

BOOK REVIEWS

Rebecca E. Williams and Julie S. Kraft

The mindfulness workbook for addiction – A guide to coping with the grief, stress, and anger that trigger addictive behaviors

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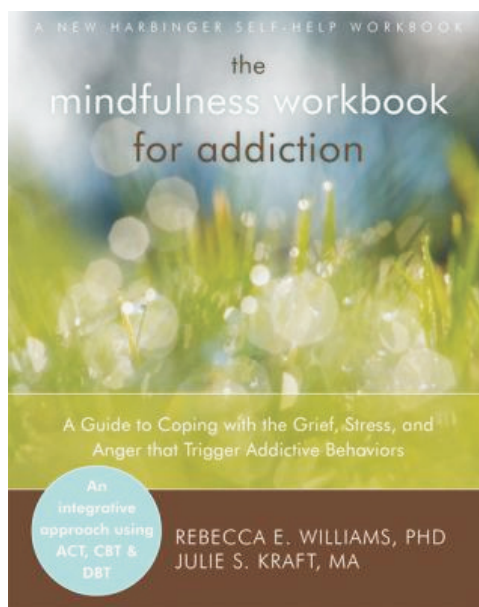
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Rebecca E. Williams, PhD, the first author of *The mindfulness workbook for addiction* received her master's degree from Harvard University and her PhD from the University of California, Santa Barbara. She is a clinical psychologist specialized in recovery from mental illness and addictions and also the coauthor of *Couple therapy for alcoholism* (Wakefield, Williams, Yost & Patterson, 1996). She is currently the director of the Veterans Affairs San Diego Healthcare System's Wellness and Vocational Enrichment Clinic. She represents not only the practical, but also the scientific field of psychology, as she is an associate clinical professor in the Department of Psychiatry at the University of California, San Diego and an adjunct faculty member at the University of San Diego.

The other author, Julie S. Kraft, MA, received her master's degree in marriage and family therapy from the University of San Diego's School of Leadership and Education Sciences. She works at the Veterans Affairs San Diego Healthcare System as a counselor, and provides psychotherapy to individuals, couples, families and groups in community settings. In her current position at Sharp HealthCare she treats clients struggling with both addiction and mental health concerns. She is also familiar with acceptance & commitment therapy (ACT), cognitive behavioral therapy/REBT, contemplative psychotherapy, dialectical behavioral therapy, emotionally focused couples therapy, emotionally focused therapy, interpersonal psychotherapy, mindfulness-based approaches, object relations, person-centered/Rogsonian therapy and narrative therapy.

The mindfulness workbook for addiction is a self-help book, not an academic one. There are several approaches of treating addictive behaviors, however, this book presents an altogether new and holistic direction. The book offers useful practices for the addicted individuals. Furthermore, it is also profitable for professionals, mainly due to the fact that it compounds the elements of several therapeutic interventions, therefore offers an extensive approach for addiction treatment. The way in which the authors guide the reader is logically coherent and encompasses a real therapeutic depth.

At the very beginning of the book we can read about the story of a fictional couple. The husband, Tony Gomez, has alcohol problems and his wife, Carmen, is a compulsive



buyer. After getting to know the story of the Gomez family, we can keep track of their increasing self-awareness and recovery while their life becomes more and more meaningful. The couple – and possibly most readers – has a negative attitude towards some of the chapters or exercises. The authors, however, offer coping strategies for these problems throughout the book to facilitate compliance.

After the introduction of the family comes the guideline to aid the use of the book and to establish the reader's goals. The workbook consists of three main parts and ten chapters. The chapters will be introduced one after the other for a deeper understanding.

The chapters of the first part start relatively far from the topic of addictions. The issues of emotions, thoughts and behaviors are discussed thor-

oughly, so that the reader can acquire several mindfulness practices. In Chapter 1 (*Emotions*) Williams and Kraft draw attention to the incorrect schemes ingrained in childhood and they suggest some exercises – for example one including a sort of cognitive restructuring – to break them down. They reveal how can we feint our emotions – often by the addictive behavior – and then they present some exercises which can help the individual to identify emotions emerging in various situations. This chapter also includes a useful chart that contains a systematized and sophisticated variety of emotions.

