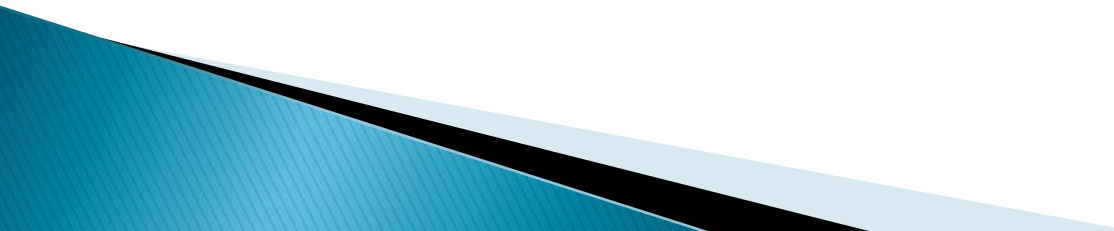


Mindfulness and Trauma Focused Treatment

Working With The Body



Workshop Objectives

- ▶ Understand how Mindfulness Practices can be integrated into comprehensive treatment
 - ▶ Begin a Mindfulness practice or deepen existing Mindfulness practice
 - ▶ Discuss how to integrate Mindfulness into care practices
- 

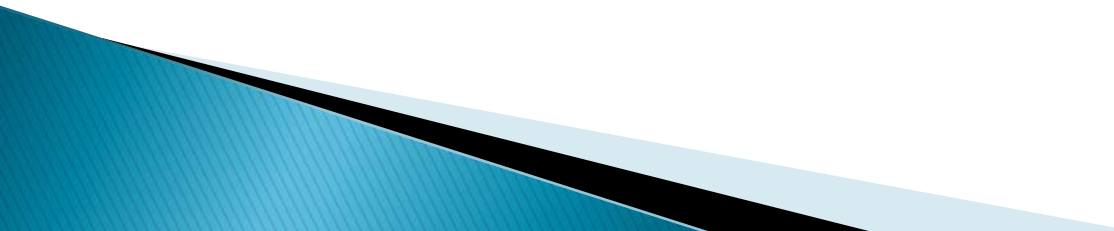
Workshop Structure

▶ Day 0.5


- Meditation; Processing
- Mindfulness: The Construct
- Mindfulness: Jon Kabat-Zinn & MBSR
- Meditation; Processing
- MBSR Outcomes Studies

Workshop Structure

▶ Day 1.5

- Mindfulness & Psychotherapy
 - Meditation; Processing
 - Mindfulness Based Therapies
 - Meditation; Processing
 - Mindfulness & Gambling Treatment I
 - Meditation/Processing
 - Mindfulness & Gambling Treatment II
 - Meditation/Processing
- 

Workshop Structure

- ▶ Day 2.5: Dr. Jenna Tedesco
 - Neurobiology of Trauma
 - Meditation/Processing
 - Mindfulness, Gambling, & Trauma
 - Meditation/Processing
 - Top Down vs. Bottom Up: Neurobiology & Mindfulness
 - Meditation/Processing
 - Other Body Therapies
 - Case Study Presentations
 - Meditation/Processing
- 

Workshop Structure

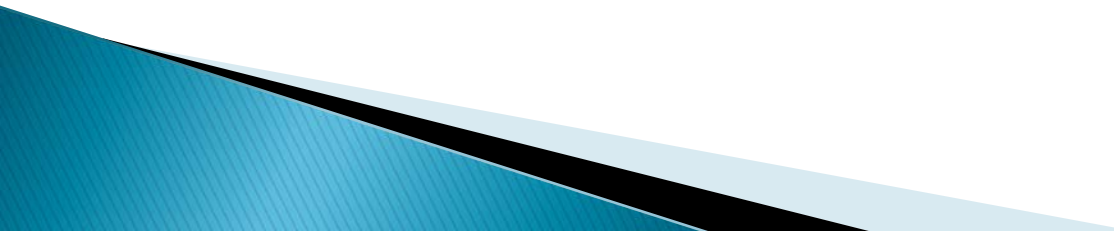
- ▶ Day 3.5: Dr. Steve DiJulio
 - *Gestalt* therapy today & Mindfulness
 - Awareness Continuum
 - Working with Ambivalence & Polarity
 - Undoing Introjected Shame
 - Unfinished Business: Working with Trauma Memories

Opening Meditation

- ▶ “Raisin Mind”



Processing

- ▶ What was it like to use your mind that way?
 - ▶ What happened?
 - What did you expect would happen?
 - ▶ What was pleasant? Unpleasant?
- 

Definitions of Mindfulness

- ▶ Moment-by-moment awareness (Germer, 2005)
 - Humanistic Paradigm
- ▶ Keeping one's consciousness alive to the present reality (Hahn, 1976)
 - Zen Paradigm
- ▶ The clear and single-minded awareness of what actually happens to us and in us at the successive moments of perception (Thera, 1972)
 - Vipassana Paradigm

Definitions of Mindfulness

- ▶ Attentional control (Teasdale, Segal, & Williams)
 - CBT Paradigm (MBCT)
- ▶ Keeping one's complete attention to the experience on a moment-to-moment basis (Marlatt & Kristellar, 1999)
 - Relapse Prevention Paradigm (MBRP)

Mindfulness & Acceptance

- ▶ The awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment (Kabat-Zinn, 2003)
 - Stress Reduction Paradigm (MBSR)
- ▶ Non-judgmental observation of the ongoing stream of internal and external stimuli as they arise (Baer, 2003)
 - Meta-Analytic Paradigm

Mindfulness & Acceptance

- ▶ Non-judgment + kindness = Acceptance
 - Humanistic Paradigm, applied to the self
- ▶ Acceptance is cultivated through empathy & positive regard for self and others.
- ▶ Acceptance = Willingness to let things be just as they are the moment we become aware of them

Mindfulness & Acceptance

- ▶ “Change is the brother of acceptance, but it is the younger brother” (Christensen & Jacobson, 2000).
- ▶ “Ride the Road You’re On”
- ▶ Radical Acceptance precedes therapeutic change DBT Paradigm (Linehan)

Mindfulness

- ▶ Mindfulness = (Awareness) (of present experience) (with acceptance).

Non-conceptual

Present-Centered

Nonjudgmental

Intentional

Participant Observation

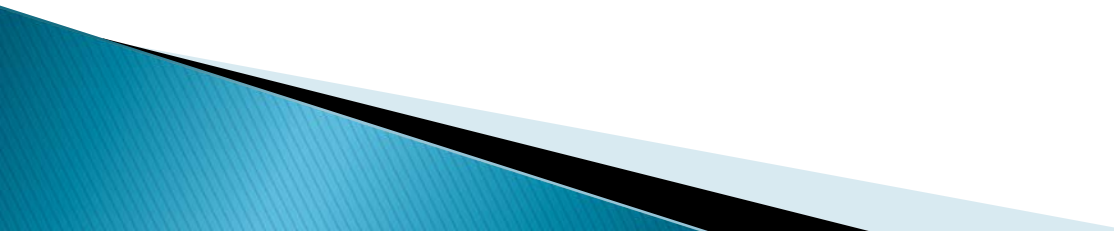
Nonverbal

Exploratory

Liberating

- ▶ *Homo sapiens sapiens*: Man that knows that he knows

Now, About That Raisin...

