

Q. What is mindfulness-based relapse prevention?

A. Mindfulness-based relapse prevention (MBRP) is a structured, 8-week group program that teaches a combination of mindfulness meditation and cognitive-behavior skills. The aim of the program is to help individuals control cravings and avoid relapses into substance misuse. The technique encourages non-judgmental, open and acceptant observation of cravings to bring greater awareness to negative thoughts and emotions, and the range of choices available to the individual beyond substance use.

Q. What is the treatment model underlying MBRP?

A. More research is needed to determine if this approach is efficacious alone or as an adjunctive treatment for persons with substance use disorder (SUD). Theoretical foundations for MBRP suggest that mindfulness techniques foster an increased awareness of internal and external cues that may trigger relapse behaviors, greater regulation and tolerance of thoughts and emotions that are associated with substance use, and more effective decision-making in the face of triggers (Witkiewitz, Marlatt, & Walker, 2005). This theory has not been conclusively tested.

Q. Is MBRP recommended in the Military Health System (MHS)?

A. **No.** The 2015 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders does not include MBRP, or any mindfulness-based treatment for SUD. MBRP has not met the burden of evidence required by the most recent VA/DoD guidelines as a treatment for SUD.

The MHS relies on VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend MBRP for SUD?

A. **No.** Other authoritative reviews have not substantiated the use of MBRP for SUD.

Several recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository and the Cochrane Database of Systematic Reviews.

- AHRQ: No systematic reviews of MBRP identified.
- Cochrane: No systematic reviews of MBRP identified.

Q. Is there any recent research on MBRP for SUD?

A. A 2015 systematic review and meta-analysis by Grant et al. included six randomized clinical trials with 685 participants total. All took place in the specialty care setting, with trials as long as 12 months. MBRP was not more effective than any comparator (e.g., treatment as usual, cognitive behavioral therapy, standard relapse prevention) when used adjunctively or as stand-alone monotherapy for reducing relapse rate, frequency and quantity of substance use, cravings or adverse events. MBRP was associated with improvements in quality of life and decreased legal problems when compared to a standard relapse prevention intervention.

Q. What conclusions can be drawn about the use of MBRP in the MHS?

A. The current state of evidence for MBRP is not mature enough to recommend it as an effective evidence-based treatment in the MHS. Although the emerging body of research on MBRP for SUD in service members is a noteworthy start, the burden of evidence needed to substantiate a novel treatment such as MBRP is considerable. Future randomized clinical trials are needed to provide firm conclusions about the efficacy and safety of MBRP.

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References

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