The authors rely on Beck's theory (1991), namely that thoughts evoke emotions which contribute to the birth of further thoughts. In Chapter 2 (*Thoughts*) there is a strong emphasis on repeat-offender thoughts. Brief descriptions of the cognitive behavioral therapy techniques are also common in this chapter, and there are a lot of examples and exercises as well. This section provides a variety of options and good practices for restructuring maladaptive thought patterns. The authors describe five types of disturbing thoughts, so that the reader can easily recognize them in his or her own way of thinking.

After recognizing, understanding and rectifying emotions and thoughts Chapter 3 (*Behaviors*) focuses on behavior and behavioral change. The authors describe exercises connected mainly to two therapeutic interventions, the acceptance and commitment therapy (ACT) and the dialectical behavior therapy (DBT). At this point, the authors describe

the concept of DBT and encourage the reader to carry out some therapeutic exercises which may aid to replace the maladaptive behavioral patterns with adaptive ones. In the sequel the chapter starts by focusing on values, which can be a new basis of the rearrangement of behavior. The readers are guided by some ACT exercises in order to explore their own values to discover what really matters in their lives. The authors point out that the elements of our value system can conflict with each other; therefore they show us how to build up systematic decisions related to the current behavior in tough situations.

Chapter 4 (*Mindfulness*), which terminates the first part of the book, targets the development of mindfulness skills which were established and extensively studied by Kabat-Zinn (2003). Fundamental practices are described, which enable the individuals to thoroughly observe their minds at the present time without judgment, to understand the nature of stress, to be present through experiencing space, sounds and objects as well as to practice extreme acceptance. These exercises help addicted individuals to gain a greater balance in their emotions, thoughts and behavior, thereby raising their problem-solving skills to a higher level.

The second part – which contains the topic of losses, addictions and the junction of these two – is less extent, but it captures the roots of the problem. Out of the possible reasons of the development of addictive behaviors Williams and Kraft underline the importance of losses and highlight the individual's recent and previous losses in Chapter 5 (*Loss*). The authors draw attention to the fact that losses may have numerous shapes. "Most of the time, when you hear the word 'loss', you think of death, but the truth is that in the course of your life, there are many significant losses. Here's a good way to start defining loss: think of a loss as any time when you've said good-bye to something. You could say good-bye to a relationship, the house you grew up in, a job, a school, a town. It may be that you said good-bye to a dream when you realized you would never play professional baseball or be a concert-level pianist. You may have been forced to say good-bye to your innocence at a very young age; someone or something may have stolen your childhood from you through trauma." Readers are encouraged to become aware of the variety of possible losses by a long list. Furthermore, they are also encouraged to sort the most important losses and to reveal to what extent they are elaborated and how they affect the reader's current life.

By this point, the addicted individual's resistance and denial of addiction would have been dissolved and they would presumably have engaged in the process. Based on these assumptions, Chapter 6 (*Addiction*) may be able to discuss the topic of addictions more easily. After delineating the definition and some examples the individuals can choose from a list which substance or substances they have been using and then they can carry out a self-reported diagnosis. The same steps are repeated with the behavioral addictions as well. Setting up the timeline of an addictive behavior can also be very useful, informative and even eye-opening for the addicted individual. This timeline appears also in Chapter 7 (*Connecting addiction and loss*), which presents the link-up of the individual's addictive behaviors and experienced losses. The delineated loss-addiction cycle helps to understand how the experience of a significant loss can lead to addictive behaviors and how the extant addiction can provoke more losses (e.g. the partner leaves the addicted person because of the addiction).

The chapters in the third part are aimed at healing through conscious grief, rebuilding relationships and relapse prevention. In Chapter 8 (*Mindful grieving*) one can find several other advanced mindfulness practices, which promote mindful grief and empower the individual to be more flexible and resistant instead of suppressing emotions and problems.

Chapter 9 (*Relationships*) is an especially well-positioned and thoroughly discussed part of the book. It primarily aims rebuilding relationships. Up to this point the individuals could practice their new skills in a secure setting, but now they will have to try them out in a social context. This attempt can be very stressful because of the unpredictable and possibly negative reactions. However, the individual will have acquired coping skills by this time which can help them through the potential difficulties. The exercises can support the recognition and elimination of unhealthy affiliations beyond the restoration of the old and ruined relationships. The individual can also learn how to build new, healthy relationships and maintain those by using some helpful communication skills.

