## Introduction

Mindfulness- and acceptance-based behavioral treatments have yielded promising outcomes for an increasingly diverse array of psychological difficulties, and have recently been applied to the treatment of substance use disorders (e.g., Hayes et al., 2006; Vieten, Atoin, Baezemier, & Galloway, 2010). Cognitive fusion, experiential avoidance, and behavioral constriction have been put forward as interrelated components of an acceptance-based behavioral (ABB) model of the development and maintenance of mental health problems (Hayes, Wilson, & Strosahl, 1999; Boerner & Orsillo, 2009).

This poster will discuss these constructs (and their opposites, decentering, experiential acceptance, and value clarification/valued action, respectively) in relation to central components of a cognitive-behavioral model of addiction relapse (Witkiewicz & Marlatt, 2004) as a step towards more effectively applying this model to substance use treatment.

### Cognitive Behavioral Relapse Model Components

<table>
<thead>
<tr>
<th>Cognitive Component</th>
<th>Description</th>
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<tbody>
<tr>
<td>Self-Efficacy</td>
<td>Describes the degree to which a person feels confident of their ability to perform (as opposed to specific behavior in a given context or moment).</td>
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<tr>
<td>Motivations of Use</td>
<td>Conceptualized as breaking down into four categories: to enhance social enjoyment (social motives), to adhere to social expectations or to avoid social disapproval (conformity motives), to reduce or avoid internal negative experiences (coping motives), and to increase positive internal experiences (enhancement motives) (Cooper, 1984).</td>
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<tr>
<td>Cogni Tive Fusion</td>
<td>The anticipated effects of engaging in a particular behavior or experience (Brown, Goldman &amp; Christianhus, 1985). These expectations of future effects can be either positive or negative, vary in strength, and depend on a number of factors including past experience.</td>
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<tr>
<td>Abstinence Violation Effect</td>
<td>Describes the degree to which a person feels confident of their ability to perform (as opposed to specific behavior in a given context or moment).</td>
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<tr>
<td>Urges and Cravings</td>
<td>Craving is generally described as the subjective experience of a desire for an addictive target (e.g., alcohol), which is usually associated with target-related cues or triggers, and which results in a volitional or action urge (Kavanagh et al., 2009).</td>
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</table>

Negative Affect is a broad term of psychological perspectives and studies have linked presence of negative affect to substance use disorder with the etiology and maintenance of problematic substance use, addiction, and relapse.

Cognitive Fusion: Describes the degree to which a person feels confident of their ability to perform (as opposed to specific behavior in a given context or moment).

### Decentering

Decentering: Noticing of thoughts and feelings as products of the mind and not necessarily representing truth, clear awareness of thoughts, emotions, and sensations as events happening in the body and mind.

#### Literature Review

Literature yielded no studies applying decentering measures to substance use disorders or treatments. Decentering was found to be a common mechanism of treatment for GAD in an RCT comparing an acceptance based behavior therapy to applied relaxation; Decentering found to be a possible mechanism of Mindfulness-Based Cognitive Therapy for depressive relapse/achievement by targeting rumination.

#### Hypotheses

Decentering may beneficially be applied to the different cognitive components of the relapse/addiction model and may be closely linked with experiential acceptance (described below). Increased decentering may be applied in substance use treatment by targeting and reducing the impact of low self-efficacy cognitions, urges, thoughts associated with the abstinence violation effect, and help keep longer term negative outcomes of use salient even while short term positive expectancies are present.

## Experiential Avoidance/Acceptance

### Experiential Avoidance

Efforts to alter or avoid unwanted feelings, thoughts, or physical sensations. Examples: drinking to avoid memories or nightmares associated with a traumatic event; using marijuana to avoid feelings of hopelessness or grief.

#### Acceptance

Letting unwanted internal experiences be as they are; allowing what has arisen to be; tolerating the presence of distressing internal experiences in a given moment.

