

Mindfulness for health, resilience and flourishing.

Case series study of therapists working with substance abused and addicted individuals

Background

Substance-abusing individuals’ caregivers often bargained not only due to the stressful nature of caregiving, but also due to the nature of substance abuse. It is argued that the caregivers suffer from stress, burnout, frustration, anxiety, depression, and other health problems.

Now is proposed, that mindfulness-based interventions are able help not only to individuals with substance use problems, but also more efficiently reframe cope therapists and caregivers with negative emotions and stressors connected with their work with addicted patients. It is also argued that group-based mindfulness interventions are more cost-effective than the therapy as usual (TAU).

Participants

The subjects were therapists of patients struggling with various addictions problems (N=85) aged 25 to 56 (M=34.8; SD=8.3), 70% of women and 30% of men, who attended the 4 days’ retreat i.e. Mindfulness Training Conference in Warsaw. Workshop consists 10 hours of mindfulness practice and 6 hours of lectures.

Procedure and methods

The following research tools were used to test the effectiveness of 4-day mindfulness retreat: Short Version of the Five Facets Mindfulness Questionnaire, Rumination-Reflectivity Questionnaire, Flourishing Scale, and Resilience Scale for Adults. To assess the magnitude of change in the variables controlled in this study the following statistics were used: Student’s test (t), Person correlation (r), Cohen’s d, Reliable Change Indices (RCI) with 80% Confidence Interval for repeated measures (Time 2. ver. Time 1).

Results

The **nomothetic analyses** show that strongest changes (large effect of Cohen’s $d > 0.80$) were observed in Nonreactivity (Table 1.). The weaker changes (moderate effect of Cohen’s $0.5 \leq d \leq 0.80$) were detected in reflexivity, overall mindfulness, and observe. The weakest changes (small effect Cohen’s $0.2 \leq d \leq 0.5$) were observed in acting with awareness, rumination, nonjudging, describing, resilience, and flourishing.

The **idiographic analyses (RCIs)** show that a greater number of therapists achieved an improvement (10 – 18, i.e., 38% - 69%) than a deterioration (4 – 11, i.e., 15% - 42%). The best changes were observed in reflexivity (the difference between the number of individuals with positive and negative effects and trends was 14), rumination (10), non-judging (9), flourishing and resilience (9), acting with awareness (8), and overall mindfulness (7). The most ambivalent phenomena (similar numbers of people with positive and negative changes) were observed only in Observe (10 vs. 11). No changes were observed in 3-8 participants.