The last chapter (*Recovery, relapse prevention, and beyond*) exceeds the problem of addictions and focuses on the preparation of a healthier life. The field of nutrition, sleep, exercise, work and entertainment is displayed and all of them contribute to the permanent improvement of life quality. To reach further successes the authors provide a list of helpful books and Web sites for the reader.

Great merit of the book is that each chapter gives the reader a positive confirmation of the results achieved so far. Williams and Kraft make a constant effort to maintain the cooperation of the addicted individuals. The reinforcements are placed in such parts of the book where the reader confronts with ponderous contents or self-discovery challenges, such as reviewing losses (Chapter 6), connecting losses with addictions (Chapter 7) or learning the way of mindful grieving (Chapter 8).

Similar to the language of the book which is full of metaphors, the process described by the book can be pictured as a spiral-shaped path leading to the top of a high mountain. The road is long, but due to the sinuous path it is not too steep and the more we advance, the more we find beautiful landscapes by looking around along the way. The present book offers this gradual but firmly upward path to be followed. *The mindfulness workbook for addictions* is particularly useful for addicted people but provides a helpful guide for professionals as well.

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Steven C. Hayes and Michael E. Levin (Eds.)
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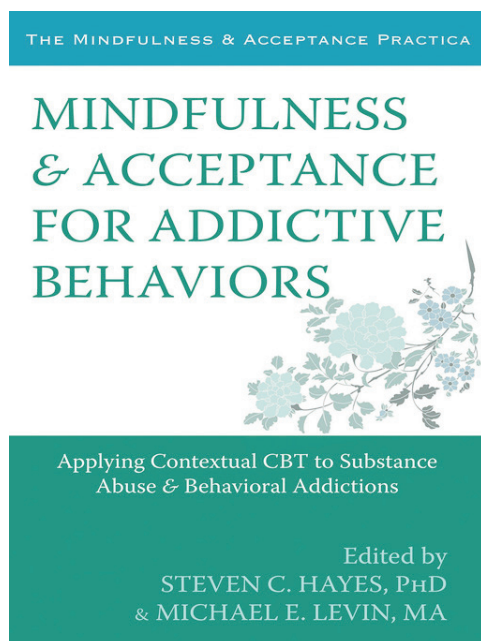
Treating addictions is a great challenge for several reasons. The lack of treatment resources and consensus about therapies, the high treatment demand and the several associated problems imply remarkable issues to be solved by providers and researchers. Systematization of recent efficient, moreover cost-effective treatments and introduction of their adaptability for different kinds of addictions are the greatest virtues of the book.

Steven C. Hayes, PhD, the first editor of *Mindfulness & acceptance for addictive behaviors*, obtained his PhD at West Virginia University in the doctoral program in clinical psychology. As a well-known researcher of contextual behavioral science, he is a Foundation Professor at the Department of Psychology at the University of Nevada, Reno and also founder of acceptance and commitment therapy (ACT), which is substantially described in the present book. Professor Hayes has written 35 books including books about ACT's application for different disorders, self-help books and has numerous scientific articles as well; he had the merit of being the 30th "highest impact" psychologist in the world in 1992. Dr. Hayes has been President of several organizations such as the American Association of Applied and Preventive Psychology and earned a lot of awards, inter alia, for his applied scientific work.

Editor Michael E. Levin, MA, is a doctoral candidate in clinical psychology at the University of Nevada, Reno and is currently working on the evaluation of a transdiagnostic web-based ACT program. Moreover, within the confines of several funded grants, he has been focusing on the prevention of suicidality and mental health issues. Levin's main publications target addictive behaviors, experiential avoidance and mindfulness-based interventions.

At the beginning of the book the authors introduce the headway of state of the art interventions and offer a broad approach under the comprehensive label of *contextual cognitive behavioral therapies* which "tend to emphasize contextual and experiential change strategies in addition to more direct and didactic ones, and seek the construction of broad, flexible and effective repertoires over eliminative approaches to narrowly defines problems or syndromes" (p. 6). Different therapeutic methods belong to this conception, which are thoroughly described in the first part of the book, but the core common features are listed in the introduction. Despite the similarities, there are some theoretical differences such as treatment goals – e.g. whether reaching absolute abstinence is required or not.

The book is divided into two major parts. The chapters of the first part describe five therapeutic methods, each aimed at treating addictive behavior. The second part deals with some special clinical issues and pay heed to the treatment



opportunities of some behavioral addictions, such as problem gambling, binge eating and pornography addiction.

