

Reason, The Moment And Recovery



*A Workbook on Mindfulness-Based
Rational Emotive Behavior Therapy
for People with Substance Abuse
Disorders*

Bruce D. Burleson, M.S., LADC1

Acknowledgements

Writing a workbook of this sort—especially the kind of work that sometimes takes one into uncharted territory—is no easy task. Fortunately during this process I have had plenty of help. I’ve been able to email portions of this book, or the whole thing in its entirety, to people with vast experience in REBT and Mindfulness. I would particularly like to thank Elaine Appel, a leader of the self-help group SMART® Recovery, and Roger Cram, also involved in SMART, as well as other leading members, for their input. Other friends, such as Candae Oliva, have read and made constructive comments. I am grateful to Ronald Siegel for his input during a meditation conference, and to Philip Flores for his expertise on addictions and attachment theory. Also stepping up to the plate was my father, Donald R. Burleson. But most importantly, I must thank my partner in life, Anita Mills—herself an expert on Mindfulness—not only for her input on this project but for putting up with me, e.g., all those nights when I had to say, “please don’t bother me right now because I’m in the middle of a train of thought.” That can be exasperating for a significant other, but she has accepted this process with grace and a tremendous amount of strength.

Reason and the Moment

TABLE OF CONTENTS

Introduction.....	4
Our Basic Needs.....	6
Stages of Change.....	8
Mindfulness Training: Practicing Everything in the Now.....	11
How REBT works: Addressing Stinkin' Thinkin'.....	17
MB-REBT and the DiB: Bringing Together REBT and the Practice of Mindfulness.....	20
The Road Map to Mindfulness, Reason and Recovery.....	24
Dealing with Past Traumatic Events: The Elephant in the Room.....	26
Basic Problem Solving in the Present Moment.....	29
Attachments and Support.....	31
Rational Relationships in the Here and Now.....	33
Glossary.....	37
References.....	39

Introduction

About This Book: Background on Cognitive Approaches and Mindfulness.

Mindfulness originates out of Buddhist teachings that are 2,500 years old. After meditating for 49 days as a young man, the Buddha came to several conclusions:

1. Suffering does exist.
2. Suffering arises from attachment to desires.
3. *Suffering ceases* when attachment to desire ceases.
4. Freedom from suffering is possible by practicing the Eightfold Path which outlines how meditation can get us where we really need to be by finding our answers from within. Some have termed this enlightenment. I like to call it learning to ***think rationally, here and now, in each and every moment of our lives.***

Millennia before 1955, when Albert Ellis came up with original cognitive therapy and his revolutionary ABCDE method of addressing cognitive distortions (Ellis, Harper & Powers, 1975), the Buddha recognized the folly of problematic consciousness, or what we term in this workbook ***Stinkin' Thinkin'***. "Attachment to desires" is analogous to cognitive behavior themes of irrational belief that we ***must*** get what we want. Albert Ellis, while coining the term "musterbation," was far preceded in this insight by the Buddha. The irrational belief that things must always go our way lead us down the path to misery, anxiety, depression, or at the least, chronic disappointment.

The need to get what we want, instantaneously, is what some contemporaries refer to as "instant gratification." Our Western societies have developed this desire in all of us by virtue of the very societies we live in. These days it is: point and click, and your desire arrives in your mailbox. Notice how people react when they do the pointing and clicking, and the delivery doesn't happen. We get angry, frustrated. We yell at people over the phone, or by email, or point and click on Amazon: ***where's my stuff?***

We sometimes draw wisdom from our own popular media. In the film *Peaceful Warrior* (watching this film is part of the curriculum of this workbook), the character Socrates—an old man working in a garage—teaches a young man some basic truths that closely parallel the idea of mindfulness. In this movie Socrates points out: "when we don't get what we want, we suffer. Even when we do get what we want, we still suffer." Why? Because the relentless, irrational pursuit of "what we want" is incongruous with the objective reality of our lives, or what we may call ***what is***. Accepting what is is the first step to inner peace, because we can use that as a jumping-off point to figuring out what some in recovery circles challenge us to in the serenity prayer: "***God, grant us the ability to accept the things we cannot change, the courage to change the things we can, and the wisdom to know the difference.***" At the heart of the techniques introduced in this workbook are those themes: internal versus external locus of control—that is, that which we have control over and that which we

don't. Then the idea is to discern between the two. Mindfulness teaches us that we cannot change the past—that is, we must accept it for what it is because it is unchangeable. Mindfulness teaches us also to focus in the Here and Now, this present moment, and not the future. Why? Because once we realize the only thing we have any influence over is the present moment, we realize that that must become our mission, our driving force, our moment-to-moment focus. And the Now, and not the past or future, is the real source of inner peace, mental stability, and indeed, recovery.

Now here we are in the early years of the new millennium. Fortunately, many psychologists and researchers have already made inroads as to how to combine mindfulness with cognitive behavioral therapy—that is, the practice of identifying Stinkin' Thinkin', modifying it, and moving forward with a rational and insightful perspective.

A few examples. In 1993, Marsha Linehan combined eastern ideas such as mindfulness with cognitive behavioral approaches to create dialectical behavior therapy (Linehan, 1993). Her approach is so detailed and applicable that it has been used to treat borderline personality disorder—an affliction which causes people to experience a love-hate relationship with themselves and everyone else. More recently, researchers have come up with approaches such as Mindfulness-Based Stress Reduction or MBSR (e.g., Kabat-Zinn, 2005) which has even been used in pain management, and Mindfulness-Based Cognitive Therapy or MBCT (e.g., Segal, Williams, & Teasdale, 2001) which lays some of the groundwork for this workbook. The difference here is that we return to the granddaddy of CBT, Albert Ellis, who in 1955 abandoned traditional Freudian approaches and devised Rational Therapy, later to undergo several name changes and emerge today as Rational-Emotive Behavior Therapy or REBT. The main difference between the other contemporary approaches to combining mindfulness and cognitive therapy is the simplicity of using Ellis's method, namely the ABCDE exercise, in conjunction with meditation and mindfulness. The approach we use in this workbook is called Mindfulness-Based Rational Emotive Behavior Therapy, or MB-REBT. MB-REBT agrees with much of the work of Kabat-Zinn and others. The disagreement lies in the reality that while we can accept thoughts as they occur moment-to-moment, we don't have to accept their validity or supposed rationality. In the Moment, as we meditate and quiet our minds, we can in the process change our thinking and in so doing change our emotional and behavioral lives.

How much we can learn from a movie!

HOMEWORK (1): Watch the movie *Peaceful Warrior* (available at most video stores and on Netflix). While watching the film, pay close attention to what the character "Socrates" says as he teaches the young gymnast Dan Millman many lessons about life.

HOMEWORK (2): The following is a list of insights from the movie, most of which came from "Socrates." Read through them, and write what you think about them in the box to the right. If you heard another insight that's not on the list, write it on the bottom of the list.

Insight:	Thoughts I have on reflecting on this quote—what it means to me:
"You practice gymnastics—I practice everything."	
"Take out the trash that's in your mind."	

“You are not your <i>thoughts</i> , Dan.”	
“Meditate in every action.”	
“All you have is <i>right now</i> , Dan.”	
(Dan) “When I get what I want, I’ll be happy.”	
“There are no ordinary moments.”	
“[Being mindful means being] conscious of your choices and responsible for your actions.”	
“Death is a bit more radical than puberty... Really sad that some people never really live at all.”	
“When you feel fear, take the sword and cut the mind to ribbons—all those thoughts about the past and the future.”	
“There’s no stopping or starting—only doing.”	
“Accept that you don’t always control what will happen to you—but that you are exceptional either way.”	
“The <i>journey</i> is what brings us happiness, not the <i>destination</i> .”	
“Sometimes you have to lose your mind to come to your senses.”	
(Dan) “I don’t cry.” (Socrates) “Apparently you do.”	
“PARADOX: Don’t waste time trying to figure life out. Live it in the moment. HUMOR: Accept that there are things you can’t control and learn to laugh. CHANGE: Nothing stays the same.”	

Write down any other insights you gleaned from the film and your thoughts about them: _____

Moment 1

Our Basic Needs

Before we begin our Mindful journey into recovery, it is important to set some goals as to what we would like our lives to look like. By the time many people pick up this workbook, life has become a disaster. Others manage to begin the recovery process before everything falls apart, i.e., by winding up homeless somewhere.

Psychologist Abraham Maslow (2011) came up with a **Hierarchy of Needs** pyramid that has become a useful tool in figuring out what our lives look like now, what are biggest needs are, and also a tool in figuring out how to set goals for ourselves that we can achieve. Maslow's hierarchy looks like this:



The way this hierarchy works is that we each need to meet certain needs on the pyramid before we can progress on to bigger and better things. For example, the most basic needs we need to have met have to do with **basic physiological survival**: satisfying hunger and thirst so we don't starve to death or die from dehydration. Once those needs are met, we can move on to **safety needs** such as a sense of security and protection (i.e., having a place to live). Social Needs come next; once we've met the other needs we can focus on a sense of belonging and love. Then we can move on to **self-esteem needs** such as being recognized by others, or achieving a certain social status. Finally—and frankly not everyone climbs this high up Maslow's ladder—we can focus on what Maslow called **self-actualization**, or reaching our highest potential for human beings. This often entails an advanced sense of morality—working for the good of ourselves as well as the greater good of humanity. Also it entails the ability to engage in creativity, problem solving, getting over prejudices, and the ability (and we will return to this theme later) to accept things as they are. As you will learn, MB-REBT is

predicated on reason, not superstition—facts, not conjecture. It is through reason that we achieve our maximum intellectual and moral potential as human beings.

To clarify the hierarchy further, often people at the physiological phase are barely surviving; their lives revolve around staying alive from one day to the next. Achievement of safety, love/belonging, esteem, and finally self-actualization for people with substance abuse problems has to do with **where we are at in our recovery**. Generally, the more clean and sober time you have, the better your chances of making it beyond basic survival and pursuing the kind of life you'd really like to live.

But first we have to address our substance abuse problems. As long as we keep using, in all likelihood we'll either stay at the bottom of this hierarchy or wind up there eventually.

Where do you think you are on Maslow's hierarchy? _____

Are you satisfied with where you are at or would you like to move up? _____

Climbing up means finding the motivation to make it happen. What do you think would motivate you to climb up the pyramid? _____

As you complete this exercise, you might find yourself thinking: ***Damn, how did I get all the way down here? I shouldn't have done this to myself! How could I let it happen?*** If so, be patient with yourself. Much of what we're about to do in this workbook addresses thinking that tends to lead to feeling emotionally down on ourselves. Sure, we got addicted. Sure, we screwed up. But does that mean we are doomed to the bottom of the pyramid forever? Of course not! Now let's get to work!