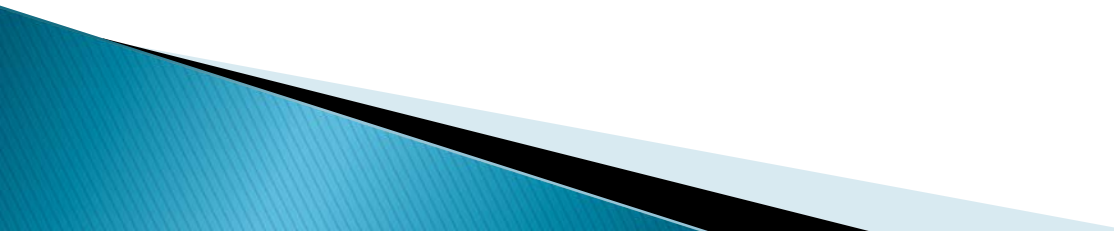
- ▶ Can you become aware?
 - ▶ Can you be aware of many aspects of your present moment experiencing, regardless of the source?
 - e.g. Thoughts, emotions, bodily feelings, perceptions
 - ▶ Can you be aware and not judge as “good” or “bad” any of these experiences?
- 

Afternoon Break

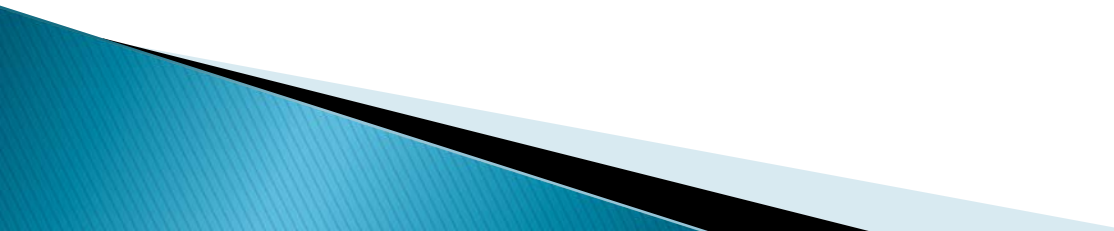


Mindfulness Based Stress Reduction (MBSR)

MBSR

- ▶ Understand the practice of mindfulness meditation
 - ▶ Understand current clinical definitions of Stress
 - ▶ MBSR Program
 - Structure
 - Outcomes Studies
 - ▶ Mindfulness & Treatment Efficacy
- 

Mindfulness Based Stress Reduction

- ▶ Jon Kabat-Zinn, Professor Emeritus
 - ▶ University of Massachusetts Medical School
Center for Mindfulness
(<http://www.umassmed.edu/cfm/>)
 - ▶ Program began in 1979
 - ▶ Combination of Mindfulness Meditation & Cognitive Therapy
 - ▶ Patient-Centered Medicine
- 

Mindfulness Meditation

Buddhist Roots

- ▶ The Four Noble Truths:
 - Life is *dukkha* (suffering; dislocated)
 - The cause of *dukkha* is *tanha* (selfish desire; craving; attachment)
 - The end of *dukkha* occurs when *tanha* is overcome (Craving → Acceptance)
 - *Tanha* is overcome by following the Eightfold Path

Mindfulness Meditation

Buddhist Roots: Eightfold Path

▶ Morality:

1. Right Speech
2. Right Action
3. Right Livelihood

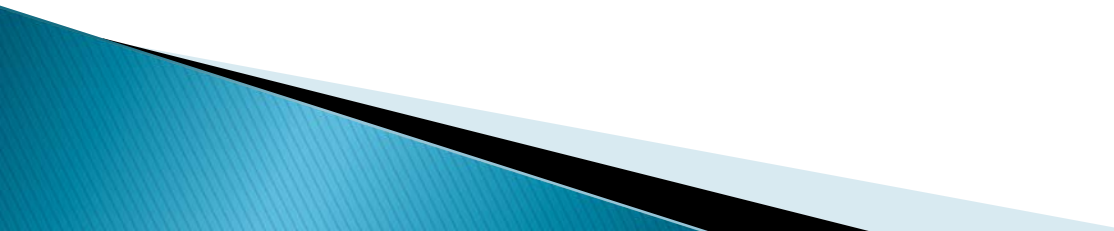
▶ Wisdom:

1. Right Views
2. Right Conduct

▶ Meditation:

1. Right Effort
2. Right Mindfulness
3. Right Concentration

As I Was Saying.....

- ▶ Bad things happen
 - ▶ Nothing is Permanent
 - ▶ It's not about you, so don't take it personally
- 

Mindfulness

- ▶ A way of relating to *all* experience, whether positive, negative or neutral
- ▶ Mindlessness:
 - Rushing through activities w/o being attentive
 - Carelessness, inattention, thinking of something else
 - Failing to notice subtle feelings of tension or discomfort
 - Forgetting a person's name as soon as we have heard it
 - Preoccupation with the future or the past
 - Snacking without being aware of eating

Mindfulness

- ▶ From the Pali word *Sati*: Consciousness of Experience
- ▶ Mindfulness = Awareness + Attention
 - Awareness = “radar” of consciousness, continual monitoring of inner & outer environment
 - Attention = focusing awareness on a limited range of experience

Everyday Mindfulness

- ▶ “I went to the woods because I wished to live deliberately, to front only the essential facts of life, and see if I could not learn what it had to teach, and not, when I came to die, discover that I had not lived.”
 - Henry David Thoreau *Walden*
- ▶ “All that is important is this one moment in movement. Make the moment vital and worth living. Do not let it slip away unnoticed and unused.”
 - Martha Graham

Stress

- ▶ Stress is the body's response to actual or perceived danger (Stressors).
- ▶ Stressors can be External or Internal:
 - External stressors include adverse physical (e.g. pain or extreme temperatures) or psychological environments (e.g. poor working conditions or abusive relationships).
 - Internal stressors include adverse physical (infections, inflammation) or psychological environments (e.g. intense worry about a harmful event that may or may not occur).

Stress: Acute and Chronic

- ▶ **Acute Stress** = the reaction to an immediate threat; the *fight or flight* response. Any situation that is experienced, actually or psychologically, as a danger.
- ▶ Common acute stressors include:
 - Noise
 - Isolation
 - Danger
 - Crowding
 - Hunger
 - InfectionImagining a threat or remembering a dangerous event.
- ▶ Under most circumstances, once the acute threat has passed, the response becomes inactivated and levels of stress hormones return to normal, a condition called the:

Relaxation Response.

Long-Term Effects of Chronic Stress

(The Absence of the Relaxation Response)

- ▶ Heart Disease
- ▶ Stroke
- ▶ Susceptibility to Infections
- ▶ Immune System Disorders
- ▶ Gastrointestinal Disorders
 - Irritable Bowel Syndrome
 - Peptic Ulcers
- ▶ Diabetes
- ▶ Chronic Pain & Headaches
- ▶ Sleep Disturbances
- ▶ Sexual Dysfunction, including PMS & Infertility
- ▶ Memory (especially long-term due to shrinkage of the Hippocampus)
- ▶ Addictions



Mindfulness Based Stress Reduction

▶ Program:

- 8 weeks in length; 2.5 hour sessions combining
 - Sitting meditation
 - Walking meditation
 - Body Scan meditation
 - Mindful Yoga
 - Recorded Guided Meditations for Homework
- All-Day Saturday Silent Retreat after 6th session

The 8-Week Program

▶ Class #1:

- Introductions; First Articulation that there may be more right with you than wrong with you
- First Mindfulness Exercise: “Raisin-Mind”
- Body Scan Meditation
- Homework: Daily Body Scan

▶ Class #2:

- Body Scan Meditation
- Process the experience of Body Scan; How did you do this week?
- Introduce Sitting Meditation
- Homework: Sitting Meditation (10 – 15 m) & Pleasant Events Calendar

The 8-Week Program

▶ Class #3:

- Guided Yoga
- Process the Yoga experience
- Guided Sitting Meditation
- Process Pleasant Events Calendar
- Homework: Alternate Sitting & Yoga Meditation; Unpleasant Events Calendar

▶ Class #4:

