

Appendix B - Table of Articles

Author/Study	Methodology	Design	Rating	Sampling	Intervention	Measures	Outcomes/Major Findings
Bowen et. al (2009). Mindfulness-based relapse prevention for substance use disorders: A pilot efficacy trial	Quantitative	RCT	12	N=168; Convenience sampling from private agency w/ random assignment	MBRP	Demographic questions; Eligibility screenings; Timeline Followback; Penn Alcohol Craving Scale; Short Inventory of Problems; Five Factor Mindfulness Questionnaire; Acceptance and Action Questionnaire; Participant Meditation Practice Logs; Participant Feedback Questionnaire	Significant improvement in MBRP over TAU participants in days of substance use, craving, awareness, and acceptance; Differences not evident in other aspects of mindfulness; Participants in both groups reported decreases in substance-related problems
Brewer et al. (2009). Mindfulness training and stress reactivity in substance abuse: Results from a randomized, controlled stage I pilot study	Quantitative	RCT	12	N=36; Convenience sampling from media advertisements and clinical referrals w/ random assignment	MT (based on minor revisions to MBRP)	Structured Clinical Interview for DSM-IV; Substance Use Calendar; Five Fact Mindfulness Questionnaire; Treatment Credibility Score; Differential Emotion Score	MT did not differ significantly from CBT in treatment retention, treatment satisfaction, or treatment of substance abuse; MT demonstrated attenuated psychological and physiological responses to stress provocation as compared to CBT
Garland et al. (2010). Mindfulness training modifies cognitive, affective, and physiological mechanisms implicated in alcohol dependence: Results of a randomized controlled pilot trial	Quantitative	RCT	12	N=53; Convenience sampling from adults living in a therapeutic community w/ random assignment	MORE (based on minor revisions to MBCT)	Attitudes Towards Treatment Scale; Five Facet Mindfulness Questionnaire; Brief Symptom Inventory; Penn Alcohol Craving Scale; Impaired Alcohol Response Inhibition Scale; Perceived Stress Scale; White Bear Suppression Inventory; Psychophysiological	Mindfulness training reduced stress and alcohol thought suppression to greater extent than control intervention; Both interventions led to statistically significant reductions in psychiatric symptoms; MORE had high perceived treatment credibility and program adherence; Both interventions had similar

						cue reactivity using ECG sensors; Alcohol attentional bias	attrition rates
Lee et al. (2009). Psychosocial outcomes of mindfulness-based relapse prevention in incarcerated substance abusers in Taiwan: A preliminary study	Quantitative	RCT	11	N=24; Convenience sampling of adult males incarcerated in Taiwan w/ random assignment	MBRP	Demographic information; Drug Use Identification Disorders Test; Drug Avoidance Self-Efficacy Scale; Beck Depression Inventory II	Trend level effects of MBRP on depression; MBRP group reports increases in negative outcome expectancies
Marcus (2009). Mindfulness-based stress reduction in therapeutic community treatment: A stage 1 trial	Quantitative	Quasi-experimental	9	N=459; Convenience sampling of adult clients of long-term residential TC (comparison to historical TAU group)	MBTC (based on minor revisions to MBSR)	Symptoms of Stress Inventory; Salivary cortisol levels; Retention data	MBTC group had lower overall cortisol levels; Both groups showed reduction in stress over time, with MBTC showing significant improvement in subscales of emotional irritability and muscle tension; Stress linked to TC treatment retention
Witkiewitz et al. (2010). Depression, craving and substance use following a randomized trial of mindfulness-based relapse prevention – secondary analysis of Bowen et al. (2009)	Quantitative	RCT	12	N=168; Convenience sampling from private agency w/ random assignment	MBRP	Timeline Followback; Penn Alcohol Craving Scale; Beck Depression Inventory II	MBRP appears to influence cognitive and behavioral response to depressive symptoms providing a partial explanation to reductions in post-intervention substance abuse in MBRP group
Witkiewitz et al. (2013). Mindfulness-based relapse prevention for substance use craving – secondary analysis of Bowen et al. (2009)	Quantitative	RCT	12	N=168; Convenience sampling from private agency w/ random assignment	MBRP	Penn Alcohol Craving Scale; Five Factor Mindfulness Questionnaire; Acceptance and Action Questionnaire	Latent factor representing levels of acceptance, awareness and nonjudgment mediate relationship between receiving MBRP and self-reported measures of craving following treatment
Witkiewitz et al. (2013). Mindfulness-based relapse prevention with racial and ethnic	Quantitative	RCT	12	N=105; Convenience sampling from non-profit residential treatment center for	MBRP (adapted for rolling admission)	Demographic data; Timeline Followback; Addiction Severity Index	MBRP may have benefit over RP for racial or ethnic minority women in the active treatment

minority women – secondary analysis of Witkiewitz et al. (in press)				criminal offenders w/ substance use disorders w/ random assignment			phase in residential facility for criminal offenders; Racial and ethnic minority women reported significantly fewer drug use days and lower addiction severity index scores at 15 week follow-up
Witkiewitz et al. (in press). Randomized trial comparing mindfulness-based relapse prevention with relapse prevention for women offenders at a residential addiction treatment center.	Quantitative	RCT	12	N=105; Convenience sampling from non-profit residential treatment center for criminal offenders w/ substance use disorders w/ random assignment	MBRP (adapted for rolling admission)	Demographic data; Timeline Followback; Short Inventory of Problems; Addiction Severity Index	Women who received MBRP reported significantly fewer drug use days and significantly fewer legal and medical problems at 15-week follow-up; Rate of relapse low in both MBRP and RP groups; Participants found to continue to use MBRP after treatment ended
Zgierska (2008). Mindfulness meditation for alcohol relapse prevention: A feasibility pilot study	Quantitative	Case Series	10	N=19; Convenience sample from collaborating community-based Intensive Outpatient Treatment Programs	MMRP (based on minor revisions to MBRP)	Researcher administered interviews at baseline and follow-up; Biologic measures; Percent Days Abstinent; Heavy Drinking Days; Timeline Followback; Depression and Anxiety Subscales of Symptom Checklist; Perceived Stress Scale; Obsessive and Compulsive Drinking Scale; Mindfulness Attention Awareness Scale; Subject treatment satisfaction	Those who used meditation as adjunct to treatment reported continued reduction in some aspects of drinking, improved mental health and stress-related outcomes, high levels of satisfaction with intervention, and reports that meditation is a helpful tool in recovery