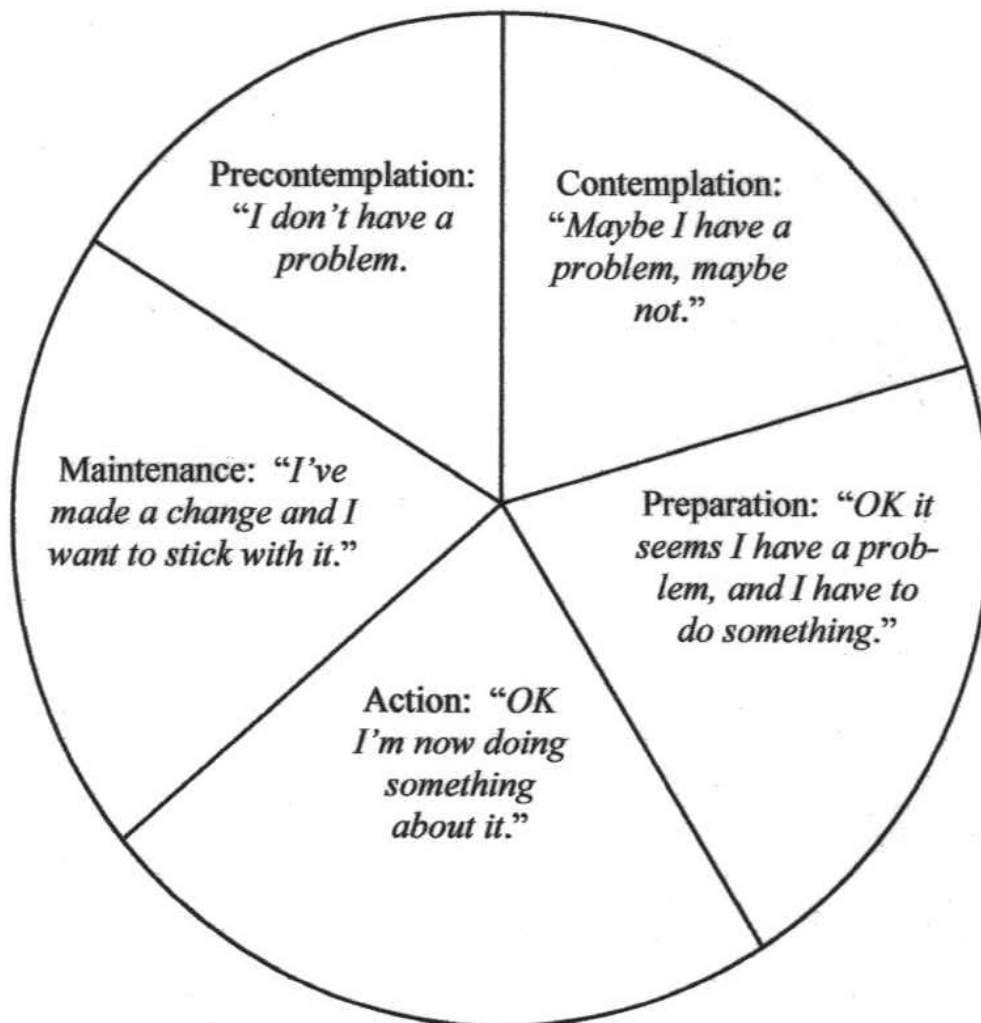
On a humorous note, Maslow's hierarchy is often referred to as a ladder. Let us not forget that ladders do have their ups and downs.

Moment 2

Stages of Change: Figuring Out Where We Stand with Our Addictions, And Where We Want to Go.

When beginning the journey into recovery, it helps to figure out what the starting point is. Where exactly do we stand in relation to use of various substances? And once we've figured that out, what are our goals?

One useful tool to help out with this is called the Stages of Change (Prochaska, Norcross & DiClemente, 1995). The Stages begin with **precontemplation** or, in recovery circle terminology, "denial." They progress on until we begin to see the problems inherent in our behavior and our readiness and willingness to make changes. The Stages are like a cycle, and look something like this:



Now we start to chart the way forward. We begin by using the following tool to assess where we are in the process, based on each substance of abuse. Identify your drug(s) of choice, and the stage you believe you are at, and place an "X" in the corresponding box. Notice there are some blanks under "tobacco." If your drug of choice is not on the list, you can write it in. If you have trouble remembering what each stage means, refer to the diagram above or ask your counselor for help.

	Precontemplation	Contemplation	Preparation	Action	Maintenance
Opiates					
Alcohol					
Cocaine					
Marijuana					
Benzos					
Crystal Meth					
Tobacco					
OTHERS:					

Hang onto this chart because as you make progress in your recovery from each substance, it'll feel satisfying for you to move your "X" across the chart, ultimately to **Maintenance**.

Having completed this exercise, what are the priorities for what substance addictions you want to work on? In other words, which substances have an X closer to the left end of the chart (toward "precontemplation" and which ones are further down the chart toward the right end? Write them here.

Now we have a clearer picture of what we want to do. If you had trouble with this exercise, you can redo it. If you need to, ask your counselor to help. Remember, the idea is to figure out what are the most serious addiction problems you need to pay the most attention to in the Here and Now. And speaking of the Here and Now, we now move on to the next Moment and begin to learn about how Mindfulness fits into the big picture. Remember as we travel this journey that we live our lives moment-to-moment, from birth until death. The choice we must make is whether or not to pay attention to each of those moments, removing ourselves from the damaging impact of past events or future worries.

Moment 3

MINDFULNESS TRAINING: Practicing Everything in the Now

Task: Before continuing in this Moment, watch the movie *Peaceful Warrior*.

Remember a time in your life when you were totally focused on something. Most of us have these memories; e.g., putting a model plane together. Doing a jigsaw puzzle. Falling off your roof while trying to remove snow – as you plummet into the snowbank below, the mind is totally focused on that moment. As actor Nick Nolte (“Socrates”) points out to the young gymnast (Dan Millman who by the way went on to become a motivational speaker and developer of a holistic way of life) in the film *Peaceful Warrior*, we come up with a name for the experience: **“AYYYYYYYYAHHHHHHHHHHHHH!”**

A practical way to begin the process of learning a mindful existence is to get the basics down by watching a film on the topic. In this exercise you will learn the meaning of “*You practice gymnastics; I practice everything*,” a quotation from the movie *Peaceful Warrior* (a film I recommend not renting or streaming from Netflix, but owning; it is a valuable teaching tool). Remember that Mindfulness is not just about sitting cross-legged and meditating. It’s not about becoming a Buddhist or a Tibetan monk. Your “temple” is your own home, your own body, your own mind, as well as every moment you find yourself in during your day. Mindfulness simply means total devotion to the moment you are in and what you are doing in that moment. The character “Socrates” refers this to “taking out the trash in your mind.”

Recall that mindfulness means being in the present moment—not being concerned about the realm of the “later” or the “before”, the future or the past. All we have, and all we will ever have, is this present moment –here, and now.

It all begins when you wake up in the morning. As Westerners, we are “pre-programmed” to immediately focus not on the now but in “what’s coming next”—the shower, breakfast, dropping the kids at daycare, rushing off to work. The term coined for this workbook for this tendency is ***Nexting***.

When waking up in the morning, instead of leaping immediately into ***nexting*** mode, practice breathing for 5-10 minutes. During this period focus entirely on the breath—noticing it coming in, and going out, like the waves of the sea on the beach. At times you will notice thoughts creeping back into your head. Just acknowledge them without diverting your focus on the moment. Say goodbye to the thought and return to the breath. Your clinician can help you practice this during group.

Task: Engage in a 5-minute mindful breathing exercise with the help of your clinician.

This is the first step of learning to live mindfully, and is the basis for a meditative lifestyle.

Beginning the day mindfully, by meditatively observing the breath, is the beginning of practicing everything moment to moment during your day. Here are some examples of things people often do that seem “automatic” because they’re oriented not in the now, but in *what is next*. What is next is not

of immediate importance, because what really is, factually and immediately, is the here and the now, the breath--the peace and quiet of beginning your day.

Taking a Shower Mindfully

As you get into the shower, ignore thoughts that obsess about what you have to do when you finish the shower. Most of us spend our shower time thinking about what we're going to do once we towel off and head for the bedroom to figure out what to wear.

Focus on the water streaming down, and the sensation of it hitting your head, shoulders, arms, back. Listen to the droplets as they hit the floor in the shower. Notice, and pay exclusive attention to, what you do in the shower—soaping up—the feeling of the soap on your skin or the shampoo or body wash on your hair. Experience the soap, the soft feeling of it. Experience the water slowly washing the soap off.

When you are ready to get out of the shower, the mind often then kicks in and says, “OK, off to breakfast, work, day care”, and so on and so forth. Acknowledge these thoughts nonjudgmentally, and allow these thoughts to pass by, and focus on the breath, as you reach for the towel. Observe the moment of the towel drying you off. Observe the sensation in your mouth as you brush your teeth. Observe the comb in your hair.

Eating Meals (or any meal) Mindfully

Everyday I watch my golden retriever go through a whole dish of dog food in about 5 seconds. I wonder if she actually notices any of the flavor of the food as it is quickly swallowed. We human beings do the same thing.

Begin your meal by moment-to-moment preparation. Slow down, and pay attention to the bowl and the cereal (or whatever food you eat) as you fill the bowl. Then sit down and eat the food one bite at a time. Focus on the moment of eating. If this becomes difficult bring yourself back to the breath to calm the mind down. Eat your food quietly, gradually, paying attention to its presence in your mouth, paying attention to the chewing, the swallowing. Savor every bite, moment to moment, without allowing the future to invade your mind, e.g., “I gotta do this next; I gotta do that next.” It's not about the next, but the now.

Dishwashing

Then clear the table and wash the dishes, focusing on each dish, fork, spoon, pan, as the cleaning of each is an end in itself. Once complete you can move on to the next morning task: getting dressed – one item of clothing at a time, noticing the sensation of the fabric on your skin. Once again, make it about that very moment.

Leaving the House

As you exit your house to start your day, *pay attention to each step along the way*: the opening of the door; the locking of the deadbolt behind you, and if you are really security conscious, the setting of the alarm system.

Driving Your Car

Have you ever heard people talk about how they don't remember the drive from home to wherever it is you need to go? This is because we tend to be on "automatic pilot." Automatic pilot, by the way, is a characteristic of addictive behavior; e.g., getting the case of the "Screw-its" and "just using."