- Sitting Meditation
- Process Homework
- Instruction on the Nature of Stress
- Sitting Meditation
- Homework: Alternate Sitting & Yoga Meditation; Reading on Stress & Health

The 8-Week Program

- ▶ Class #5:
 - Process Experience in Program to date
 - Longer Sitting Meditation
 - Discuss Communication Styles & Stress
 - Homework: Alternate Sitting, Yoga, Body Scan Meditations; read about Communication Styles and fill out Communication Styles Workbook

- ▶ Class #6:
 - Long Sitting Meditation
 - Discuss Communication Styles and Stress
 - Do aikido-based “pushing exercises;” process experience and Stress
 - Homework: Alternate Sitting, Body Scan, Yoga Meditation; Reading about diet, nutrition, and stress

The 8-Week Program

▶ All-Day Retreat

- Sitting, Body Scan, Yoga Meditations
- Introduction to Walking Meditation
- “Modesty of the Eyes”
- Crazy Walking
- Loving Kindness Meditation
- “Whispering”
- Large Group Processing

The 8-Week Program

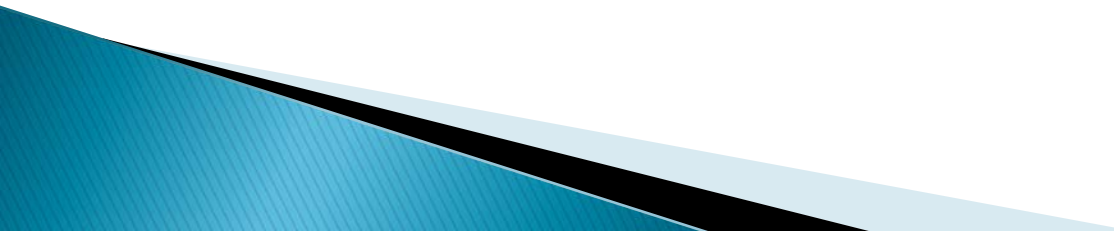
▶ Class #7:

- Discussion about Impermanence
- Sitting Meditation
- Process the Retreat
- Discussion of Diet and Stress
- Homework: No Homework; Find room for Everyday Mindfulness


▶ Class #8:

- Body Scan followed by Sitting Meditation
- Small Group Discussion followed by Large Group Processing
- Closure Exercise

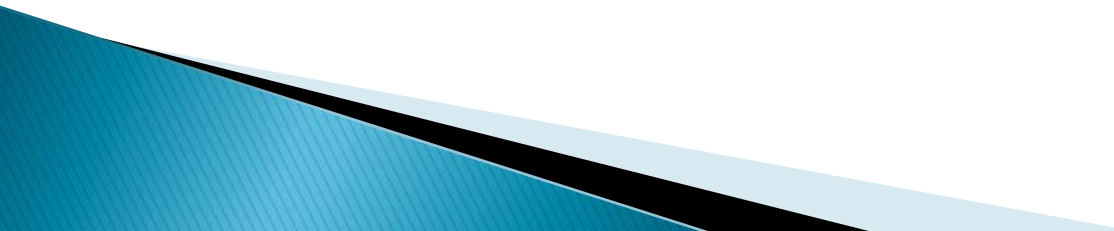
Mindfulness Based Stress Reduction Research

- ▶ Self-Regulation of Chronic Pain
 - ▶ Anxiety Disorders
 - ▶ Prostate Cancer
 - ▶ Psoriasis
 - ▶ Counseling skills and medical students
 - ▶ Fibromyalgia
 - ▶ Changes in Brain & Immune Function
 - ▶ Marlatt's Work with Prison-Based Addiction Treatment
- 

Summary: Day 0.5

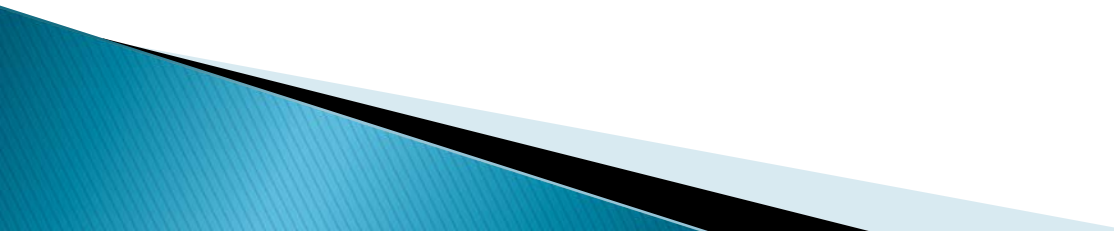
- ▶ Even a Raisin can be an object of meditation!
 - Meditation is possible in both formal and informal settings
 - ▶ Mindfulness is a well documented psychological construct
 - Noticing, accepting, not judging, staying fully present
 - ▶ Mindfulness has reduced much suffering
 - Both religiously (Buddhism) and in Stress Reduction programs
- 

Preparation for day 1.5

- ▶ Meditations from today will be uploaded to
 - www.jamesmwalthpastoralcounseling.com
 - ▶ Please take 10 – 15 minutes tonight and tomorrow morning to follow one of the recorded meditations
 - ▶ Please be prepared with Case Studies for discussion each day
- 

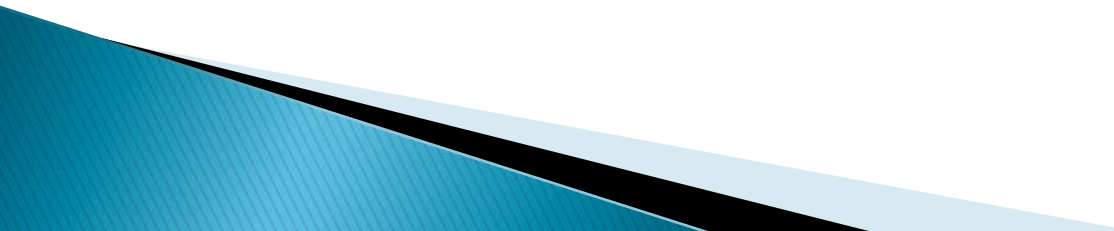


Welcome to Day 1.5

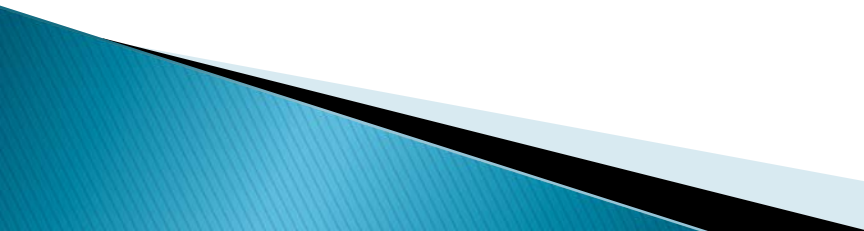
- ▶ Yesterday we considered:
 - Raisin Mind
 - Mindfulness, The Construct
 - MBSR
- 

Workshop Structure

▶ Day 1.5

- Mindfulness & Psychotherapy
 - Meditation; Processing
 - Mindfulness Based Therapies
 - Meditation; Processing
 - Mindfulness & Gambling Treatment I
 - Meditation/Processing
 - Mindfulness & Gambling Treatment II
 - Meditation/Processing
- 

Mindfulness & Therapy

- ▶ Formal Practice → Insight into the nature of mind and suffering
 - ▶ Everyday Mindfulness → Moment-by-moment relief from suffering
 - ▶ Mindfulness–Oriented Psychotherapy
 - Mindfulness Informed Therapist
 - Mindfulness–Informed Psychotherapy
 - Mindfulness–Based Psychotherapy
- 

Mindfulness Informed Therapist

- ▶ The faculty of voluntarily bringing back a wandering attention over and over again, is the very root of judgment, character, and will. No one is *compos sui* if he have it not. An education which should improve this faculty would be *the education par excellence*. But it is easier to define this ideal than to give practical instructions for bringing it about.
 - William James, *Principles of Psychology*, 1890

Mindfulness Informed Therapist

- ▶ Sigmund Freud:
 - “Evenly suspended attention”
 - Recommendations to physicians practicing psychoanalysis
 - “A deceptively simple way of relating to experience” (Germer, 2005).