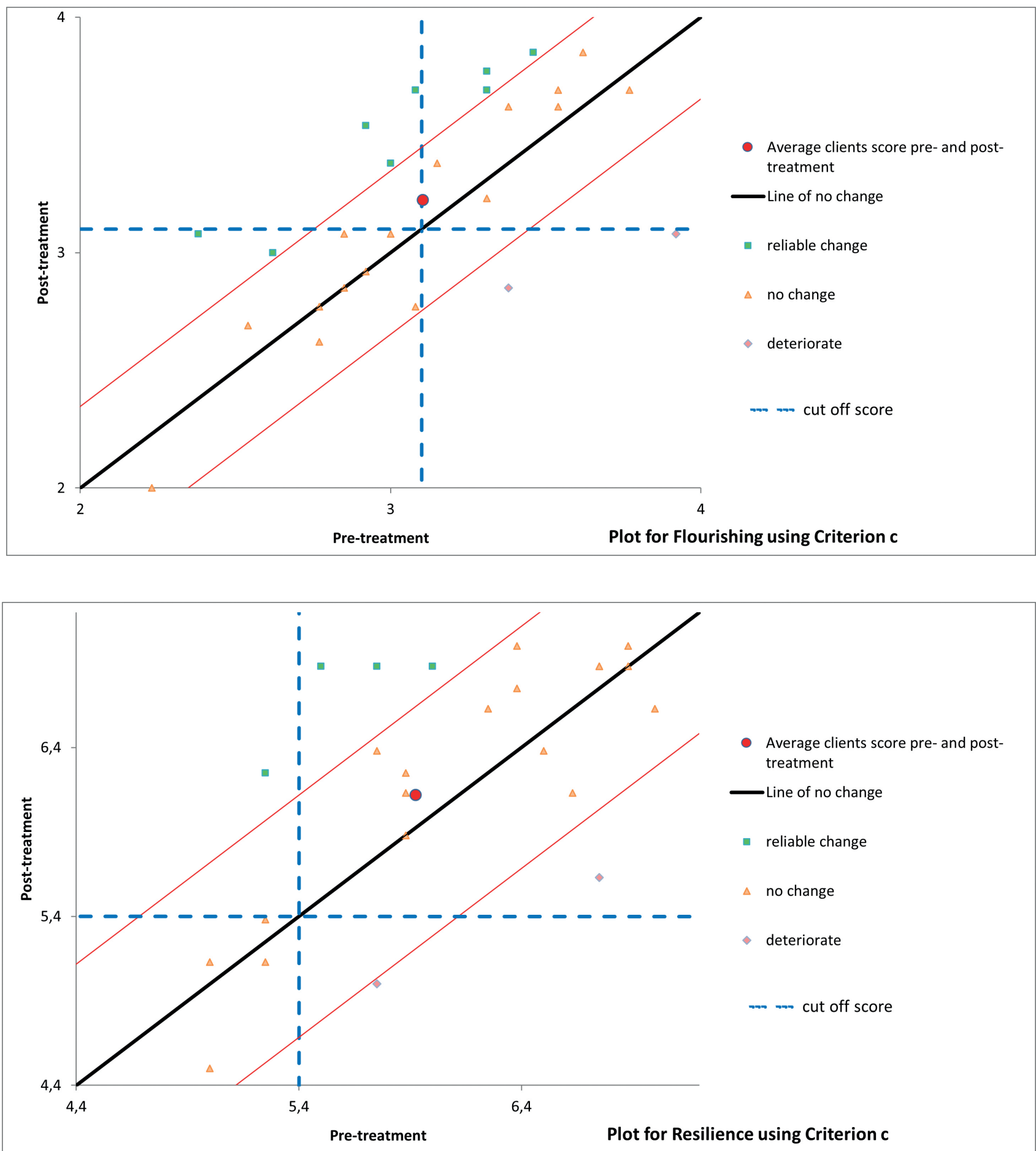


Table 1. Differences, effect sizes and reliable changes

Scale	t	d	Improvement (positive trends)	Deterioration (negative trends)	No changes
Mindfulness	2,384*	.67	10+(5)=15	4+(4)=8	3
Nonjudging	2,094*	.42	6+(8)=14	2+(3)=5	7
Observe	2,060*	.63	4+(6)=10	1+(4)=5	5
Acting with awareness	1,886	.48	9+(6)=15	1+(6)=7	4
Describe	1,145	.39	5+(7)=12	1+(7)=8	6
Nonreactivity	2,460**	.83	6+(5)=11	1+(6)=7	8
Rumination	2,032*	.43	3+(13)=16	0+(6)=6	4
Reflexivity	3,410**	.72	7+(11)=18	1+(3)=4	4
Resiliency	1,686	.39	4+(9)=13	2+(5)=7	6
Flourishing	1,702	.25	8+(8)=16	2+(5)=7	3

Legend: t – Student’s t test; * - $p < .05$; ** - $p < .01$; d - Cohens effect size; **Improvement** – number of participants with statistically significant positive changes (number of participants with statistically nonsignificant positive trends); **Deterioration** - number of participants with statistically significant negative trends (number of participants with statistically nonsignificant negative trends); sum – number of participant with significant changes and nonsignificant trends; **No changes**-number of participant without significant changes and nonsignificant trends

Conclusions

The study’s findings highlight the numerous benefits of short meditation practices combined with psychoeducation for therapists and caregivers working with substance-use-disordered individuals. This approach can significantly reduce distress and burnout, while strengthening mindfulness, resilience, and flourishing. Moreover, the idiographic analytical strategy employed in this study can be

a powerful tool for monitoring individual development and enhancing the safety of the intervention, providing reassurance about its effectiveness. These findings, if independently replicated, could provide an integrative healthcare approach in caregiving for substance-use-disordered individuals.

Authors: Stanisław Radoń, UPJP2: biuro@ipri.pl | Joanna Różycka-Tran, UG: joanna.tran@ug.edu.pl

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