Turn off the automatic pilot, and pay attention to each thing you are doing in that moment: opening the car door, sliding in; observing the sensation of the seat under yourself. Observe fastening your seat belt, your hand placing the key into the ignition and turning it. Observe the sound of the engine catching. Remember to do these tasks moment by moment, not allowing your mind to go into the habitual "I gotta get there in 30 minutes" mode. The destination will arrive at a future juncture of time and space. Important is to pay attention to every aspect of your driving: your hands on the steering wheel, feet on the pedals, eyes on the road, and routine checks in the rear view mirrors. *(Some would say that if everyone did this it would greatly reduce traffic accidents, because people would be deliberately paying attention to their driving!)*

Doing Your Job

If you are fortunate enough to have a job in this difficult economy, this applies to you. If not, focus on the other things you find yourself doing during the day.

Often I ask my group members: "What is the purpose of Bruce Burleson's life?" I get all sorts of flattering answers: *You're going to earn a PhD and become a world-renowned psychologist. You're going to become president of your company....* Thanks but no thanks; such things are so far off into the future that they take away from the practice of doing what one is doing, in the moment. I surprise people by responding: That's all very flattering, but the purpose of your substance abuse clinician is this: *To run this group or individual session.* THAT is what is going on in the present moment, in the here and now, and that is the focus. What matters not is what happened an hour ago, or what's for dinner later. The only thing that matters is that here-and-now moment of running the group, and focusing on and practicing that task.

Focusing on the task at hand is challenging, because our Western-indoctrinated minds constantly want us to focus on what's next, what's next, what's next; hurrying up on task A so I can focus on task B.

The trick is to mindfully focus on each task in the moment in which it occurs. Running a group occupies one moment or string of moments, during which one need be totally focused on that task at hand. Doing progress notes occupies another moment later on, but in that moment, the idea is to practice and focus on each progress note, one after the other, entering the data into the computer. So instead of thinking of the ham sandwich in the fridge that is for lunch somewhere in the future, the focus needs to be on being totally focused on the task at hand—e.g., writing about how Joe Schmoie talked about a relapse during group and how other group members and clinician responded. Once the progress note is done, another moment presents itself in which there might be supervision, a staff meeting or a treatment plan appointment. Again it is all moment-to-moment-to-moment.

Over the past several years, I have discovered that the key to being effective as a counselor is to focus on the needs of each individual as they show up in my office, and to use mindfulness to be totally present in the therapeutic process in group therapy. Such focus becomes the purpose of life, in that moment. Such focus is more likely to help the client at hand.

During the next several weeks we will use audio-visual aids to learn to focus and be mindful in all that we do. As we learn this process, stress will reduce. Anxiety will also reduce as will depression, as these feelings tend to emanate from the past or the future. Living in the here and now, we learn to cope with difficult feelings as they come up.

Here are some other examples of how to apply mindfulness to a variety of situations. The first is managing to get from one place to another on a motor scooter without crashing into a car or falling on one's derriere.

Mindful Scooter Riding

Just like driving, it is essential to be mindful of what you are doing while commanding a motor vehicle. When riding a scooter, one must be especially careful. Yet it begins in the moment: Opening the helmet compartment. Paying attention to the practice and sensation of donning the helmet and safety glasses. Focusing on squeezing the brake, engaging the fuel supply and starting the motor. As you get going, be mindful of the humming of the machine under you, the whipping of the wind past your face. *Remember it is not about the destination, but the journey.* The destination will take care of itself, but the trick is to focus on every aspect of operating that motor vehicle second-to-second--paying attention to each aspect of operating the scooter while buzzing along: red lights, green lights, Massachusetts drivers cutting you off (scooters often top off at 40 mph, and some motorists like to go 55 in a 40 zone, so they go tearing around you, sometimes utilizing nonverbal cues involving a certain finger). Mindfully, the thing to do is acknowledge the aberrant behavior of others, but to refocus on the task at hand: operating the scooter.

Mindful Archery Practice (Or Any Other Hobby that Involves Focus)

Some of us enjoy archery. In some ways this is more challenging than simply using a firearm on a range. Many things factor into hitting the backyard target with the arrow. Here's how it's done:

- Mindfully, step by step, focusing on each aspect of the task, one *loads the crossbow*. Doing so with your mind elsewhere can be tragic or fatal, or at the very least, lead you to shoot yourself in the foot automatically. And that can be difficult and embarrassing to explain in an emergency room.
- Loading a crossbow means pointing the weapon onto the floor, holding it there with your foot, pulling the cord back until it locks, and then inserting an arrow. It is vital to focus on each of these tasks moment to moment, because a crossbow is not a toy. One slip, and that arrow can be sent through your foot, the wall, the cat or even another human being. Mindfulness is essential at this stage.
- Once loaded, you aim it at your backyard target. However this requires 100% concentration as you must hold it steadily, view the target through the scope, and then, in that special moment, squeeze the trigger, thus sending the arrow out into the target.
- Each of these steps is a here-and-now moment in itself. Total concentration is needed. Your aim at a target must be calculated for distance of target (the effect of gravity on the arrow), windspeed, and external distractions (such as friends or family vying for their turn to try it out).

Mindful Changing of Cats' Litter Pans

An old saying is that things are rarely as “terrible” or “horrible” as we think they are. That is part of the point of the ABC exercise as outlined later on. Sometimes we have to do things we consider unpleasant. However we can apply mindfulness even to the grossest of tasks.

The idea, again, is to focus entirely and meditatively on the task at hand. Accept the negative odor associated with cats' litter trays. Changing litter pans involves a number of steps, and you can meditate and focus entirely on each step: Grabbing the full bag of litter (and probably noticing how heavy it is) and cutting it open, noticing the “crunch” sound of your scissors on the fresh litter bag. Be mindful as you remove the scrap of plastic from the top of the pouch (enabling you to pour the fresh litter). One by one, remove the dirty litter from each pan, dumping it into a garbage bag. Notice the “whoosh” sound the litter makes as it falls into the bag. Then after replacing the cat liners, fill each cat tray with fresh litter, once again noticing the “whoosh” sound of cat litter being poured. Replace the litter pans to their usual location. A plus is to find one or more of your cats and show it the clean litter; cats usually appreciate this.

Notice how your focusing on each step of changing the litter pans reduced your obsession with *nexting* – the tendency to try to “get it over with” so you can move on to something more pleasant. As Americans with a fast paced information driven society we are always nexting—that is, we have to put extra effort into being in and focusing on the moment. Some cultures do this naturally—the people of Tibet, for example. Notice how less stressed out such cultures tend to be, and how far fewer psychiatric medications they take as compared to the United States and Europe. But more on our pathologically-inclined social structures later. Let's talk about sleep.

Mindful Going to Bed

Many people complain that their sleep is deprived by the “hamster wheel” of constant thought late at night while lying in bed. This is just another example of our human tendency to always be *nexting*. Well, the constant thought is in itself the problem. With mindfulness, and focusing on the moment, it becomes possible to slow the mind down, relax, and sleep.

This is done by bringing ourselves to our first point in this chapter: focus on the breath. As you lay there at night, tell the mind “OK, be quiet.” One of my patients reports having to yell inside his head: “SHUT UP!” Well, whatever works! Relaxation is essential in falling asleep. It begins with acknowledging the breath going in, and the breath going out. When some extraneous thought enters your head, acknowledge it nonjudgmentally and then tell it to go away, and then return to the breath. Since you are lying down, eventually the brain and body slow down to such a point where sleep becomes possible. And by the way, if you fall asleep in a quiet, mindful state, you are more likely to wake up the next day in a similar state.

Going to bed involves not only meditation on the moment, but, moment to moment, appreciating the quiet and calm of the bedroom—the feeling of the bedsheets and the comforter, or the cat curling up next to you if you happen to own such a creature. This serves as a relief for those of us who live hectic lives day to day. Again, it is all about bringing ourselves back to the breath, watching it come and go, moment after moment, until sleepiness sets in.

Your Homework

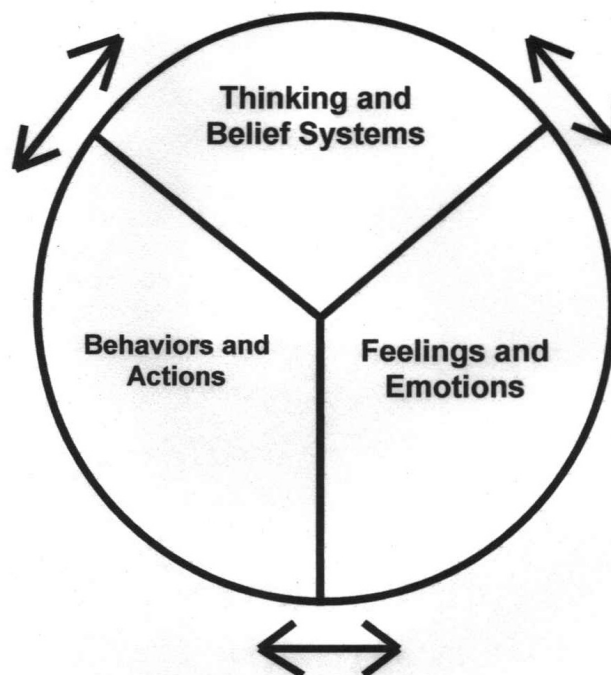
Moment 4

How REBT Works: Addressing Stinkin' Thinkin'

Once we have learned to slow our minds down via meditation and acceptance of thoughts and emotions as they come up, as they are and not as we think they “should” be, we are often presented with the opportunity to examine those thoughts to see if they are helpful (leading us down the right path) or harmful (possibly leading to a relapse). After all, when we are meditating and those intrusive thoughts keep coming back, we can put our foot down and recognize such thinking as rubbish!

Let's start with the most common distracting thought that comes to mind when we are newcomers to meditation and mindfulness. And that is the thought: ***“Why am I sitting here meditating; what a waste of time; I could be cleaning the house right now or watching reruns of NCIS.”***

When thinking comes up that threatens us from mindfulness and meditation, it is possible to turn that thinking around in the here and now moment. For example, the above mentioned thought can be identified as Stinkin' Thinkin'. Once we recognize Stinkin' Thinkin' we can recognize it as irrational, unhelpful and possibly harmful to our intellectual and spiritual growth. Right away we can put it through an ABC exercise. As we have noted before, Psychologist Albert Ellis came up with the ABC during the mid-1950s. This makes him the “granddaddy” of modern-day CBT or Cognitive Behavioral Therapy. That is a way of saying our thinking, feelings and behaviors occur in a sort of interactive pattern perhaps best illustrated by a diagram.



Notice how thinking, feelings and behaviors are all interconnected. One can experience a feeling and have it affect their thinking or behavior. One can experience thinking which affects feelings and behaviors. Still one can simply act, and their behavior impacts how they think and they feel.