Mindfulness Informed Therapist

- ▶ Awareness of moment-to-moment experience without judgment
 - Self-Empathic
 - Self-Accepting
 - Leads to Congruency

Mindfulness Informed Therapy

- ▶ Way of Understanding: Case Conceptualization/Etiological Assumptions
 - Now seeing client suffering in terms of Philosophy of Mindfulness
 - Life shouldn't hurt
 - Hurt is permanent
 - It IS about me

Mindfulness Informed Therapy

- ▶ Way of Intervening: Skills & Techniques used to facilitate change
 - Philosophy of Mindfulness demonstrated through
 - Reflective remarks
 - Cognitive reframing
 - Relationship processing

Role Play

Mindfulness Informed Therapy

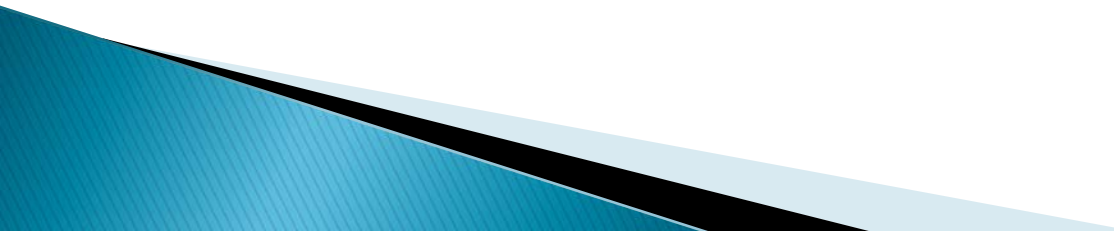
- ▶ Gambling Problem has led to:
 - Relationship Chaos
 - Financial Chaos
 - Job Chaos
- ▶ Processing the Role Play
 - What parts reflected the Philosophy of Mindfulness?

Mindfulness Based Therapy

- ▶ Practice of Mindfulness Utilized in Therapy
 - Formal: MBSR, MBCT, MBRP etc.
 - Informal: In session meditation
 - Meditation practices used to relieve symptom manifestation

Role Play

Mindfulness Based Therapy

- ▶ Demonstration of teaching mindfulness in a therapy session
 - ▶ No problem presented in Role Play
 - ▶ Processing the Role Play
- 




Mindfulness Based Cognitive Therapy


MBCT

- ▶ Segal, Z.V., Williams, J.M., & Teasdale, J.D. (2002). Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse, New York: Guilford Press.
- ▶ Integrates:
 - Cognitive Therapy
 - Mindfulness Based Stress Reduction (Kabat-Zinn)

MBCT

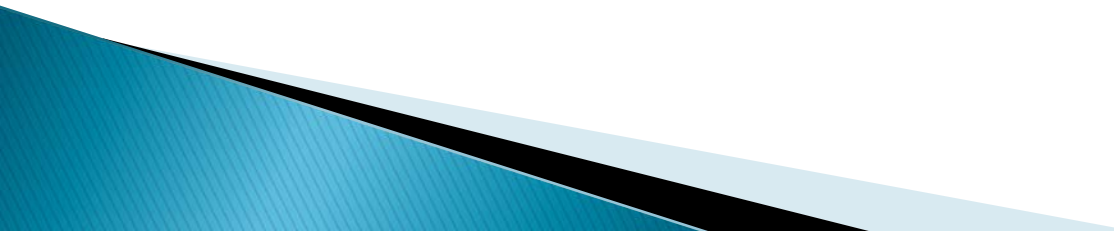
- ▶ When depressed, negative concepts and events are rehearsed and elaborated throughout semantic memory.
 - ▶ Activation of part of such memory structures activate other parts making negative material more salient.
 - ▶ These cognitive networks may contains links to feeling states such as sadness.
- 

MBCT

- ▶ Focuses on changing the patterns of cognitive processing that become active in states of mild sadness.
 - ▶ Treatment DOES NOT aim to eliminate the experience of sadness.
 - ▶ Treatment normalizes the pattern of cognitive activity in states of mild sadness to prevent escalation to more severe affective states.
- 

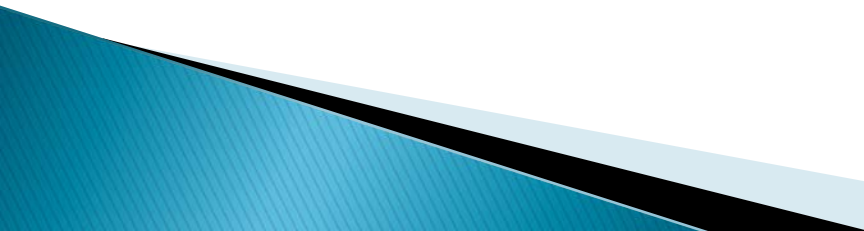
MBCT & CBT

Similarities

- ▶ Education about depression
 - ▶ Use of Pleasant Events and Unpleasant Events Schedules
 - ▶ Use of Automatic Thoughts Questionnaires to
 - Explain about frequency of self-talk and differing degrees of belief in such thoughts
 - Explain how degree of belief fluctuates depending on mood
 - ▶ Ratings of Mastery and Pleasure
- 

MBCT & CBT

Differences

- ▶ Assumptions about current practice of therapist.
 - ▶ Little emphasis on distinguishing thoughts as positive or negative.
 - Way of Being rather than Way of Thinking.
 - ▶ No attempts to induce or expose to problematic situations.
 - ▶ “Noticing” thoughts rather than “Answering Back.”
 - ▶ Cultivates Non-Analytic Observational skills rather than External Data Gathering
- 

MBCT Efficacy

<http://obssr.od.nih.gov/BSSRCC/Mindfulness/Zindel%20Segal.pdf>

PRELIMINARY DATA (Segal 2004): Relapsers and non-relapsers differ in mood-linked cognitive reactivity at post-treatment

