



Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jSAT

The use of mindfulness dialogue for life in substance use disorder treatment in the time of COVID-19

Diane J. Abatemarco, Meghan Gannon, Dennis J. Hand, Vanessa L. Short^{*}, Kimberly McLaughlin, Daniel Martin

Department of Obstetrics and Gynecology, Thomas Jefferson University, Philadelphia, PA 19107, United States of America

ARTICLE INFO

Keywords

COVID-19
Mindfulness
Substance use disorder

ABSTRACT

Effective communication is critical for therapeutic work with individuals, for the interdisciplinary team, and for leadership in a substance use disorder (SUD) treatment program. Prior to the COVID-19 pandemic, over a two-year period Thomas Jefferson University's Maternal Addiction Treatment, Education and Research (MATER) program, an SUD treatment program serving pregnant and parenting women living in an urban environment, implemented Mindfulness Dialogue for Life (MDfL) to deepen communication, encourage courageous conversations, bring more compassion to staff and patients, and improve trust among leadership. MDfL focuses on three stages—connecting, exploring, and discovering—and it uses mindfulness practices to enhance communication. Here we describe our efforts to implement MDfL on a virtual platform and how the COVID-19 pandemic affected staff's work experience, as identified during their MDfL sessions.

Effective communication among interdisciplinary teams and the leadership within substance use disorder (SUD) treatment programs is critical for therapeutic work with individuals. A commitment to mindfulness among staff may enhance communication because such a commitment supports an environment that is less reactive, less judgmental, and more compassionate. Research has shown that mindfulness in the workplace impacts information processing and decision-making (Sauer & Kohls, 2011); relationship quality and communication (Good et al., 2016); adaptability to organizational change (Hyland, Lee, & Mills, 2015); team, climate, and performance (Kersemakers et al., 2018); organizational culture (Kersemakers et al., 2018; King & Badham, 2018); and stress and burnout (Lomas et al., 2017). This commentary describes how leadership of an SUD treatment program used a mindfulness-based program to support its staff through transitions in service delivery and associated stresses that the COVID-19 pandemic caused. The present moment-focused nature of a mindfulness program allowed for the content of the program to pivot and adapt to the needs of our staff in real time as the pandemic crisis evolved.

Thomas Jefferson University's Maternal Addiction Treatment, Education and Research (MATER) program is a nearly 50-year-old SUD treatment program serving pregnant and parenting women living in an urban environment. MATER's interdisciplinary team provides comprehensive daily services, including individual and group therapy; patient

navigation; nursing, psychiatric, obstetric, and pediatric care; case management; child services; and medications for opioid use disorder for up to 250 outpatients and 22 women and their children at its residential program. Providing comprehensive services efficiently and effectively requires coordination and communication among the interdisciplinary treatment team members, between the team and individuals being served, and between the team and leadership.

Recognizing the importance of effective communication in the SUD treatment setting, in 2017, MATER's director and a consultant developed a program that merged components of mindfulness and Dialogue for Life (Martin, 2005). Dialogue for Life (DfL) is an organizational training program designed to enhance skills of connecting, exploring, and discovering for staff and leadership. With the integration of mindfulness based practices, MDfL uses mindfulness-based practice to reduce stress in the workplace in an attempt to foster deeper connections individually and with others to enable greater exploration of the underlying assumptions we bring to our work. Research has shown that mindfulness-based practice increases self-compassion as well as compassion for others (Neff & Dahm, 2015). Self-compassion also places an emphasis on self-care. Additionally, MDfL uses poetry, music, and cultural reflections to promote a deeper understanding of ourselves and to identify universal experiences. By connecting and exploring with each other, we are able to discover deeper meaning in our lives and work and

^{*} Corresponding author.

E-mail address: vanessa.short@jefferson.edu (V.L. Short).

<https://doi.org/10.1016/j.jSAT.2020.108213>

Received 28 May 2020; Received in revised form 15 September 2020; Accepted 19 November 2020

Available online 2 December 2020

0740-5472/© 2020 Elsevier Inc. All rights reserved.

Mindfulness Dialogue Iterative Progression of Sessions during COVID-19 Pandemic Response



Fig. 1. Mindfulness Dialogue Iterative Progression of Sessions during COVID-19 Pandemic Response.

to address problems in a creative space rather than a reactive mode. The leadership team at MATER implemented MDfL over a two-year period to deepen communication, encourage courageous conversations, increase compassion of staff and patients, and improve trust among leadership. MDfL processes are based on the premise that awareness and acknowledgment of struggles improves emotional health and acuity. MDfL differs from other team-building programs that focus on getting people to work together effectively as a team through the use of activities designed to increase motivation and promote cooperation. MDfL, instead, is rooted in present-moment nonjudgmental experience with oneself and enhances mindfulness skills in response to others.