Most commonly, however, the problem begins with, to quote an acquaintance, “the furniture being in the wrong rooms upstairs.” In other words, we engage in a certain type of problematic thinking, and that starts to stir up our feelings, making it more likely we will behave in a problematic fashion. In short, while behaviors, thinking and feelings all affect each other, generally the problem begins with Stinkin’ Thinkin’ which then screws up our emotions, and makes it more possible we will act in a way that is counter to our best interests. That is where Albert Ellis and his ABC exercise come in. By looking at our thinking, we can minimize the negative impact and in so doing minimize our negative behaviors.

Ellis called his approach Rational Emotive Behavior Therapy (REBT), which can be summed up as “thinking affects feelings which affect our actions for better or worse” (e.g., Ellis, 1975, my paraphrase). How the ABCDE exercise works follows. Ellis was clever to call it an ABCDE exercise because our human memory systems tend to remember sequential alphanumeric patterns, like “ABC” rather than “XQM.” As you practice your ABCs you will eventually master them and memorize them..

Segment of the ABC exercise

Explanation

(A)ctivating Event.	This is the thing that happens to us, that tends to get our Stinkin’ Thinkin’ as well as feelings and actions all up in arms.
(B)eliefs.	This is the thinking that takes place as a result of the Activating Event. Sometimes the thinking is helpful, or RATIONAL or REALISTIC, or unhelpful or IRRATIONAL or IDEALISTIC.
(C)onsequences.	This is the emotional and behavior fallout—not because of the Activating Event but because of our perceptions, thinking, beliefs about them.
(D)ispute.	This is the engine that makes this whole exercise work. It is where we question our thinking and beliefs to see if they make sense, or if they’re rational, thereby affecting our emotional and behavioral consequences or results.
(E)ffective New Thinking.	This is where, having disputed the beliefs and thinking regarding the activating event, we can change our thinking so it is more positive, helpful, rational, and goal-oriented—e.g., learning from the experience and not the old cliché of “beating ourselves up over it.”

An Example of an ABC

This example came from one of my actual patients. Names and minor details have been changed to protect confidentiality.

(A)ctivating Event.	Harold reported in group that a former drug using friend of his had stopped by bringing heroin with him.
(B)eliefs.	Belief (1.) It was in front of me and I just couldn't stop myself. Belief (2). I couldn't just disappoint my friend by not joining in. Belief (3). I needed an escape from all the stress I've been under.
(C)onsequences.	Harold wound up doing some of the heroin, testing positive for it at his drug treatment center and feeling like a fool for giving in to the urge.
(D)ispute.	Belief (1): You <i>couldn't</i> stop yourself... or was it that you <i>wouldn't</i> stop yourself? Big difference there! Belief (2): You're in recovery. Are drug users still your friends? Belief (3): Since when does anyone ever "need" an escape involving drugs? Isn't it that the drug ended up being the easy way out to self-medicate your stress and anxiety?
(E)ffective New Thinking.	Belief (1): I am in fact in control of my decision making and made an error in judgment that I can learn from. Belief (2): Judging from all the AA, NA, or SMART® Recovery meetings I've been going to, I can in fact replace my old drug-using associates with more positive and supportive people. Belief 3): Another group member called it "instant gratification" but I can learn other ways of managing stress and anxiety besides the knee-jerk tendency to put a needle in my arm.

It is suggested that when first becoming acquainted with the ABCDE exercise that you practice it over and over. That way you'll have it memorized so you can practice it at home—e.g., after a long day to ask the inevitable questions, What went right with my day, and how could I have done it better in terms of my own emotional regulation and addressing Stinkin' Thinkin'?

The reality is that no one becomes perfect at this process. The ABCDE is largely about "damage control"; that is, it is about analyzing something that has happened in the past, identifying mistakes and resolving ourselves to improve the way we manage our mental and emotional lives in the future. However, once you have learned the ABCDE exercise and are practicing it regularly, eventually you will be ready for the DiB or "disputing irrational beliefs" in the moment, leading to a better outcome!

Moment 5

MB-REBT and the “DiB”: Bringing Together Rational Emotive Behavior Therapy and the Practice of Mindfulness.

By now you should be well-practiced in the ABCDE exercise. As suggested before the idea is to practice it until it is literally burned into our brains and we are able to use it at any time. It is a time-honored cognitive-behavioral tool that millions of people continue to learn and use. However, as pointed out earlier, many times the ABCDE is done as “damage control” (after some activating event set in motion some unpleasant emotions and behaviors).

This section introduces what I call the “shortcut” to the ABCDE. This is not cutting corners, but providing a means by which the “meat and bones” of an ABCDE can be utilized moment-to-moment to ensure a positive “C” or “consequence,” or outcome.

Mindfulness is about recognizing reality for what it is, not for what we think it “should” be. If you have a black chair in your office but you really believe the chair “should” be red, then you are setting yourself up for unnecessary emotional upset. Philosophers have historically reminded us that things just are what they are. **Realist** philosophers describe things as they really are (Ayn Rand called it “A=A” and later stated “there can be no contradictions [where reality is concerned] (Rand, 1957, emphasis mine). If I continue to insist that the black chair in my office “must” or “should” be red, then there’s the chance of the settling in if nothing else a sense of disappointment or even despair. Recognizing reality for what it actually is, is a cornerstone of good mental health. Consider these points of view. In my group rooms this has evolved into an exercise I refer to as a “Reality Check.” Getting back to philosophy the great divide is between **realism** and **idealism**.

From an REBT standpoint, look at how many “should”, “ought” and “musts” the idealist (Figure 1.1) weaves into his analysis. Albert Ellis used to point out that we do ourselves no good by what he called **musterbating** or **shoulding** all over ourselves. (The man obviously had a very active sense of humor!) In other words, the rational way to see the world is the way things actually are. Imposing unrealistic expectations on reality causes us undue emotional upset. The example of insisting that a chair *must* be red when it is actually black is a case in point.

Mindfulness works best with the “shortcut” to the ABCDE exercise I mentioned earlier. For example, if someone cuts you off on a local highway and gives you the finger, in all likelihood you’re not going to pull the car aside, reach for some scrap paper and scribble out an ABCDE. Instead it’s better to be prepared, in that Moment, with the Mindful-DiB coping skill. This is how we tend to think:

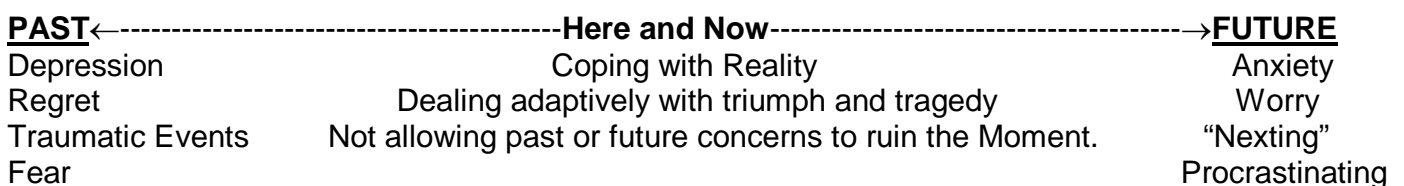


FIGURE 1.1: REALITY CHECK

<p style="text-align: center;">REALISM:</p> <p>Ayn Rand (1957), a 20th-century philosopher, said: A=A. Things are what they are and, there are no contradictions. Rand’s sentiments dovetail nicely with contemporary Eastern-inspired thought particularly the concept of acceptance of what is. We’d better learn how to deal with the world’s realities, not to mention our own, or else find ourselves miserable human beings.</p>	<p style="text-align: center;">IDEALISM:</p> <p>Karl Marx and his followers used to say: It shouldn’t have to be this way. Things should be other than what they are. I must succeed in fixing things to reflect the way I think they ought to be. The rich should redistribute their wealth to the poor because they need it. For our purposes, we need to recognize the historical fact that Marx’s “shoulding on himself” as well as “musterbation” as Albert Ellis would put it, is fundamentally misleading.</p>
<p style="text-align: center;">REALISM:</p> <p>I make my own decisions in the here and now. I am not a victim of external control, and I do not have total control over what will happen to me... Yet I can strive to be the best I can be by making the best and most rational decisions as I focus my life on what I can accomplish in the here and now.</p>	<p style="text-align: center;">IDEALISM:</p> <p>My choices are limited by economic forces, political decisions in Washington, and my own shortcomings. Unless things change on a... societal level I’ve no say in how my life is really going to happen. If you believe this, you are shooting yourself in the foot.</p>

Before we proceed any further: The purpose of comparing Ayn Rand to Karl Marx is not to denigrate anyone’s sense of politics, but to compare philosophical ideas that relate to our addiction.

When we learn to meditate—that is, to focus on the breath, as it comes in and goes out, we are acknowledging that at least in the here and now, we are alive. We become aware of both positive realities and negative ones. But we also learn to *accept them*—the good, the bad, and the ugly. Meditation brings us into the moment but does not guarantee that every moment will be pleasant. Our emotions then get involved along with negative thinking, creating an internal battle between **realism** and **idealism**. In meditation, however, we **slow our minds down** to the point where we can identify problematic thinking, cognitive distortions, irrationality for what it is, the reality that *things are what they are and not what we think they should be*, and in that moment, we can do a **DiB**. As stated before the DiB is the ABCDE “on the fly.” It’s portable; you take it with you inside your head. For example, getting cut off on the highway and being a recipient of certain hand signals gives us the opportunity to stay in the moment and use our portable DiB:

(iB)eliefs: that “*idiot*” shouldn’t have cut me off; she’s a “*moron*.” “People *shouldn’t* drive like that.”

(D)ispute Does bad driving make someone an “idiot?” Who says he’s a “moron?” And the fact is, he did cut me off, a fact I can’t go back into the past and change. Why? Because I’m living in the NOW, not then!

(C)onsequence: In this moment, I can accept what is, realistically. I can accept that the other motorist and I don’t know each other from Adam, so it is irrational to assume the negative about them.

The point is, as we learn to meditate and live moment to moment, we can regulate our thinking when we recognize it **in that moment**, change it, and allow ourselves an acceptable emotional and behavioral Consequence. But that depends on our skill set in living mindfully, which in turn requires

for most of us some radical lifestyle changes. People in Southeast Asia, particularly the Buddhists, are taught this from the cradle, and no wonder they experience much less stress than we do. We westerners, on the other hand, have to deliberately practice mindfulness and meditation because such ideas go against the fabric of our society, which is always telling us not to be satisfied with the moment but to constantly engage in one of two practices: **nexting** or **pre-crastination**.

As most cognitive theorists do, I sometimes come up with my own term for things. Let us look at what **nexting** and **pre-crastination** mean.