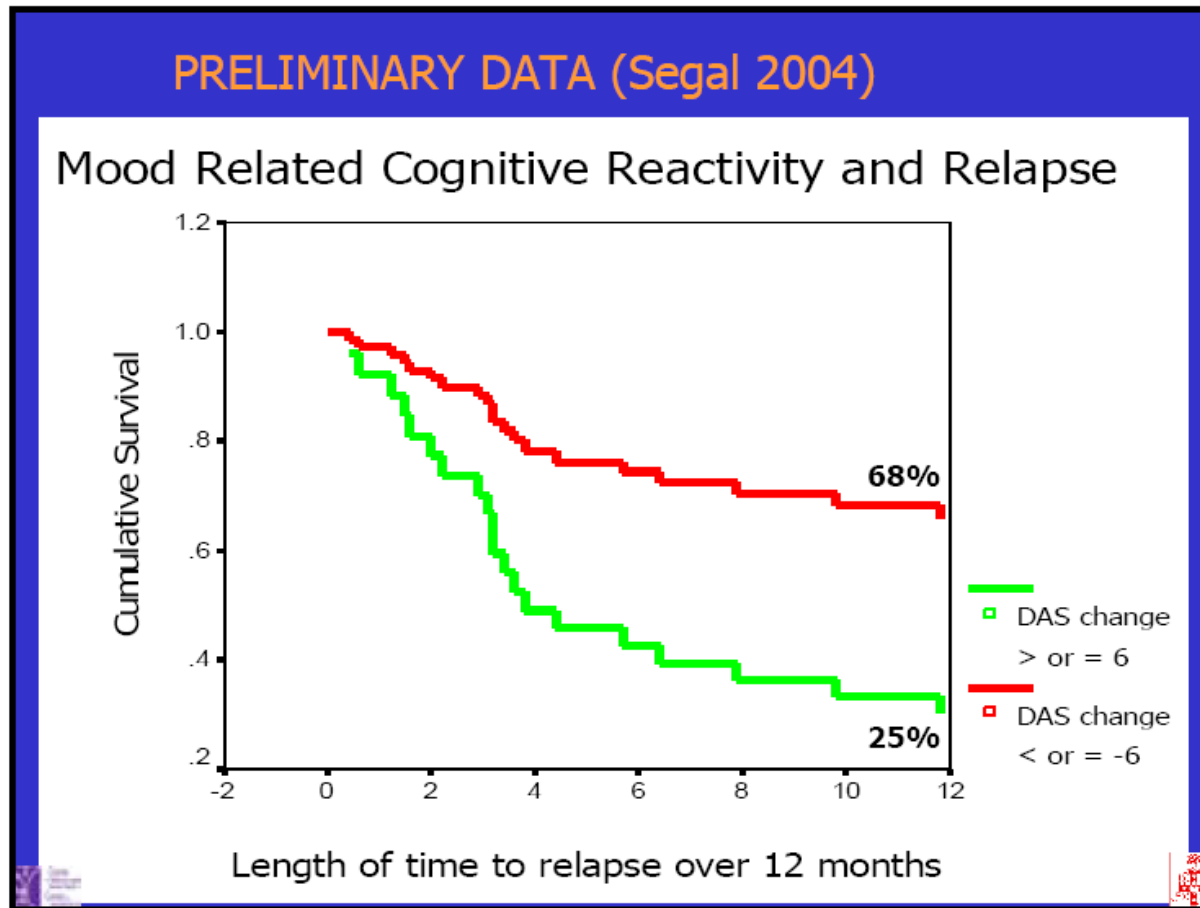


$t(56) = 2.93, p < .005$



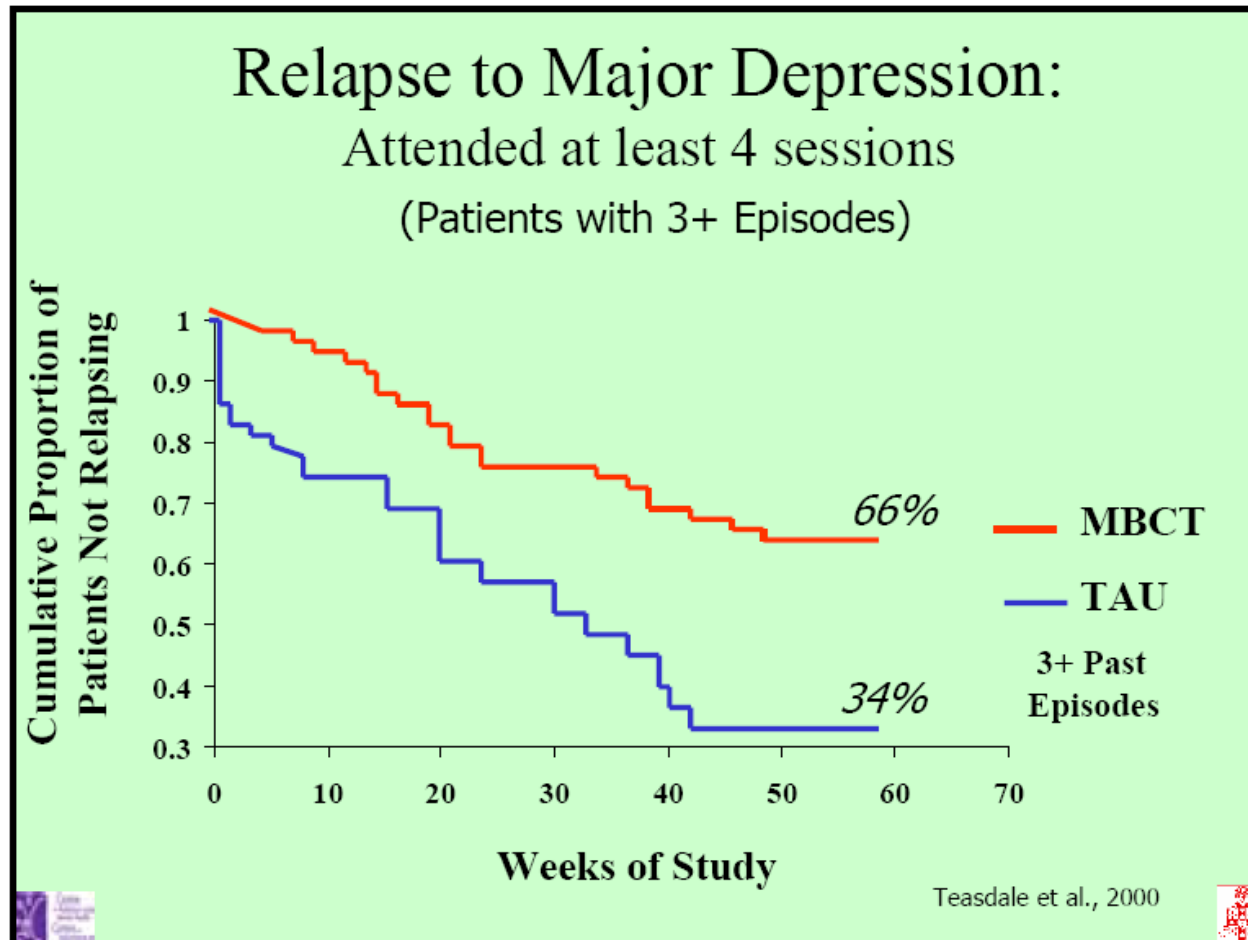
MBCT Efficacy

<http://obssr.od.nih.gov/BSSRCC/Mindfulness/Zindel%20Segal.pdf>



MBCT Efficacy

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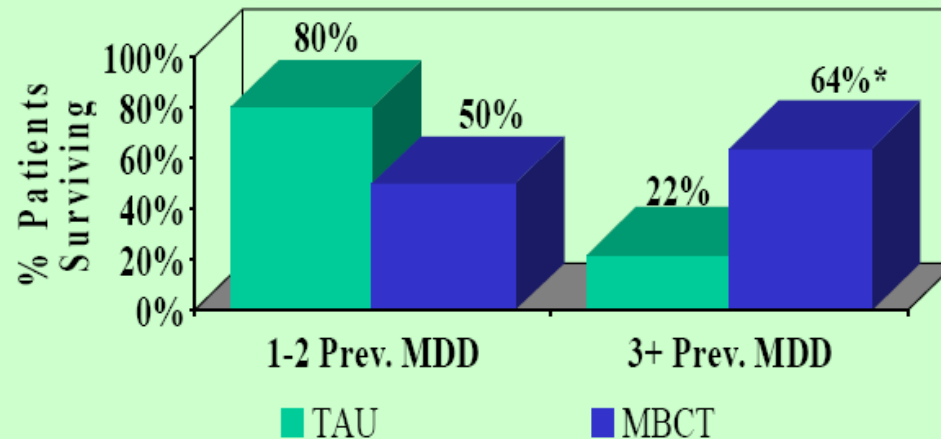