As the COVID-19 pandemic unfolded, including a surge of local cases and deaths, MATER therapy, case management, patient navigation, and physician visits moved to telehealth platforms. The leadership team created cohorts of staff to work one week at a time in the clinic while working the off weeks remotely. With the majority of MATER's nearly 70 employees suddenly working remotely, we had to improve communication and help staff manage the stress that the abrupt changes to their work—and home—lives caused. With no previous work-from-home policies in place, shifting to virtual therapeutic work was met with many unknowns and increased staff's and leadership's stress. Typically, risks associated with substance use such as common relapse, overdose, and suicide foster stress for those who work in substance use treatment; this stress increased with having to depend on virtual contact instead of in-person contact. Moving all therapy to a virtual platform meant that some patients were at a higher level of risk for relapse and/or morbidity. The entire MATER team, including staff and leadership, met using weekly virtual MDfL sessions to enhance communication during virtual work and counseling and to provide a supportive meeting space during this unprecedented time. MDfL sessions provided a space for both sharing the fears associated with the new virtual therapeutic platform and to think creatively to mediate risks.

The first virtual MDfL session occurred on April 9, 2020. Every Monday staff received an email describing the weekly theme, and the email included a recorded mindfulness-dialogue reflection and meditation. Staff received a reminder mid-week, and attended a live 1-h session on Fridays via a videoconferencing platform. The agenda for each session included a review of the prior week's themes, an opening

meditation, a brief MDfL didactic presentation introducing a theme and a poem or music, discussions of each stage, and a closing meditation for discovery of surfacing insights and reflections. Themes from the previous session informed each week's theme, ensuring a responsive, iterative, and adaptive approach to fostering mindful communication. Two MATER research staff attended each session and took detailed qualitative notes on attendance, content, quotes, body language, and facial expressions. The research staff coded data for 14 MDfL sessions (Fig. 1) independently using inductive thematic analysis. We compared preliminary themes and contrasted them to ensure consistency of coding and that all data were accounted for by core categories. We integrated thematically categorized findings with the subjectively reported experience of participants. We used direct quotes provided from participants to substantiate overarching key themes and ensure transferability of categorical assertions that the evaluation team made.

During the 14 weeks of virtual MDfL, nearly 40% of all staff participated at least once. On average, each staff member attended 9 of the 14 sessions, with each session attended by an average of 13 staff. Participants included MATER administration, researchers, therapists, peer navigators, and support staff. Key overarching themes identified from the session notes included connection, fear, control, and discovery. We substantiated these overarching themes from subthemes, creating a theoretical framework describing the experience of staff during the pandemic (Table 1). Overall, staff expressed increased connection to their peers through this shared experience and felt safe talking about their anxieties and discomforts with transitions from pre- to post-COVID-19 life. Staff acknowledged a perceived loss of control and shift in their perspective on how they care for themselves (discovery), realizing through this pandemic that there is a fundamental need to take time and energy to restore themselves to continue providing care for the clients. Staff struggled over managing fear of disease exposure and the shifting pandemic landscape. However, the vulnerability they exhibited in this self-discovery helped them to identify supports and beneficial adaptations to work processes. As sessions progressed, there was an evident trend in staff learning to lean into their internal strengths, have present-minded awareness, engage in courageous conversations with supervisors, and practice self-care. Participants reported that self-discovery increased their compassion for clients, through deeper

Table 1
Thematic analysis of MDfL sessions.

Session	Aim	Themes
Session 1: Introduction to MDfL work during COVID-19 pandemic response	Introduce staff to format of MDfL sessions to support them and their work during COVID-19 pandemic	Openness/receptivity, sense of loss, gratitude, inability to sit with discomfort, connectedness
Session 2: Being Present	Use of a present-minded focus grounds us in our current experience and allows us to experience emotions/thoughts rather than be controlled by them	Openness/receptivity, connection, being present, individuality in response to pandemic, acceptance, gratitude
Session 3: Self-Compassion	Recognition of tending to ourselves, our needs, our health. Being kind to oneself, non-judgmental.	Openness/receptivity, struggle balancing personal and professional lives, connection, joy, shifting emotions, identified supports, discomfort with self-compassion, peer bonding, forgiveness
Session 4: Self-Listening	Awareness of what inner dialogue is going on, what we are saying to ourselves, how we are behaving towards others.	Openness/receptivity, being present with oneself, interplay between love and loss, connection, self-care, identified supports, opportunity
Session 5: Following the Discomfort	Transition from acknowledgment of discomfort that we are feeling during the pandemic to embracing that discomfort and listening to what it is telling us about ourselves.	Openness/receptivity, ego, tension around work from home, shifting emotions, self-care, illusion of control, temporality of emotions, humor
Session 6: The Way of Unknowing	Realization of how little we know and the new challenge of staying with not knowing and uncertainty.	Being present, curiosity, connection, attachment, suffering, gratitude
Session 7: The Given	Cultivation of inner strengths and possibility of transformation	Inner strength, balance, awareness, being present
Session 8: Difficult Energy	Awareness of difficult energy that is manifesting through stress and anxiety and finding a way to balance it	Transformation, balance, being present, self-care, connection
Session 9: Making a Better World	Using the current crisis as an opportunity for introspection to identify the type of world we want to create, what change we want to be a part of.	Perspective, being present, balance
Session 10: Breathing Together	Tonglen practice of breathing in the darkness of pain and loss and breathing out light and healing	Being present, perspective, awareness
Session 11: Utility of MDfL	Overview of MDfL work to date and reminder of principles	Judgment, vulnerability, balance, connection, self-care
Session 12: Liminal Space	Liminal space refers to in-between times where one situation has ended but the new one has not yet formed. When the former way of being is challenged or changed.	Resistance, adaptation, working through differences, being present
Session 13: Collective Strengths	Character strengths as a tool for personal development	Embracing lack of structure and planning, connection, gratitude, being present
Session 14: Soothing Ourselves	Importance of soothing or settling the body where trauma resides as an essential first step in a healing process	Connection to others through music, healing through music, promise of change