Nexting begins for many of us the moment we wake up in the morning. Instead of appreciating the quiet and calm of the moment, or that momentary joy when our children jump into bed yelling, Mommy, Daddy, we begin to obsess not on that mindful moment but on what we need to do next. Often it involves jumping out of bed, running into the shower, making breakfast, taking off in the car toward our job or whatever it is we do. We think, what's next, what's next, what's next! Where is the mindfulness in that? Also I submit that constant nexting practically begs our bodies and minds to become mired in unnecessary stress, anxiety and uncertainty over future moments over which we have limited control and influence. So, as we tell our adolescent children to keep **texting** to a minimum, we need to keep **nexting** to a minimum.

Pre-crastination on the other hand is the practice of trying to accomplish everything all at the same time, as if all of life were a constant emergency. It is the opposite of procrastination, which is the irrational belief in a non-entity that we believe in, this thing called **later**. We will refer to precrastination here and get into it in more detail in later moments in this workbook.

So let's do an ABCDE exercise on nexting and precrastination.

A)ctivating Event: We wake up in the morning and our minds are immediately pummeled by what we perceive needs to be done. As our day progresses, we jump from the next thing, to the next thing, to the next thing, ignoring our Here and Now moment. Or, we **pre-crastinate**, obsessing about how we must accomplish everything right now, owing to our culture's obsession with instant gratification!

B)eliefs: The "next thing **can't** wait... I've **gotta** move on and get it done." Also: "If I stay in the moment I'll get **nothing** done." Worse: ***In this moment I must get everything done!***

C)onsequences: Our minds and emotions become the equivalent of a hamster on a wheel!

D)ispute beliefs: Where is the evidence that something **can't wait** until our present moment completes itself? Or that everything has to be done now? Do we really **gotta** move on, right this second? Does being in the moment really mean we'll get **nothing** done?

E)ffective New Thinking: I can focus my attention in the moment, and while focusing on the breath as well as acknowledging the tendency to have our thumbs on the internal **nexting** (or **pre-crastinating**) machinery, in this very moment I can plan and prioritize what I am going to do without allowing the inner peace of being in this present moment to be ruined. In short, because human beings don't multitask well, I can **focus** on what I'm doing in the moment, and do this moment by moment, and ***find I can stay focused rather than distracted—and still get stuff done*** without either assuming it all has to be done right away (pre-crastination) or obsessing about what is about to happen (nexting).

Of course, the DiB shortcut is what we will actually use to regulate this tendency moment-to-moment; for example: **BELIEF:** I gotta get this done, and then that, and then the other thing.... **DISPUTE:** No

I don't. I can focus on one thing at a time, in this present moment where I accept what is, and do a much better job at getting stuff done while stepping off of the hamster wheel.

Exercise: Complete this ABCDE based on the activating event presented, and then try to fit it into the momentary DiB that we use "on the fly."

A)CTIVATING EVENT: You come home from work, and your significant other immediately starts yelling at you for not paying the electric bill.

B)ELIEFS: _____

C)ONSEQUENCES: (focus on the resulting feelings as well as what you decided to do). _____

D)ISPUTE: _____

E)FFECTIVE NEW THINKING: _____

As stated before, often we do ABCDE exercises after something has happened that we need to sort out. Now, try to imagine yourself dealing with the situation in the moment itself using the DiB exercise.

B)ELIEFS: _____

D)ISPUTE: _____

E)FFECTIVE NEW THINKING or CONSEQUENCE: Comment on your feelings now and what actions you can take to resolve the situation. _____

How did it go? If in a group setting, compare your work with others. You may jot down notes from this process here. _____

Moment 6

The Road Map to Mindfulness, Reason, and Recovery: Meditation, Acceptance and Cognitive Change

First we need to deal with this uniquely Western phenomenon called *“instant gratification.”* Twelve-step groups use this term quite frequently, and rightfully so, as their newly clean and sober charges immediately want friends and relatives to accept their new-found pattern of abstinence from substances. However, along with *nextism*, and *precrastination*, instant gratification is unique to Western Cultures. These days, we practically have it hammered into us from infancy. We grow up in front of TV, the X-Box, the Wii, and the Internet. Fading into the past is the phenomenon of having to wait for something. When I was a kid, if I wanted to mail-order something, such as from the Sears catalog, I had to send a check or money order indicating what I wanted, and it would sometimes take weeks for the order to come through. Now we shop online, point and click, and our order is on our front step sometimes only a day or two later. This conditions us to expect our desires or “needs” to be met immediately, without hesitation—*precrastination* at its worst!

Instant gratification is as incompatible with a meditative and mindful lifestyle as addiction is. Consider addiction for a moment. Many of my patients, while injecting this morning’s dose of heroin, do not even focus on that fix, but *nextism* kicks in. As the needle plunges in, they’re already thinking about the next fix: Where is it coming from? What do I have to do to get the money for it? So addiction is about being absent from the here and now—this moment—and is focused on some future moment that hasn’t arrived and might never.

My patients look at me like I’m crazy sometimes when I tell them that, despite all the clinical input I give them, and despite their being on methadone or Suboxone, ultimately *the buck stops with them*: the only way to stop doing substances is to *stop doing substances*. There is no magic solution, no Abracadabra. Often quitting a substance involves some physical discomfort, and the common solution I hear is “I need a higher dose of methadone.” So the methadone becomes the equivalent of Linus’s blanket in the Peanuts cartoon. Recall how distraught Linus is if he can’t find his blanket to drag around with him.

Often, substance abusers in treatment are looking for the easy way out. It doesn’t exist. Some try to recover merely by taking the medication and not attending counseling. Those are the clients who invariably wind up relapsing. Decades of studies are telling us that, similar to the mental health field, medication itself does not cut it. Counseling offers clients with the opportunity to learn more adaptive coping skills, most often of the cognitive-behavioral reality. Why? Because if no changes occur in thinking patterns, the knee-jerk reaction is to reach for Substance “X”. Many clients stop using opiates only to pick up cocaine, marijuana and benzodiazepines. Again and again I point out that they are retaining the core cognitive distortion that ***one “needs” to have [substance X]” on board to feel normal, happy, contented—which is another way of burying emotions instead of dealing with them.***

MB-REBT offers clients the opportunity to work through those issues and learn to confront cognitive and emotional discomfort head on, moment-by-moment. An old automotive commercial tells us to “take life by the horns.” This is precisely what MB-REBT teaches. As suggested earlier the approach

is two-pronged: getting clients to meditate and bring themselves into the here-and-now moment. Once there, they can learn to process difficult emotions *not* by ploughing them under with substances, but by learning to let them happen and to run their course. It has been said that emotions are like the passing clouds or ocean waves that come in. Generally—unless someone has a valid anxiety or depressive disorder—difficult emotions eventually go away.

Learning acceptance of what is, or A=A, is essential. Recognizing difficult feelings and thoughts and letting them go is at the center of meditation and mindfulness training. The twelve step groups teach people to live “life on life’s terms.” This is not unlike MB-REBT practice. The only difference is that sometimes when a client recognizes a cognitive distortion for what it is, she can, in that here-and-now moment, flip it around to something positive and rational. This in turn creates an internal cognitive atmosphere that at the very least helps prevent difficult emotions from getting worse and, in so doing, averting a relapse.

Meditation

Learning to meditate is often a slow process for people with addictive disorders. They sit down and start focusing on the breath, but often within seconds thoughts emerge: “*Shouldn’t I be doing something else?*” This is actually quite normal, but in that moment it’s important to recognize this as irrational thinking, for the only purpose of that meditative and mindful moment is to recognize that each passing moment is to be recognized as unique, including acceptance of *what is* is required, rather than what I think should be. This is the difference between reason and idealism. Reason helps keep people in the moment, whereas idealism is the constant chase of “what is next.”

A good start in the practice of meditation is to begin by spending 10-15 minutes sitting upright (to avoid falling asleep or getting too easily distracted), and focusing squarely on the breath. As the breath is one of the primary sources of life, focusing on it is a healthy endeavor. Focusing on the breath helps crowd out what I call the clackity-clackity-clack of normal thought processes. When meditating it is inevitable that thoughts and feelings will arise. It is necessary to acknowledge them for what they are and then bring the attention back to the breath. Sometimes thoughts are persistent, irrational and disturbing. The first step then is to accept their presence, but to then apply the tool of the DiB—quickly doing away with the problem thinking and returning the attention to the breath.

Most meditators start off small, e.g. 5-10 minutes. While this is a beginning, the most effective meditation is more long term, e.g. one-half to one hour per day. At first this may sound like a monumental undertaking, but isn’t it a small price to pay to improve our mental health all around?

Cognitive Change

We are thinking beings. In fact our cognitive lives are so busy that when meditating sometimes we have to say “shhhh” inside our head and refocus on the breath. In fact, a friend once mentioned that he has to yell “QUIET!” inside his head to get into the moment. The point is that as you develop your meditative practice you have to figure out what best works for you. If you’re having trouble with this, consult your counselor who may have some suggestions for you.

Moment 7

Dealing With Past Traumatic Events: The Elephant in the Room

Trauma is one of the factors that leads to the development of substance abuse problems. From doing biopsychosocial assessments it is clear that at least 75% of patients presenting for treatment at the methadone clinic where I am a clinician have been traumatized in some way, shape, size or form. In other words, in this field, it's the norm rather than the exception for trauma to be part of a patient's history. Essentially, we get screwed up emotionally as a youngster and years later we still have trouble coping with the resulting emotional baggage. And, as we've pointed out before, for many people the knee-jerk coping skill is to reach for the drug of choice.

Years ago the way we dealt with trauma was the old Freudian method of having someone lie on a sofa, engaging in a catharsis about their trauma that often left them in tears. Today we call this retraumatization. In other words, revisiting the traumatic event itself over and over again probably does more harm than good.

In Mindfulness we learn that all we ever have is the moment. So it is in the moment that we address the present-moment effects of past trauma. Frankly, it is not so important what in fact happened to us 10, 20, or 30 years ago, unless they're in a domestic violence situation and are in clear and present danger of harm; that requires more direct intervention. Most traumas are past events, though. However the past can impact a person's experience of the present. For example, trauma often leads to post-traumatic stress disorder (PTSD), a psychiatric illness that causes flashbacks, nightmares and anxiety even decades after the trauma occurred. Generally, in the substance abuse field we refer clients with such conditions to mental health professionals, as very often psychiatric medications are a necessary part of treatment. But there are some things we can do to help traumatized clients in substance abuse treatment settings as well.

