Implementation of a Mindfulness Intervention in an Underserved Drug Abusing Population in the Community: A Brief Report

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Abstract
In this article, we outline a neuroscience informed Mindfulness-Based Stress Reduction (MBSR) intervention that is currently being implemented in a vulnerable and underserved population in the Newark, New Jersey community. MBSR has shown to improve mental and physical health, and decrease drug craving and relapse. We provided MBSR training to the clinicians at the four drug addiction treatment sites in Newark who are serving individuals with substance use disorder. Fifty clients with substance use and comorbid mental health disorders from three drug treatment sites are currently receiving MBSR once a week for an hour. We report several unforeseen barriers that we faced during the pre-implementation phase of the MBSR intervention. Finally, we outline techniques that can expedite mindfulness intervention implementation in drug addiction treatment sites in the community.

Keywords: Community; Implementation; Mental health; Mindfulness intervention; Substance use; Underserved

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met several times during the MBSR pre-implementation phase, that is during month 4 to month 8 of the project (April 2021 through August 2021) to address the barriers to successfully implement this behavioral intervention at the drug addiction treatment sites. From month 9 to the present time (September 2021 onwards), this intervention is currently being implemented in three treatment sites. The intervention is being offered remotely through zoom teleconferencing platform that has allowed the clients considerable flexibility in scheduling their intervention sessions with their clinicians. Fifty clients with substance use and comorbid mental health disorders from three treatment sites are currently receiving MBSR once a week for an hour for 6 weeks. Additionally, each client is required to practice MBSR at home using a MBSR audio recording for 15 minutes each day. The majority of these clients are African American (20-70 years; 40% women) and are from low socioeconomic background. We are collecting pre- and post-MBSR intervention data from each client to examine MBSR induced changes in physical health (heart rate, blood pressure), mental health (perceived stress [9], anxiety [10], difficulties in emotional regulation [11]) sleep [12], drug craving and drug use. These data are being collected online and on hard copies.

Results

There were several unforeseen barriers that we faced before implementing the MBSR intervention in the community. First, after discussion with the four treatment sites, we originally decided that 71 clinicians from these four treatment sites in Newark were to be trained in MBSR. However, after training began in February 2021, we were only able to train and certify 28 clinicians (2 clinicians dropped out) due to scheduling constraints and lack of clinician time. One site identified 52 clinicians including resident physicians to be trained, but only 18 started the training. However, none of these clinicians had the time to dedicate to the project, and thus most of them could not meet the minimum requirement for MBSR certification due to lack of their attendance at training sessions. Three of them were certified, but none of them had adequate time to implement the intervention.

Second, the certified clinicians those who were ready to offer the intervention did not receive a very encouraging response from some of their clients to take part in the intervention and fill out the pre- and post-intervention questionnaires. To address this concern, we started a gift card payment incentive to get more clients interested in the project. Third, another barrier was limitation in technology accessibility as some of the treatment sites were operating virtually to follow the intervention at their respective sites if they would like to take the MBSR training and get certified. Clinicians should also be offered an extra incentive in order for them to offer the MBSR intervention to their clients as it requires extra work and time commitment. In addition, implementing an intervention at multiple drug addiction treatment sites with different treatment modalities (inpatient, outpatient, and halfway house) is very complicated and requires a lot of coordination and time commitment. To address this, the project team members should meet with the clinicians regularly during the pre-implementation phase to resolve issues and thus can expedite intervention implementation. Due to budgetary reasons, a single IRB approval for this multisite study could not be obtained. In the future, similar projects should obtain a single IRB approval that will allow the individual treatment sites to involve in research and collect data from the clients that will accelerate the project completion time.

Conclusion

One valuable lesson learned during the project has been that although clinicians were trained and are currently present at the treatment sites, some of them were not able to implement the intervention due to their inflexible work schedules. In addition, another lesson learned has been the flexibility that we needed to implement this intervention in a community as some of the clients are in a treatment facility that is short-term. As a result, we needed to adapt the MBSR intervention duration from 8 weeks to 6 weeks after consultation with the MBSR trainer. For future implementation sites, the clinicians should be informed by the leadership of the drug addiction treatment sites in advance that they would be required to implement the intervention at their respective sites if they would like to take the MBSR training and get certified. Clinicians should also be offered an extra incentive in order for them to offer the MBSR intervention to their clients as it requires extra work and time commitment. In addition, implementing an intervention at multiple drug addiction treatment sites with different treatment modalities (inpatient, outpatient, and halfway house) is very complicated and requires a lot of coordination and time commitment. To address this, the project team members should meet with the clinicians regularly during the pre-implementation phase to resolve issues and thus can expedite intervention implementation. Due to budgetary reasons, a single IRB approval for this multisite study could not be obtained. In the future, similar projects should obtain a single IRB approval that will allow the individual treatment sites to involve in research and collect data from the clients that will accelerate the project completion time.

Declaration of Competing Interest

The author declares that she has no known competing financial interest or personal relationship that could have appeared to influence the work reported in this article.

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References