MBCT Efficacy

<http://obssr.od.nih.gov/BSSRCC/Mindfulness/Zindel%20Segal.pdf>

Ma & Teasdale (2004) Single Site Replication of MBCT + TAU vs. TAU

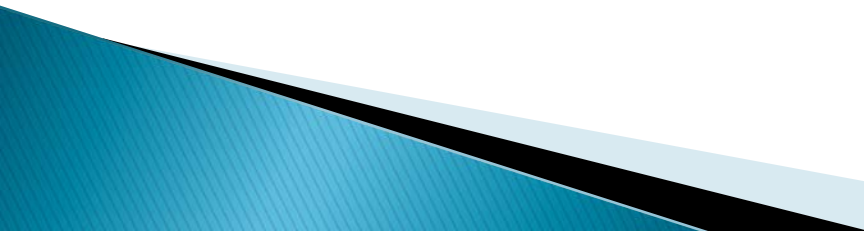
Effects of MBCT Over 1 year Follow Up



N= 37 per group, *survival effect for MBCT in 3+ gp., $p < .05$



MBCT Efficacy Conclusions

- ▶ Very effective, perhaps essential, in clients with 3 or more depressive episodes
 - Focus is on decreased reactivity to depressogenic thoughts and events (Noticing Skills)
 - ▶ Ineffective in clients with 2 or fewer depressive episodes
 - Focus should be on using Cognitive Skills to correct irrational thoughts (Answering Back Skills)
- 

Acceptance & Commitment Therapy

ACT

- ▶ Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2003). Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change (1st Ed.) New York: Guilford Press.
- ▶ Integrates CBT with MBSR with Relational Frame Theory

ACT

- ▶ Relational Frame Theory (RFT)
 - Humans relate events mutually and in combination
 - Function of an event is modified by the function of other events that are related (Derived Stimulus Relations).
 - Leads to Greater Pleasure or Greater Suffering, depending on the Context of an Event
 - Events include both external and internal phenomena
 - Derived Stimulus Relations result in FEAR

ACT

- ▶ Psychopathology = FEAR
 - Cognitive Fusion (F): Domination of Derived Functions over Direct Functions
 - Dependence on Combinations of Events rather than focus on THIS Event
 - Verbal Evaluation (E): Derived Functions are fused leading to Anxiety, Depression etc.
 - Wellspring of Human Suffering

ACT

- ▶ Psychopathology = FEAR
 - Experiential Avoidance (A): Person is unwilling to stay in contact with a particular private experience and takes steps to alter the private experience
 - The more private experiences are avoided, the more they tend to occur (stuff it long enough & it comes out sideways).
 - Reason Giving (R): Useless attempts to understand and control Events as seen through Derived Stimulus Relations
 - Only Reinforces the entire cycle

ACT & Mindfulness

- ▶ Acceptance of External Events:
 - Fully Aware of Internal Events
 - Acceptance of Internal Events
 - Which leaves you free to:
 - Respond to External Events

- ▶ The “Self” in ACT:
 - Conceptualized Self; always an Illusion
 - Process Self; the “I” that can be noticed
 - Transcendent Self; the “I” that notices

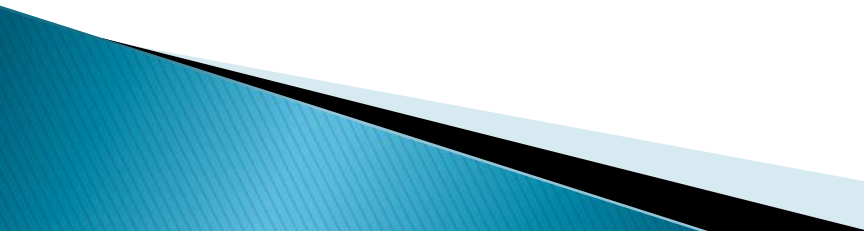
ACT Outcomes

- ▶ Ruiz, F.J. (2010). A Review of Acceptance and Commitment Therapy Empirical Evidence. International Journal of Psychology and Psychological Therapy
- ▶ Supports the ACT model
 - Experiential Avoidance associated with a wide variety of psychological disorders; mediates relationship between symptoms and the disorders
 - Acceptance based protocols more efficacious than control based protocols
 - i.e. Allowing yourself to feel unpleasant is more effective than strategies to reduce the unpleasant feelings

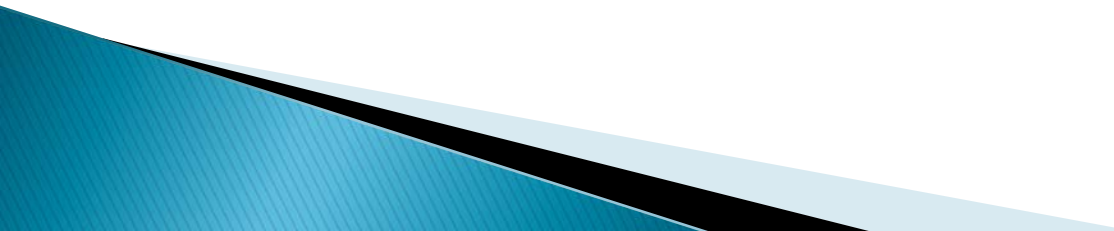
Mindfulness Based Relapse Prevention MBRP

- ▶ Bowen, S.W., Chawla, N., & Marlatt, G.A. (2010). Mindfulness Based Relapse Prevention for Addictive Behaviors: A Clinician's Guide. New York: Guilford Press.
- ▶ Integrates MBSR with Relapse Prevention (Marlatt)

Mindfulness Based Relapse Prevention

- ▶ Develop awareness of personal triggers and habitual reactions, and learn ways to create a pause in this seemingly automatic process.
 - ▶ Change our relationship to discomfort, learning to recognize challenging emotional and physical experiences and responding to them in skillful ways.
 - ▶ Foster a nonjudgmental, compassionate approach toward ourselves and our experiences.
 - ▶ Build a lifestyle that supports both mindfulness practice and recovery.
- 

MBRP: Session Focus

- ▶ Session 1: Automatic Pilot and Relapse
 - ▶ Session 2: Awareness of Triggers & Craving
 - ▶ Session 3: Mindfulness in Daily Life
 - ▶ Session 4: Mindfulness in High Risk Situations
 - ▶ Session 5: Acceptance & Skillful Action
 - ▶ Session 6: Seeing Thoughts as Thoughts
 - ▶ Session 7: Self Care and Lifestyle Balance
 - ▶ Session 8: Social Support & Continuing Practice
- 

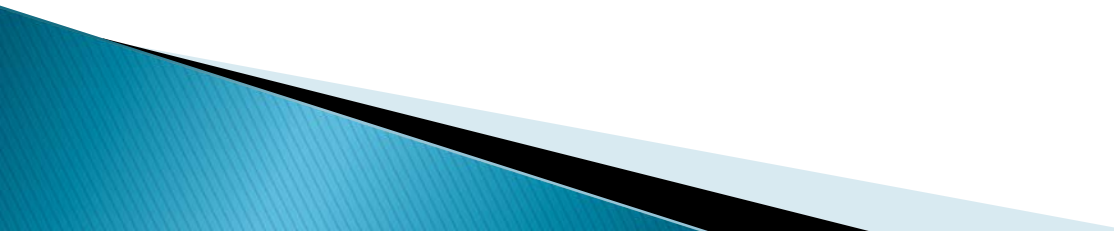
MBRP Outcomes

- ▶ Bowen et. al (2009): Controlled Study
 - n = 93 (experimental); n = 75 (TAU)
 - 4 month Longitudinal post completion of programs
 - MBRP participants reported:
 - 5X lower use rates
 - Significant increases in self reported mindful awareness, acceptance, and decreases in experiential avoidance
 - Significant decreases in craving; TAU group reported no decreases in craving

Changes in Brain & Immune Function

Davidson et al.