Let us recall that in MB-REBT we combine mindfulness with Albert Ellis's classic rational emotive behavioral approach. We focus on the moment, and then address emotional and cognitive problems that present themselves in that moment. When a patient presenting with PTSD is having a difficult time, it is incumbent upon us to address whatever is going on with that patient in the present moment. As we said before, revisiting the past usually causes more harm than good. So if you as a client are having flashbacks, nightmares or anxiety, ask the following questions:

What sort of symptoms are you experiencing—anxiety, nightmares, flashbacks? _____

What have you done so far to address the problem? _____

Have the things you have done been effective? _____

The reality, from the perspective of mindfulness, is that the *past is the past*. There is no time machine, no magic wand, that can make whatever has already happened to us go away. There is no therapeutic Never Never Land that your counselor can lead you into. What there is, however, is

emotional fallout in the here and now. It's the equivalent of a nuclear weapon going off in a particular location sometime in the past, and now the trick is to not be down-wind of it due to risk of radiation poisoning. So the best thing your counselor can do is to help you learn some new coping skills for managing difficult emotions in the here and now.

Sometime around 2009 I was driving to work and listening to a local radio station. The morning DJ, also a comedian, was pretending to be a therapist. People would call in with all sorts of problems, and he would give all of them variants of a similar solution: BREATHE IN, BREATHE OUT AND MOVE ON. Admittedly I was inspired by this unusual insight coming off of a local FM station, so I had a sign made and hung it on my door where it remains today. When it comes to trauma, let's be honest with ourselves—what else can really be done? As I said before, changing the past or making the trauma not happen or not “seem” as though it happened is unrealistic. However we can help ourselves cope with the fallout from the past explosions in our lives.

Here is an example of an ABCDE exercise done to help a client who had in the past experienced trauma and was now experiencing frequent nightmares, particularly “drug dreams.” These are common nocturnal events in which clients experience a relapse and then wake up with a all sorts of mixed emotions.

Activating Event: Jane was attacked and raped by a boyfriend when she was 13 years old. Since then she has experienced panic attacks and nightmares.

Beliefs: *“I can't deal with this; it's driving me crazy. I keep a journal and I write about these things but they never go away. I've been to every therapist in Massachusetts and all these crazy emotions never go away. Damn it, if I'm going to live my life they have to go away!”* Also: *“It was all my fault; if I hadn't yelled and screamed at [the perpetrator of the trauma] it never would have happened.”*

Consequences: Jane feels helpless, and somewhat hopeless, about her situation and has lapsed on cocaine and heroin a number of times in response to the emotional difficulties she has experienced. She explains that even on methadone she still uses benzodiazepines and other drugs to mask her feelings.

Dispute (beliefs as listed above): After some discussion Jane realized she was continuing to live in **victim mode**. She was returning to the past repeatedly and reflecting on it until it caused her a lot of emotional distress. (This could be due in part to interaction with past therapists who told her to do so). I led Jane in a 15-minute mindfulness meditation where she was able to focus only on her breath, but at the end she spent a few minutes crying because during the meditation her anxiety and self-loathing paid her a visit. Then we took another look at some of the beliefs she had expressed: (1) *I can't deal with this and it's driving me crazy.* She realized that in fact she *was in fact dealing with it!* (2) *These things never go away.* But in meditation she noticed that allowing the negative feelings to run their course helped (the old adage that sometimes just having a good cry is apparently true), and she *realized that, at least during and after the meditation, at least some of her distress was replaced by a sense of calm.* I asked her if she still felt “driven crazy” and she said no. (3) We talked about her journal and what she was writing in it: paragraph about paragraph about the original traumatic event. She decided she would try writing more about the positive things going on in her life in the here and now, including the meditation and her efforts at living mindfully, and how she was dealing with present feelings--not 20 years ago but in the here and now. After another brief spell of crying she said, “Goddamn it what have I been doing to myself? I need to learn to be more positive and stop blaming myself for what happened!” Thus she was also able to correct the cognitive distortion that the trauma was her fault, and to deal with her feelings of guilt associated with it. This led to a discussion on identifying her strengths and what she had going for her in the present. At that

point she laughed and engaged in a moment of humor, and said “I guess I’m really not as crazy as you are.” Chuckling, I responded, “well you don’t know the *half of that!*” After discussing her thinking and feelings, being a drug counselor it was incumbent upon me to discuss her substance use. She realized without much goading from me that for years whenever she experienced difficult emotions (guilt, shame, self-loathing) or dreams she would reach immediately for a substance to bury them; however as soon as the drugs wore off, it all came back. Remember that this is the nature of substance abuse: it may temporarily relieve you of difficult feelings, but with two resulting problems: (1) you get addicted to the substances, and (2) as soon as the drugs wear off all the problems come back.

Effective New Thinking: Jane realized she could extricate herself from the victim stance she had clung to for so many years, learn to meditate on a regular basis and, as suggested at the beginning of this workbook, *practice everything*. She realized she could utilize meditation and a mindful lifestyle as an alternative to the knee-jerk reaction of self-medicating with street drugs.

I’m going to go out on a limb and add an “F” and a “G” to the ABCDE, as some practitioners of REBT have been known to do.

Feelings: Jane realized the uncomfortable feelings and dreams she was experiencing were temporary (as opposed to “it’ll *never* go away”), and responded to my observation that they’re like the passing clouds or waves at the beach coming in and going out. She also realized that talking about them, and responding with mindfulness meditation, helped her see them not as *catastrophic* (another common cognitive distortion) but as *uncomfortable* and *inconvenient*. She also realized that generally, upon waking up from one of her “drug dream” nightmares, she would look around and, realizing her drug paraphernalia was nowhere in sight, she was able to respond with a sense of gratitude for her recovery.

Goals: With some encouragement from me, Jane verbally began referring to herself not as a *victim*, but as a *victor*. Interestingly, she quoted Nietzsche: “That which does not kill me makes me stronger.” Her goal therefore was to continue using the coping skills she was learning from these sessions to progress from victim to victor.

Magic Solution?

In the interest of ethical practice it must be stated that MB-REBT is not a cure-all for trauma victims. The best way to use it is to learn some skills, but also see a trauma counselor and psychiatrist. Nevertheless, the tools in this workbook can help you begin a journey toward healing and personal growth. I referred Jane to a local psychiatric provider who could further help her in this process.

Moment 8

Basic Problem-Solving in the Present Moment

The first step to solving problems in the present moment is literally to get into the present moment. Take a few minutes to breathe, focusing on paying attention to your breath as it goes in, and goes out. When in a more relaxed state, become aware of the thoughts that present themselves. Write them down, or just pay attention to them. Remember that thoughts are like the waves of the ocean: they come and they go frequently. The benefit of slowing your mind down and focusing in the moment is it affords you the opportunity to problem-solve your Stinkin' Thinkin' and, hopefully, improve your emotional outcome. Notice that this is like the **DiB** exercise we have discussed earlier, only now we are beginning the process by meditating and bringing our being into the Moment. A suggestion: Read through this exercise several times before trying it meditatively; otherwise you may find that you are interrupting your mindful state by opening your eyes and writing things down.

MEDITATE ON THE BREATH FOR SEVERAL MINUTES: What problematic thoughts, if any, were you able to identify? Pay particular attention to the shoulds, oughts, musts, have-to's, and of course nexting and pre-crastination.

THOUGHT IDENTIFIED: _____

FIRST, ACCEPT THE THOUGHT AS A NATURAL OCCURRENCE. I've done this: **YES** or **NO**.

If **YES**: Proceed. If **NO**, return to the meditation with an eye toward accepting the thought.

NOW, BECOME AWARE OF YOUR FEELINGS/EMOTIONS IN RELATION TO THIS THOUGHT.
What is the emotional outcome of this thought that is present in your mind, in this moment?

NOW, LOOK AT THE THOUGHT. IS IT "SUSPECT"? Are there irrational components to it, such as the "coulda-woulda-shoulda" phenomenon, or nextism, or pre-crastination? _____

RETURN TO THE BREATH AND REPLACE THE THOUGHT. For example, "I can't stop using heroin" can be modified: ***"I have in fact stopped for this present moment, for right now I am meditating and not using!"*** The ability to do this by the way is a milestone in your recovery!

You will notice that as you practice this, over and over again, you will get into the habit of being mindful of the nature of what sorts of thoughts appear in your mind, and you'll reach the point where you can say "Yes this is okay" and return to the breath, or "Here's a replacement that works."

30

Once again, be mindful of your feelings before you replace the thought and after. More often than not, you will feel more positive and less stressed.

Moment 9

Attachments and Support

Since the days of the ancient philosophers we've been told that human beings need other human beings—for survival, sustenance, love, support, and encouragement. In recovery circles it is often said, "I can't, but we can." Like it or not, we need other people in our lives—if for no other reason to survive, but to thrive and achieve at least a minimum amount of happiness (Seligman, 2002).

Psychologist Philip Flores (2004) described addiction as an **attachment disorder**. What he meant is that part of what causes addiction to happen in the first place is lack of closeness to parental figures early on in life. This leaves a gulf of unmet emotional needs that people then try to fill by using substances. He also said that recovery from addiction means developing good attachments to others during adulthood.

Attachments take many forms, some stronger than others. We are attached to a certain extent to our bosses at work, for example. We are attached to our next door neighbors. We are attached to our brothers, sisters, aunts, uncles and other relatives.

Many of our attachments have been damaged due to prolonged periods of addictive behavior. We burn many bridges. Some of them can be rebuilt, while others are too badly damaged. The logical thing to do is to focus on what we can fix rather than what we cannot.

Attachments also occur on the level of love relationships. Again, the strength of these attachments is affected by addictive behaviors, and in recovery one must either engage in repair work—to save relationships that are repairable—or sometimes ending relationships that are beyond repair.

Take this brief test to gauge your level of attachments to other people in your life. Notice there are some blank spaces. You can write in people who are in your life and decide how attached you are to them. Circle one (1) for the weakest or poorest attachments—these are the ones that are probably irreparable. Circle ten (10) for the strongest attachments you have in your life. Think of ten as the level at which you have little or no work to do to repair the attachment.

PERSON	LEVEL OF ATTACHMENT									
Mother	1	2	3	4	5	6	7	8	9	10
Father	1	2	3	4	5	6	7	8	9	10
Sibling	1	2	3	4	5	6	7	8	9	10
Other sibling	1	2	3	4	5	6	7	8	9	10
Significant Other	1	2	3	4	5	6	7	8	9	10
Boss (supervisor)	1	2	3	4	5	6	7	8	9	10
Neighbor	1	2	3	4	5	6	7	8	9	10

Best Friend	1	2	3	4	5	6	7	8	9	10
Another Friend	1	2	3	4	5	6	7	8	9	10
Sponsor in 12-step	1	2	3	4	5	6	7	8	9	10
Roommate	1	2	3	4	5	6	7	8	9	10
Counselor	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10

You should now be able to see with whom you have the strongest and most resilient relationships and with whom you have little or no relationship. You might also notice that this is a continuum—not all relationships are so cut and dried and there are some gray areas.

