rootedness in the face of everything that changes in our own lives, over seconds, hours, and years. In our meditation practice and in our lives, we experience the constantly changing nature of mind and body, and all the changes in the outer world.

We experience our own periods of light and dark. We experience storms of varying intensity and violence in the outer world and in our minds. We endure periods of darkness and pain as well as moments of joy. Even our appearance changes constantly, like the mountain's experiencing a weathering of its own.

By becoming the mountain in our meditation, we can touch these qualities of strength and stability, adopting them as our own. We can use its energies to support our efforts to encounter each moment with mindfulness. It may help us to see that our thoughts and feelings, our preoccupations, our emotional storms and crises, all the things that happen to us are much like the weather on the mountain. We tend to take it personally, but like the weather, it is impersonal. In holding it in this way, we come to know a deeper silence and wisdom than we may have thought possible, right here within the storms. Mountains have this to teach us, if we can come to listen.

In the last moments of this meditation, continue to sit with this image of the mountain, embodying its rootedness, stillness, and majesty.

When you are ready, gently letting that scene go, allowing your attention to return to this room, allowing your eyes to open.

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