exploration of themselves and gratitude for their own existing resources. Sustained engagement of staff in MDfL weekly sessions demonstrated increased staff cohesion/bonding and self-reported satisfaction with their work. Thus, increased attunement to emotional health and well-being resulted in staff expressing that they felt more refreshed, supported, and able to focus on work.

Future steps of this project include assessing at-home mindfulness practice of those who attended MDfL, and assessing reasons for not attending MDfL among MATER staff who declined to participate. This may be especially important for planning future iterations of MDfL to ensure sessions are representative of the entire MATER team and the overall philosophy is embedded throughout the program. We are also planning an evaluation of MATER's response to the COVID-19 crisis and how it affected staff wellness, and will consider attendance at MDfL sessions as a covariate in our analyses to understand any impact on compassion fatigue and professional burnout. Last, we plan to compare the quality and provision of SUD treatment (e.g., number of completed counseling sessions) between staff who attended MDfL and staff who did not attend to determine the impact of MDfL on key SUD treatment processes and outcomes.

In summary, COVID-19 led to abrupt changes to the MATER SUD treatment environment and increased stress for staff who abruptly had to work from home. In response to the pandemic, MATER adapted its existing MDfL program to a virtual platform. MDfL created a safe space for staff to share their struggles during the pandemic and provided a place to focus on emotional well-being, self-care, and self-compassion. It also enhanced mindful communication, which may be particularly useful during the COVID-19 crisis because of the continually evolving landscape and uncertainty related to the response to the pandemic.

Funding

SAMHSA H79TI080335.

References

- Good, D. J., Lyddy, C. J., Glomb, T. M., Bono, J. E., Brown, K. W., Duffy, M. K., ... Lazar, S. W. (2016). Contemplating mindfulness at work: An integrative review. *Journal of Management*, 42(1), 114–142.
- Hyland, P. K., Lee, R. A., & Mills, M. J. (2015). Mindfulness at work: A new approach to improving individual and organizational performance. *Industrial and Organizational Psychology*, 8(4), 576–602.
- Kersemaekers, W., Rupprecht, S., Wittmann, M., Tamdjidi, C., Falke, P., Donders, R., Speckens, A., & Kohls, N. (2018). A workplace mindfulness intervention may be associated with improved psychological well-being and productivity. A preliminary field study in a company setting. *Frontiers in Psychology*, 9, 195.
- King, E., & Badham, R. (2018). The wheel of mindfulness: A generative framework for second-generation mindful leadership. *Mindfulness*, 1–11. <https://doi.org/10.1007/s12671-018-0890-7>.
- Lomas, T., Medina, J. C., Ivltzan, I., Rupprecht, S., Hart, R., & Eiroa-Orosa, F. J. (2017). The impact of mindfulness on well-being and performance in the workplace: An inclusive systematic review of the empirical literature. *European Journal of Work and Organizational Psychology*, 26(4), 492–513. <https://doi.org/10.1080/1359432X.2017.1308924>.
- Martin, D. (2005). Dialogue and spirituality. In B. Banathy, & P. M. Jenlink (Eds.), *Dialogue as a means of collective communication*. Boston, MA: Springer.
- Neff, K. D., & Dahm, K. A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In *Handbook of mindfulness and self-regulation* (pp. 121–137). New York, NY: Springer.
- Sauer, S., & Kohls, N. (2011). Mindfulness in leadership: Does being mindful enhance leaders' business success?. In *Culture and neural frames of cognition and communication* (pp. 287–307). Berlin, Heidelberg: Springer.