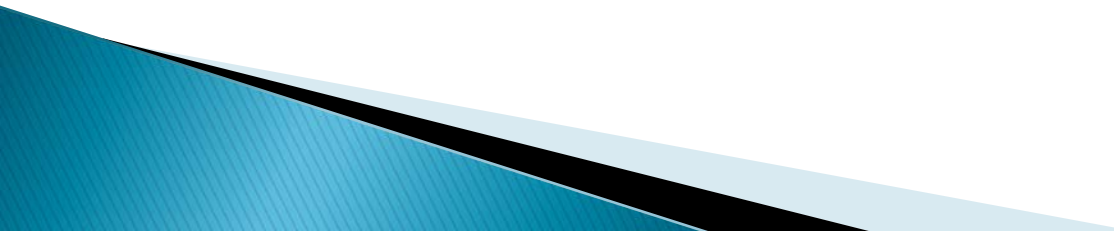
▶ Objective:

- Exploration of the underlying changes in biological processes associated with reported changes in mental and physical health in response to meditation
 - A randomized, controlled study on the effects on brain and immune function of MBSR applied in a work environment with healthy employees.
- 

Changes in Brain & Immune Function

Davidson et al.


▶ **Methods:**

- Measurement of brain electrical activity before and immediately after, and then 4 months after an 8-week training program in mindfulness meditation.
 - Twenty-five subjects were tested in the meditation group. A wait-list control group ($N = 16$) was tested at the same points in time as the meditators.
 - At the end of the 8-week period, subjects in both groups were vaccinated with influenza vaccine.
- 

Changes in Brain & Immune Function

Davidson et al.

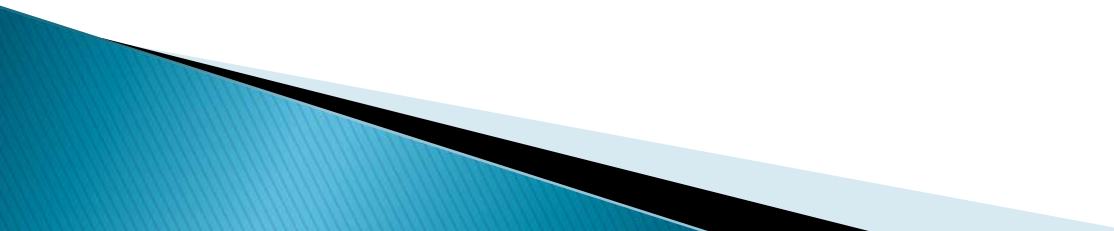
▶ Results:

- Significant increases in left-sided anterior activation, a pattern previously associated with positive affect, in the meditators compared with the nonmeditators.
 - Found significant increases in antibody titers to influenza vaccine among subjects in the meditation compared with those in the wait-list control group.
 - The magnitude of increase in left-sided activation predicted the magnitude of antibody titer rise to the vaccine.
- 

Changes in Brain & Immune Function

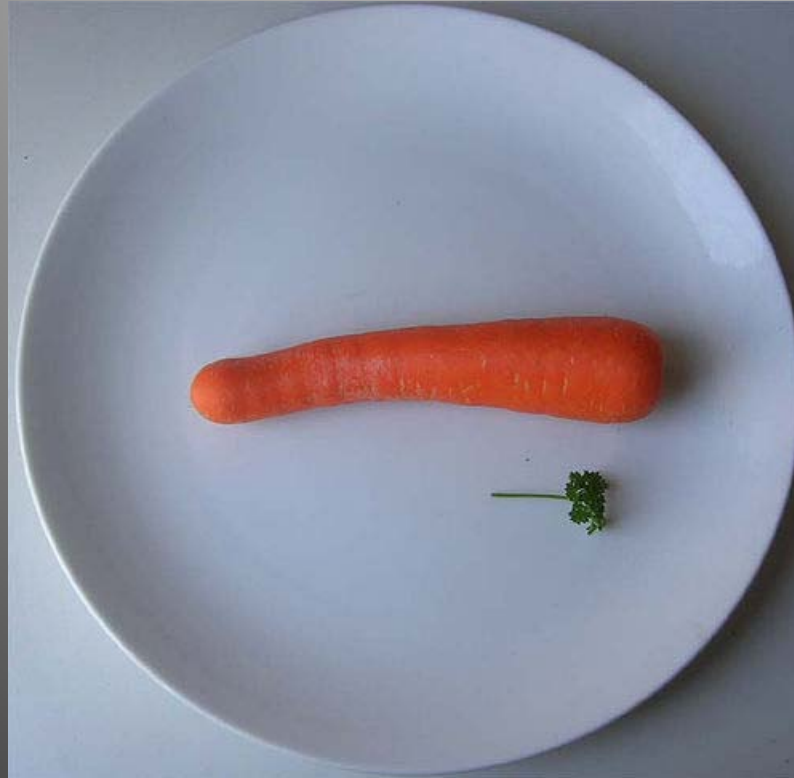
Davidson et al.

▶ **Conclusions:**

- A short program in mindfulness meditation produces demonstrable effects on brain and immune function.
 - Meditation may change brain and immune function in positive ways and underscore the need for additional research.
- 



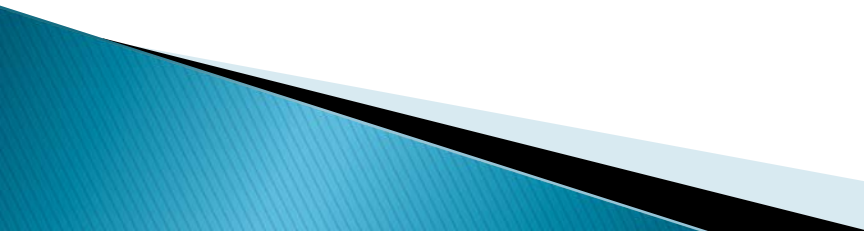
Lunch Time!



Welcome Back

- ▶ Questions / comments / concerns

 - ▶ Afternoon:
 - Review of Literature: Mindfulness & Gambling Disorders
 - Lisle, S.M., Dowling, N.A., & Allen, J.S. (2012). Mindfulness and Problem Gambling: A Review of the Literature. Journal of Gambling Studies

 - Mindfulness Informed Therapy for PG
 - Ways of Understanding and Intervening
- 

Mindfulness: Operational Definition

- ▶ Mindfulness = Self Regulation + Orientation to Experience
 - Self Regulation: sustained attention, attention switching, and inhibition of elaborative processing (capacity to control drive)
 - Orientation to Experience: adoption of a sense of curiosity, openness, and acceptance of present moment experience (attitude toward events)

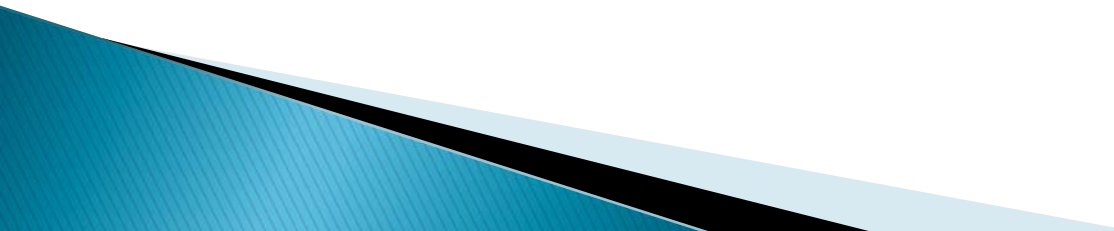
Mindfulness: Self Regulation

- ▶ Self Regulation requires
 - Attentional Control/Awareness
 - Capacity to Switch Attention
 - Ability to Inhibit “Elaborative Processing”
- ▶ The Self Cannot be Regulated without the ability to pay attention

Mindfulness: Orientation to Experience

- ▶ It's not enough to be able to pay attention:
 - One MUST have a relationship with the contents of mind (affective, behavioral, and cognitive)
 - Fusion with Contents of Mind = “I AM my feelings, behaviors, thoughts” → Little if any self regulation skill
 - Relationship with Contents of Mind = “I HAVE feelings, behaviors, thoughts” → Strong self-regulation skills