#### Literature Review

Studies show significant relationships between avoidance coping styles and drinking problems; also motivations of using alcohol to cope with negative internal experiences were frequently associated with problem drinking. Although few studies exist to measure the existence of experiential avoidance/acceptance with substance use populations or constructs, the literature supports the importance and relevance of experiential avoidance to problem drinking outcomes.

#### Hypotheses

Increased acceptance of unwanted internal experiences could reduce efforts to avoid and suppress cravings and urges by using substances. Additionally, increased acceptance of negative affect could help one develop non-substance related coping skills and allow increased engagement in valued actions instead of needing to escape or avoid unwanted thoughts and feelings.

## Role of Mindfulness

Mindfulness as a skill or disposition can be defined as a type of awareness of moment-to-moment experiences characterized by acceptance and non-judgment.

Mindfulness practices (formal and informal) may be effective ways of developing the skills of decentering and acceptance, and may also increase awareness of behavioral constriction and salience of short-term valued actions in potential relapse situations.

Alan Marlatt and colleagues have made major contributions to applying mindfulness to substance use disorder treatment. Their manualized treatment Mindfulness-Based Relapse Prevention (Brown, Chawla, & Marlatt, 2011) comes out of applying mindfulness to the cognitive behavioral model of relapse. Future research should investigate the possibility that increases in acceptance and decentering may be among the mechanisms of MBRP.

## Behavioral Constriction/Valued Action

### Behavioral Constriction

Narrowing of behavioral repertoire to accommodate avoidance of unwanted internal experiences and at the cost of responsibilities, long-term positive reinforcers, and important social supports. Example: using substances instead of talking to a friend about one's fears of being a failed parent. Mindfulness practices (formal and informal) may be effective ways of developing the skills of decentering and acceptance, and may also increase awareness of behavioral constriction and salience of short-term valued actions in potential relapse situations.

#### Hypotheses

Decreasing valued action may put clients into contact with previously neglected people and activities that provide important sources of support and positive reinforcement and replace less adaptive coping methods. Valued action may provide a broader conceptualization of chronic stressors than work stress, and it may also provide a broader conceptualization of chronic stressors than work stress.

## Discussion

Decentering, acceptance, and valued action are three closely interconnected constructs that apply to the treatment and prevention of a wide range of mental health issues, including substance use disorders.

Future research should help us understand how to integrate these components into existing cognitive behavioral treatments, and perhaps specifically targeting those clients who have higher levels of experiential avoidance and who use substances as their primary coping mechanism.

Treatments using this framework with clients with substance use problems may help increase their ability to decenter from unwanted internal experiences and increase their acceptance or willingness to experience those unwanted thoughts and feelings, in service of doing what matters to them and reframing their lives.

Future research should also investigate the degree to which such treatments are relevant for people dealing with chronic life stressors like various forms of discrimination or social status disadvantage as well as chronic economic disadvantage. As most therapies in general have been developed with and studied using upper middle class White American samples, less is known about the relevance of such treatments for clients from non-dominant backgrounds, who may be disproportionally exposed to chronic social disadvantage in the U.S.

## Future Directions: Buffering Factors for Chronic Stressors?

### Social Disadvantage

#### Social Status Disadvantage

- **Valued Living (positive reinforcement)**
- **Acceptance & Decentering (coping methods)**
- **Social Disadvantage**

#### Psychological Distress

- **Mindfulness (coping methods)**
- **Decentering (coping methods)**
- **Acceptance (coping methods)**

#### Valued Action

- **Mindfulness (coping methods)**
- **Decentering (coping methods)**
- **Acceptance (coping methods)**

### Economic Disadvantage

- **Valued Living (positive reinforcement)**
- **Acceptance & Decentering (coping methods)**
- **Social Disadvantage**

#### Psychological Distress

- **Mindfulness (coping methods)**
- **Decentering (coping methods)**
- **Acceptance (coping methods)**

### Behavioral Constriction

- **Mindfulness (coping methods)**
- **Decentering (coping methods)**
- **Acceptance (coping methods)**