The first therapeutic method described in the book by Wilson, Flynn and Kurz is acceptance and commitment therapy in Chapter 1. An important goal of this treatment is reaching psychological flexibility. According to the authors, there are six key components which the intervention is based on: attention focused on the present moment, healthy ways of relating to the self-as-content, self-as-process and self-as-context, resolving experiential avoidance (acceptance), defusion, attention to values and engaging with committed action. The assessment and intervention is demonstrated by a case study. An exercise from ACT's *Therapy guide (Practicing our way to stillness)* is also delineated for the better understanding of the six core processes.

As a registered, evidence-based therapy, its elements can be integrated into various treatment settings.

In Chapter 2 dialectical behavior therapy (DBT) for substance use disorders is presented by Dimeff and Sayrs. DBT has a standard form, which was developed primarily for patients with borderline personality disorder (BPD) and which is "considered the gold-standard treatment of BPD" (p. 69). Because of the given antecedents, DBT for substance use disorders (DBT-SUD) is highly appropriate for patients who have both BPD and SUD; the co-morbidity of these two disorders is considered to be quite high. Since BPD-SUD patients usually have various severe problems, DBT lines up a hierarchy for the problems to be solved – e.g. life-threatening problems have greater priority than decreasing behavior which interferes with therapy. The functions of the DBT-SUD program are also described, and the path to clear mind – which is an ultimate goal in the therapy – is detailed. "(...) in clear mind, you work hard at getting clean and really appreciate the success of being clean, but you do not forget that getting clean isn't the endpoint" (p. 80). DBT-SUD is based on the philosophy of dialectics associated with the theories of Marx and Hegel; the therapist encourage the patient to reach a synthesis in a given topic wherein equilibrium of acceptance and change has an important role. This type of intervention has a dialectical approach referring to abstinence as well: striving for harm reduction and for absolute abstinence prevail alternately. Several studies provide evidence for the effectiveness of DBT superior to treatment as usual and some other interventions in different aspects.

The mindfulness-based relapse prevention program (MBRP) described by Bowen, Witkiewitz and Chawla in Chapter 3 contains the most mindfulness elements compared to the other treatments presented in this book. The main goal of MBRP is reducing the probability and severity of relapses

for individuals in early abstinence focusing on three key aspects of addictions – namely nonacceptance, negative and positive reinforcement. Witkiewitz, Marlatt and Walker (2005) incorporated the elements of cognitive behavioral therapy and mindfulness meditation and finally developed the eight-session, structured protocol of MBRP which is detailed session by session in this chapter. Potential mechanisms and feasibility of MBRP has been studied and the results verify the effectiveness of this treatment.

In Chapter 4 Spada, Caselli and Wells describe metacognitive therapy. This approach highlights the so-called self-regulatory executive function (S-REF) model and a thinking style called cognitive attentional syndrome (CAS) which is activated by positive and negative metacognitive beliefs and which contributes to problem drinking. The authors review the role of metacognitive knowledge and metacognitive monitoring in the three phases of a drinking episode: pre-alcohol use, alcohol use and post-alcohol use phase. Beliefs linked to uncontrolled alcohol use, suppression of alcohol-related thoughts and extended thinking are delineated and the reader can get to know the elements of the metacognitive therapy as well. Testified forms of metacognitive therapy have already been established for different disorders – e.g. depression, generalized anxiety disorder, OCD, PTSD and social anxiety disorder. The presented model has been developed especially for problem drinking. Nevertheless, because of the novelty of this form of treatment further evidence is needed to demonstrate its efficiency.

In Chapter 5 Wagner, Ingersoll and Rollnick introduce the technique of motivational interviewing (MI) which is somewhat an exception to the presented treatments. According to the authors it can be seen as a cousin of contextual cognitive behavior therapies, because they have similarities – such as focusing on making discrete changes – and differences as well, like the role of the practitioner who elicits both problems and solutions from clients in the MI model, while lists problems from clients, and provides expert solutions in the CBT context. MI can be further differentiated from the other methods by its direct approach to change contrary to other methods which have a greater emphasis on the underlying psychological patterns. This method has an over 20-year-old past, therefore, its effectiveness has been reviewed extensively. Motivational interviewing has small to medium effect sizes for substance use but the effect is larger in case of engagement in substance abuse treatment, therefore, it is the most effective treatment of addictions except for CBT. MI's perspective, core communication skills and process are also described in this chapter.