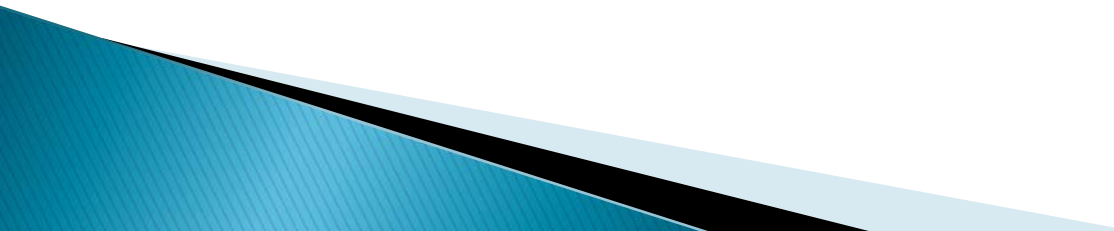
Mindfulness and Gambling Recovery

- ▶ Self Regulation + Orientation to Experience
 - “When I have gambling thoughts and cravings I notice them. I realize I am having desire for gambling. Though the thoughts and craving are strong, I’m able to redirect them to more useful ideas, like calling my sponsor or exercising.”
 - “The problem isn’t my craving, the problem is my response.”
- 

Mindfulness and Gambling Recovery Outcome Studies

- ▶ Lakey et al. (2007) & de Lisle et al. (2011)
 - Dispositional Mindfulness predicted lower levels of gambling pathology in a sample (185) of undergraduate students (Lakey)
 - Treatment Seeking Gamblers were significantly lower in Dispositional Mindfulness than normative adult sample (de Lisle)
 - Dispositional Mindfulness was correlated (–) with gambling urges, pre-occupation, severity, losses, and frequency

Dispositional Mindfulness

- ▶ Mindfulness is a State: What happens when you meditate
 - ▶ Mindfulness is a Trait: An enduring aspect of temperament
 - ▶ State Mindfulness Practice → Higher Levels of Trait (Dispositional) Mindfulness
- 

Dispositional Mindfulness

- ▶ Five Facet Mindfulness Questionnaire
 - Observe: tendency to notice or attend to internal experiences (sensations, emotions, cognitions, sounds, sights, smells)
 - Describe: tendency to describe and label experiences with words
 - Act with Awareness: tendency to bring full awareness and attention to current activity or experience

Dispositional Mindfulness

- ▶ Five Facet Mindfulness Questionnaire (cont.)
 - Non-Judging: tendency to adopt a non-evaluative stance toward inner experiences
 - Non-Reactivity: tendency to allow thoughts and feelings to come and go, without getting caught up or carried away with them

Five Facet Mindfulness Questionnaire Mean Scores

▶ Non Meditator Sample

- Observe: 26.46 (4.30)
- Describe: 28.08 (4.99)
- Act with Awareness: 25.29 (4.63)
- Non-Judging: 27.65 (5.82)
- Non-Reactivity: 22.07 (3.64)

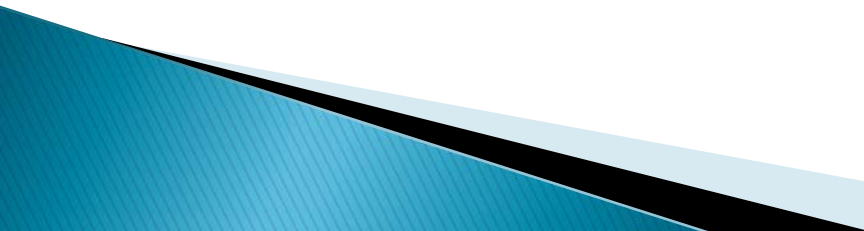
▶ Meditator Sample

- Observe: 31.10 (3.62)
- Describe: 30.68 (4.80)
- Act with Awareness: 29.04 (4.53)
- Non-Judging: 33.13 (5.52)
- Non-Reactivity: 26.01 (3.75)

Correlational Evidence Non-Meditators

- ▶ Alexithymia: -0.66^{**}
- ▶ Dissociation: -0.28^{**}
- ▶ Worry: -0.43^{**}
- ▶ Rumination: -0.35^{**}
 - Self focus: -0.25^{**}
 - Symptom focus: -0.36^{**}
- ▶ Thought Suppression: -0.41^{**}

Correlational Evidence Meditators

- ▶ Dissociation: -0.49^{**}
 - ▶ Worry: -0.58^{**}
 - ▶ Thought Suppression: -0.49^{**}
 - ▶ Psychiatric Symptoms: -0.32^{**}
- 

Mindful Stretching



← No Way!!!

More like it! →



Afternoon Break



Mindfulness Informed Therapy For Pathological Gambling

- ▶ Assumptions About The Counselor:
 - You have a formal meditation practice (i.e. Your butt and a cushion have a relationship beyond TV time!)
 - You practice the principles of Mindfulness (i.e. awareness, in-the-moment, radical acceptance) in “real time”
 - AND this practice is making a difference in YOUR life

Mindfulness Informed Therapy For Pathological Gambling

- ▶ If those Assumptions are accurate, then
 - You'll feel more “present” with your clients
 - You'll find that it's easier to stay with the “unpleasant” aspects of counseling (i.e. paperwork, administrative tasks) without complaining or judging
 - You'll find yourself less prone to personalize your clients' issues and behaviors
 - But be more warmly caring, more compassionate, to their needs

Mindfulness Informed Therapy For Pathological Gambling

- ▶ When ALL of the above is true, then:
 - You ARE a Mindfulness Informed Therapist!!
 - Go have an ice cream cone and celebrate!!
 - Remember to eat it mindfully!
- ▶ Now, you want to do Mindfulness Informed Therapy
 - What comes next?

Mindfulness Informed Therapy For Pathological Gambling

- ▶ Role Play Exercise
 - Volunteer from the audience, please
- ▶ Listen for the vocabulary that is used
 - How does this vocabulary shift the nuance of the reflective remarks?
 - Of the cognitive reframes?
 - How much of the session is in the “here and now,” with acceptance?

Summary: Day 1.5

- ▶ Mindfulness helps the therapist be a better therapist
- ▶ Mindfulness emerges as an influence in the therapy
 - In time, the therapy can even be based on Mindfulness Exercises
- ▶ The 2nd Force of Cognitive Therapy was Cognitive Behavior Therapy
 - Mindfulness Based Cognitive Therapies have been recognized by Aaron Beck as the 3rd Force

Summary: Day 1.5

- ▶ Dispositional Mindfulness seems to predict better control of gambling impulses
 - Dispositional Mindfulness is a trait that can be strengthened
 - Mindfulness Informed Therapy can strengthen Dispositional Mindfulness
 - Mindfulness Based Therapy can strengthen Dispositional Mindfulness even more so



Summary: Day 1.5

- ▶ Mindfulness can be Integrated with Therapy
 - Indirectly (Mindfulness Informed Therapist)
 - Seamlessly (Mindfulness Informed Therapy)
 - Directly (Mindfulness Based Therapy)
- ▶ You must practice mindfulness in order to integrate mindfulness with your therapy
 - It's not a "technique;" it's a way of being
- ▶ Mindfulness and Cognitive Behavior Therapies "fit" well
 - MBSR, MBCT, MBRP, ACT

Summary: Day 1.5 (continued)

- ▶ Mindfulness outcomes are well documented
 - But new in studies of Pathological Gambling
- ▶ Dispositional Mindfulness is strongly related to good outcomes, good mental health
- ▶ Mindfulness Informed Therapy is within reach
 - But you must have a meditation practice!

Go Home!