Now go back and circle the people who are most important to you. Now you know where the real work is to begin.

Write down here the names of people who could potentially support you in your efforts to stop using and/or stay stopped: _____

Next step (homework): Contact these people if you haven’t already and ask them if they’ll be part of your support network. Write the word “Support” next to the name(s) of those who say yes.

Support Network Organizations

There are many organizations designed to provide support for people with addictions. Regardless of what you may have been told in certain meetings, not every support approach is for everyone. The old method of using the “cookie cutter” approach of making everyone, for example, go to “90 meetings in 90 days” is outmoded and ineffective. As humans we all have unique needs, and not everyone does well with every available type of support organization. For that reason, here is a chart of organizations and contact information you can use to identify what works best for you. Some organizations, such as the ones based on the 12-step model, offer meetings in nearly every community. Others are harder to find, but offer online meetings (usually in chat rooms). SMART® Recovery, for example, has dozens of meetings all over eastern Massachusetts but are more widely scattered elsewhere. Some people find one organization that meets all their needs; others experiment with different ones until they find the right one, while still others attend more than one type of meeting.

Organization	Description	Contact Information
SMART® Recovery (formerly known as Rational Recovery)	Small-group meetings addressing a variety of addictions using REBT and similar tools.	(866) 951-5357 www.smartrecovery.org

Alcoholics Anonymous	12-step groups of varying size; members are encouraged to attend daily, find a sponsor, work the steps and to believe in a higher power.	(212) 870-3400 www.aa.org
Narcotics Anonymous	Same as above	(818) 773-9999 www.na.org
Cocaine Anonymous	Same as above	(800) 347-8898 www.ca.org
Marijuana Anonymous	Same as above	(800) 776-6779 www.marijuana-anonymous.org
Gamblers Anonymous	Same as above	(888) GA-HELPS www.gamblersanonymous.org
Women for Sobriety	Women's groups emphasizing personal responsibility; some use cognitive-behavioral methods.	215 536-8026 www.womenforsobriety.org
Secular Organizations for Sobriety ("Save Our Selves")	Non-higher power approach that encourages individuals to find their own path to recovery.	323-666-4295 www.sossobriety.org

Relationships

The next Moment is about relationships—which are stressful even under the best of circumstances. Add addiction to the equation and they become much more difficult. In recovery it is important to remember that relationships are about give and take, about partners contributing, to quote one philosopher, each according to their ability and receiving each according to their need. In some ways relationships are about exchange with each side doing a cost benefit analysis about the pro's and con's of the relationship. Sociologist George Caspar Homans (1984) described human relations on these terms years ago. There is certainly an element of truth in it.

Nevertheless relationships occur moment to moment, and are driven by feelings, which in turn are driven by productive or unproductive thinking. This is where your ABCDE skills come in. For example: **Activating event** is that you got into an argument. **Consequences** are that both parties are angry. **Beliefs** are that "S/he shouldn't have said that to me. S/he is a total loser." Disputing these beliefs, one finds that no one is ever a "total" anything, and rarely a consistent loser. One finds that when we use "should" statements we are trying to impose an unrealistic expectation on reality. The reality is that what has been said has been said, and if both parties value the relationship then they need to find a way to move on. **Effective new thinking** in the present moment recognizes that in the heat of an argument people say things they ordinarily wouldn't.

Moment 10

Rational Relationships in the Here and Now

“No man is an island,” the ancient philosopher stated. Indeed a major part of being human means that we fall in love, fall out of love. Sometimes when we have a partner we wish we didn’t—often for good reason since some partners are psychologically or physically abusive. When we don’t have one, we wish we did.

In any case, most people inevitably fall in love. This Moment is about how to navigate love relationships rationally and mindfully. It’s about addressing our Stinkin’ Thinkin’ about being in love, and learning to appreciate good relationships in the here and now. These are skills to learn, and indeed most people don’t really learn them at all, which is probably why 50% of all marriages end in divorce.

SCENARIO ONE. Learning to be in a relationship Mindfully is tricky business, especially if the person you’re with isn’t on board with living Mindfully or fixing their own Stinkin’ Thinkin’. If that is the case, and if you want to continue the relationship, then you’ll have to use your own Mindfulness-Based REBT skills to protect your own emotional well being. Oftentimes, support for your recovery is not going to come from your significant other. You’ll need to use other supports and your counselor to help you as you maintain your recovery without the support of your partner.

If as one-half of a relationship you alone are practicing meditation and Mindfulness then here is an example of how to get through a common situation.

Step one: Meditate and bring yourself into the moment. Use your breathing exercises, and if possible spend some time each morning meditating, one breath at a time, until you are calm enough to think rationally about how to deal with your relationship’s difficulties.

Step two: Focus on the breath, and calm your mind. Become aware of what is presently, in the Here and Now, going on in the relationship. Here is an example:

Fred, your partner, is angry because he thinks you should be spending more money on the household bills. (You may have heard that most disagreements and arguments occur over money!) Fred is yelling at you and making demands that you pay more or else he’ll leave.

Step three: Now that your mind is calm, go into ABC mode. You already know the Activating Event—it’s Fred’s behavior. Now concentrate on your thinking. Is it for example:

- (1) “He *shouldn’t* be talking to me this way.”
- (2) “He *must* understand that I only have so much money to pay out; he’s behaving unfairly!”

The “C” or consequence is that you’re angry, frustrated, fed up at his demands. But this is normal. Remember that emotions are like the waves of the sea; they come and go. Breathe in and out again, and then dispute beliefs (1) and (2):

DiB (1): Irrational belief, as when we think in terms of “should” we are being idealistic—that is, not accepting the things we cannot change.

Effective new thinking: “I’d prefer it if he communicated in a different way, but this is how he is.”

DiB (2): Also an irrational belief, as there is no universal law stating that anyone “must understand” anything.

Effective new thinking: “He may or may not understand my financial situation.”

Step four. The trick now of course is to try to reach some middle point or compromise. The thing not to do is respond with should, must, have-to or ought statements of your own, but again, breathe in and out, and calmly respond. An example of a response is: “I got paid X-amount of money this week. This is how much I can afford to give you for the bills. I would like it if you appreciate that I am doing the best I can under the circumstances.”

Because you’ve used “I” statements you have taken responsibility for your own thinking and feelings. Fred, and not you, is responsible for his. If the argument continues, you might say something like, “Can we take a few minutes and talk this over?” Or if Fred is really angry and acting out, “I need some time alone to think this out.”

Of course, Fred has the option of continuing his irrational and emotionally-driven behavior. The point is that you don’t have to let it get under your skin. You still have control over your thinking and feelings. And you still have the skill of Mindfulness—of breathing, paying attention to the details of the moment, and reacting calmly. This is **Step five**—using your MB-REBT skills to cope with whatever behaviors Fred exhibits.

Best case scenario is that Fred realizes you’re doing your best and backs off—e.g., “OK, yeah I see you’re a bit strapped right now; maybe you can help out more with your next paycheck.”

If he doesn’t, continue to monitor your thinking for irrationality regarding his behavior. Continue to breathe and remain calm. The thing about anger is that often it burns itself out; perhaps Fred finally fizzles and plops down on the living room sofa.

Or, if the relationship is characterized by domestic violence, he may become abusive. Breathe, pick up your feet, and remove yourself from harm’s way. (If emotional or physical abuse takes place, consult your counselor as soon as possible to discuss options for ensuring your safety.)

SCENARIO TWO. The best case scenario is always when both you and your partner are practicing mindfulness, REBT and preferably meditation. If this is the case then disputes will be settled with much less emotional drama and more rational discussion. For example (and this discussion is assuming mindful breathing and careful vigilance for irrational thinking from both parties):

Fred: Can you pay the cable bill this month? I’ve been paying it for the past two months and I think it’s your turn. (*Notice Fred’s use of “I” statements, taking charge of his thinking and emotions and not projecting them onto you.*)

You: No, I can’t pay it or at least all of it right now. I’m willing to do my part but it’s going to have to wait until I get paid again. (*You’ve responded with facts and “I” statements, and calmly as you continue to focus on your breath and not project your thinking and feelings onto Fred.*)

Fred: Okay, maybe we can focus on a smaller bill this week and pay the cable bill next week. *(EUREKA! Dilemma solved and fireworks avoided!)*

The amicable and respectful way that you and Fred handled this issue is obviously dependent on the ability of both of you to be mindful, to think rationally, and to take responsibility for your own feelings and thoughts. Now again, obviously, many people in recovery haven't reached this level of skill yet or don't have partners who are putting in any effort at all to acquire them. In this case, the best you can do is the best you can do.

When you're in recovery, one of the irrational beliefs to be on the lookout for is the belief that reverting to drug or alcohol use will solve the problem—and it might, emotionally, on the short hand. Dispute this belief by reminding yourself of two things: (1) When the substances wear off, the original relationship problem will still be there—and probably worse now that you've spent money on substances. (Fred will likely become even angrier, making it more difficult for you to manage your own side of the dispute!) And (2) you run the risk of that momentary substance lapse evolving into a full blown relapse. Do you really want to do that after putting all this hard work into learning to get clean and sober, and learning all of these new skills, like mindfulness and REBT? Relationships are stressful, and it is periodically useful to remind yourself *why* you stopped using, or are working on stopping using, in the first place. This helps motivate you forward toward your recovery goals.

SCENARIO THREE: Role Playing

If you're in a group, role play the following scenario with another group member. If in individual therapy, role-play it with your counselor.

Vignette: George caught his partner Ellen in the act of having sex with the girl next door. George has not been practicing meditation or mindfulness and has not learned how to deal with his irrational beliefs or their emotional fallout. Ellen meditates regularly, has learned to focus on most every task at hand moment-to-moment, and is skilled at REBT and dealing with her irrational beliefs when they come up.

So decide who is going to be George and who is going to be Ellen. (Don't argue about this, because in a minute you're going to switch sides!)

Both of you spend a minute imagining that you are in fact these people, and that the affair is in fact a reality. Doing this makes the role-playing activity more meaningful and more of a learning experience.

After you're done and before you switch sides, both of you write down here how the role play goes. Pay particular attention to whether anyone used "I" statements and appeared to communicate calmly and rationally. Role play went like this: _____

Now switch sides; trade off on who gets to be George and Ellen. Both of you repeat the above exercise and write down how it went, keeping in mind mindfulness and rational thinking skills:

Now let's evaluate how it went. If in a group, discuss what went right and what didn't. Were there comments made out of anger, or "finger pointing" (e.g., lack of "I" statements)? If you had to do it all

Over again, how better might you apply your Mindfulness and REBT skills? If you want, jot some notes down on this here. _____

HINT: If you had a really difficult time with this role play, and/or the group had a hard time helping you to improve your performance, backtrack to Moment 5 and work together on sorting it out via an ABCDE exercise.