Jennifer H. R. Sayrs unfolds the potential of mindfulness practices for professionals in the beginning of the second part of the book. This topic has mainly been ignored despite of the benefits of the practices which affect not only the providers' quality of life but also that of the therapy. Sayrs summarizes the main mindfulness skills and introduces examples for each practice. Based on colleagues' and own experiences the author reveals the positive influence of mindfulness in several situations such as dealing with clients' hostility and critiques, being more present with the clients and avoiding the term "should". Special issues like mindfulness practice for providers with a history of substance use are discussed. This chapter also provides a guide to the construction of one's own practice and answers the probable concerns for the compatibility of mindfulness with personal views. Another query is whether mindfulness conflicts with

the 12-step program; however, there are great endeavors to combine these treatments (e.g. Jacobs-Stewart, 2010).

Stigmatizing caused by the common negative attitude toward addicted individuals is an important interfering factor in the treatment of addictions. Luoma and Kohlenberg undertake the review of the development and handling of stigma, self-stigma and shame in Chapter 7. They discuss the context which primes shame and self-stigma and introduce an evaluated ACT group protocol session by session which aims at overstepping both of them.

Detoxification can be a particularly hard part of the treatment for the patients with substance use disorder, but, as presented by Stott and Masuda in Chapter 8, the adaptation of mindfulness practices can be fruitful in this field as well. It is crucial for the patient to accept the existence of withdrawal symptoms and urges instead of fighting and suppressing them. The authors framed an acceptance- and mindfulness-based protocol in virtue of existing ACT manuals for the three phases of detoxification: pre-dose-reduction, dose-reduction and post-dose-reduction phase and follow-up. Empirical evidence supports the effectiveness of ACT-based intervention – almost twice as many patients in the ACT treatment group (36.7%) had an opiate-negative drug screen compared to the drug counseling group (19.2%).

As effective alternatives of pharmacotherapy Bricker and Wyszynsky review motivational interviewing and acceptance and commitment therapy for smoking cessation in Chapter 9. There is a description of therapeutic relationship, language and values in both therapies, illustrated with life-like examples. Three forms – face-to-face, telephone and web-based – of intervention and their measured or probable efficacy for smoking cessation are discussed as well.

In Chapter 10 the possible application of mindfulness for problem gambling is brought forward by Tony Toneatto. Mindfulness-based interventions can possibly complement cognitive behavioral therapy and enhance its efficacy in the treatment of problem gambling. The author emphasizes the rigid dysfunctional cognitive beliefs of gamblers more than impulsive features and explains why concentration and insight aspects of mindfulness meditation are considered to be important components of the treatment. Toneatto draws attention to the fact that there are indirect evidences for the positive effects of mindfulness for problem gambling so far, e.g. higher trait mindfulness predicts more successful judgment on the Iowa Gambling Task. Nonetheless, mindfulness is a promising approach in this field.

Treatment opportunities of binge eating and chronic food overconsumption are reviewed by Jason Lillis in Chapter 11. The reader can get to know the features which drug abuse and overeating have in common including the neurobiological background. Lillis lists four contextual CBT intervention techniques which aim at treating binge eating, food overconsumption and related problems. All interventions have components which can be highly effective for some aspects of the problem. In brief, ACT's significant asset is managing self-stigma and shame, DBT focuses on emotion dysregulation, motivational interviewing effectively helps to resolve ambivalence about change and mindfulness-based cognitive therapy includes some disorder-specific techniques such as the mindful eating exercise. Related studies, where available, are discussed and special issues are explicated as well.

In Chapter 12 Crosby and Twohig highlight the contextual approach (a special ACT protocol in particular) to the treatment of pornography addiction. The authors emphasize

the functional nature of the problem, which can help to define the latent reasons of viewing including negative thoughts and emotions. Some case series and a randomized clinical trial with high effectiveness and special challenges, such as religious beliefs are introduced.

First and last, *Mindfulness & acceptance for addictive behaviors* is more than a great summary of new therapeutic trends on the addiction treatment field for professionals. It proves evidence for the applicability of cost-effective mindfulness-based programs which can be used independently from and integrated to other therapies. The authors assign the rightful place of the so-called contextual behavioral therapies for substance use and behavioral addictions. This book is an indispensable resource for mental health providers, addictions professionals and researchers, interested in cutting-edge treatments for addictive behaviors.

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