If group or individual counseling time allows, do as many role plays as you can. And to make it really fun, get creative and invent your own vignette (situation) to role play!

Ending a Relationship [mindfully, using ABCs and support network]

Sometimes couples simply cease being compatible with each other. This may be the time to decide whether to end the relationship. One way of making a clear-headed decision on this is to do a cost-benefit analysis. That is, make a list of pro's and con's of continuing or ending the relationship. A good way to do this is to meditate for a few minutes beforehand, focusing on your breath and clearing your head. Then you can use this diagram to make your list of advantages and disadvantages.

Advantages of Staying In Relationship	Disadvantages of the Relationship

Now: Look at what you've written down. Are there more advantages or disadvantages? Another way of putting it is, are you willing to put up with the disadvantages in order to hang on to the advantages? Again if you're having trouble sorting this out, consult your counselor.

Moment 11

Reaching for the Stars: Toward Self-Actualization

At the beginning of this workbook we looked at Maslow's Hierarchy of Needs. We learned that certain kinds of needs have to be met before others can be met. For example, basic needs such as food, water and shelter need to be addressed before one can address social needs such as love and a sense of belongingness. At the top of Maslow's hierarchy is what he calls **self-actualization**, or meeting your full potential as a human being. This means different things for different people; some maximize their education by chasing a PhD; others adopt an altruistic lifestyle based on helping others.

But before we can self-actualize, we need to climb the lower rings of the ladder first. Here we use a ladder image instead of the pyramid because it more fully illustrates the Mindful principle of one thing at a time—avoiding nexting or precrastination. Let's look at how we can use our Mindful ABCDE or DiB tools to find the motivation to climb from one rung of the ladder up to the next.

Climbing Toward Self-Actualization

(5) Self-actualization

(4) Self-esteem, status, recognition

(3) Social needs, belongingness, love

(2) Safety needs: security, protection

(shelter, physical protection from harm)

(1) Physiological needs: food, water



As you climb the ladder, keep in mind that sometimes you might slip down a rung or two depending on your life circumstances. This is normal. There is no “set place” for how one engages the ladder;

some of us zip up the thing in days; others take months or years. The point is to be patient with yourself, and to remember that this is a mindful process, moment-to-moment.

Conclusion

In this workbook we began with some basic ideas about mindfulness and meditation. We talked about what 12-step participants refer to as “stinkin’ thinkin’” and how to address it via Albert Ellis’s easy-to-follow ABCDE exercise. We talked about how to bring together that time-honored approach with another, even more time honored (e.g., 2,500-year old) approach, meditation and mindfulness. We talked about the difference between realistic and idealistic thinking, the latter of which is a common cause of cognitive and emotional distress. Finally we touched upon the touchy subject of past trauma and explored some ways to address not the trauma itself but how to process the cognitive distortions and runaway emotions that stem from it, often years after the fact. Looking back over the past 5 modules, it is important to recognize that this book is not a “cure all” for virtually every problem you have. But the exercises we’ve reviewed can at the very least set you on a path whereby you may experience some more inner peace and find ways of coping with your life—which, like it or not, is a string of “here and now” moments from the second you are born until they’re putting you into the ground. It is my hope that this workbook has been a learning experience for the reader, and hopefully even for the therapist. (After all, our mental health is always perfect, isn’t it???)

I leave you with an illustration. May you conclude this workbook with laughter, which after all these years of psychotherapy still seems to be the best medicine.

Glossary

ABC(DE): Tool originally developed by Albert Ellis to identify activating events (A), our belief systems associated with them (B), consequences of those beliefs such as emotional and behavioral problems (C), disputing of beliefs to sort out which of them are rational and helpful and which can be discarded (D), and replacement of problematic thinking with effective new thinking leading to a more adaptive emotional and behavioral state (E).

Assessment: Traditionally the first step in evaluating clients in order to produce an effective treatment plan, assessment means we figure out what our problems are, so that we can use our strengths and skill sets to address them.

Counseling: The process by which professionals interact with clients in addressing psychosocial problems.

DiB: The form of ABCDE exercise that takes place in the here-and now; the “portable” ABCDE that seeks to ensure a positive consequence after identifying and disputing irrational beliefs in the moment that they take place.

Idealism: The philosophy that things ought, could or should be other than what they actually are. The deep-seated philosophy that underlies much of human irrationality.

Maslow's Hierarchy: A "ladder" of sorts beginning at the bottom with severe personal problems (e.g., homelessness, drug addiction) and culminating in **Self-Actualization**, or in layman's terms, becoming the best human being you can. Motivational factors are examined to chart the way upward from the bottom of the hierarchy to the top.

Meditation: The practice of orienting oneself in the present moment for periods of time, e.g. 5 minutes, 5 hours, or in the case of the Buddha, 49 days. Meditation practice is necessary to develop an ongoing sense of mindfulness. Meditation for most people begins with spending time focusing only on the breath, coming and going like the waves of the sea. Some find it easy just to pay attention to the breath, while others use counting exercises or words, e.g., "one, two, three", or "in, out", or "here, now."

Mindfulness: The practice of focusing one's entire attention on the present moment, excluding past and future concerns, thereby reducing emotional distress originating outside of the here and now.

Mindfulness-Based Rational Emotive Behavior Therapy (MB-REBT): A combination of mindfulness and REBT that, having quieted and focused the mind in the here and now, allows a more rational state of mind to emerge. Activating events, irrational beliefs and corrections of those beliefs occur moment to moment, eventually leading to the habitual practice of rational thinking in each present moment.

Nexting: The tendency for the mind to jump to the item on its agenda immediately following this very moment.

Pre-crastination: The tendency to multitask—that is, to try to get everything we think needs to be done immediately rather than by pacing oneself.

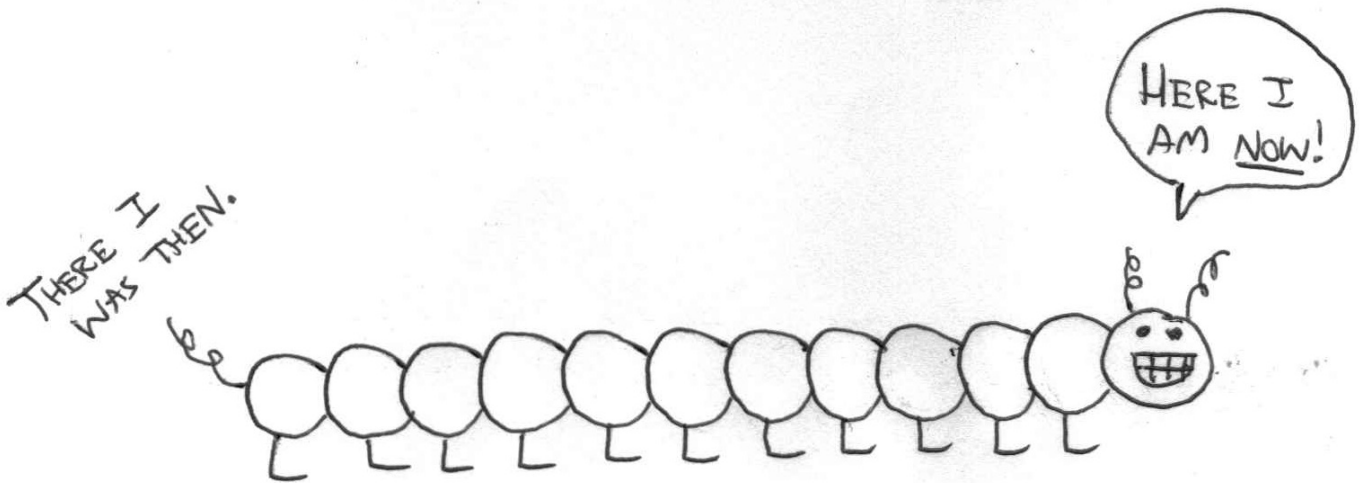
Rational Emotive Behavior Therapy (REBT): The original form of cognitive therapy devised by Albert Ellis in 1955, still widely in use, which links together events in our lives, irrational thinking about those events, and then seeks to correct irrational thinking ("disputing irrational beliefs") in order to construct more adaptive emotional and behavioral outcomes.

Realism: The philosophy that things are what they are, and not what we think they should, ought, or must be.

Self-Actualization: A psychological state in which one seeks to maximize the full potential of her humanity (Bruce calls this "reaching for the stars").

Stages of Change: Process by which one begins with a state of denial about having problems (precontemplation) and eventually progresses to taking action, resolving the problems and stabilizing in that state of resolution (maintenance phase).

Stinkin' Thinkin': A term commonly used in 12-step recovery circles, but synonymous with what this workbook refers to as irrational beliefs or cognitive distortions. As we get into the present moment, we identify Stinkin' Thinkin' and turn it around.



REFERENCES

- Ellis, A., Harper, R.A., & Powers, M. (1975). *A New Guide to Rational Living*. Chatsworth, CA: Wilshire.
- Homans, G.C. (1984). *Coming to My Senses: The Autobiography of a Sociologist*. Piscataway, NJ: Transaction Publishers.
- Kabat-Zinn, J. (2005). *Wherever You Go, There You Are*. (10th ed.) New York: Hyperion.
- Linehan, M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford.
- Maslow, A.H. (2011). *Hierarchy of Needs: A Theory of Human Motivation*. Kindle Edition: Retrieved from <http://www.all-about-psychology.com>
- Prochaska, J.O., Norcross, J., & DiClemente, C. (1995). *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Harper Paperbacks.
- Rand, A. (1957). *Atlas Shrugged*. New York: Penguin.
- Salva, V. (Director). (2007). *Peaceful Warrior*. [Film]. Los Angeles: Universal Studios.
- Segal, Z.V., Williams, J.M.G., & Teasdale, J.D. (2001). *Mindfulness-Based Cognitive Therapy for Depression: A New Approach for Preventing Relapse*. New York: Guilford.
- Seligman, M.E.P. (2002). *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. New York: Simon & Schuster.

About the Author

Bruce Burleson first became interested in Albert Ellis's REBT approach in the early 1990s as a result of exposure to utilization of this approach in SMART Recovery® self-help meetings. After 20 years of experience in applying this approach in his own life and sharing it with others during SMART meetings and therapeutic group counseling sessions, Bruce completed a Master's degree in Human Services, during which he was exposed to several contemporary Mindfulness-based therapies and wrote extensively about various applications of Ellis's approach in contemporary settings. In 2008, Bruce began combining the two evidence-based practices into one, gradually recognizing the clinical usefulness of a simple-to-follow mindfulness-based cognitive therapy approach. Bruce lives in Brockton, Massachusetts with his partner Anita, 3 cats and a golden retriever.

