

## **Session 5: Training in Morality #1 — Preventing Harm to Self and Others**

### **Mindful Action vs Automatic Reaction in high risk situations**

*[Note: this session immediately precedes a separate educational session (providing information and skills training) on preventing HIV, hepatitis, and other STDs.]*

One is not low because of birth  
nor does birth make one holy.  
Deeds alone make one low,  
deeds alone make one holy.  
(Sutta Nipata 136)

**Therapeutic Goals of Session 5:** The primary goal of the session is to help clients define the moral foundation of their spiritual path as doing no harm to self or others in speech, action, and livelihood. In this treatment context, doing no harm includes doing everything possible to prevent the medical harms associated with drug use, including the spread of infectious diseases. You will teach clients that activation of the addict self is **in**consistent with preventing harm; it is **in**consistent with engaging in harm reduction behavior; and it is **in**consistent with attending to and learning life-saving harm reduction information and skills. In contrast, activation of the spiritual self **is** consistent with all these things – it **is** motivated to prevent harm, and it **is** motivated to learn how to reduce harm. As their assignment for the week, you will ask clients to attend a separate HIV/hepatitis educational session that will provide information and teach behavioral skills for disease prevention and harm reduction. The second goal is to teach clients how to cope effectively with craving; this is especially important given that they will be exposed to drug paraphernalia that could potentially elicit craving during the separate HIV/hepatitis educational session. You will teach them an “insight” meditation technique to help them interrupt the automaticity of the addict self, and to understand and experience, through systematic self-observation of physical sensations, the impermanent nature of craving and desire. A third goal is to teach clients the difference between **automatic reaction vs mindful action**. This is a key phrase that will be repeated frequently throughout the therapy. Every client knows what **automatic reaction** feels like – when the addict self goes on automatic pilot in a high risk situation usually resulting in harmful behavior. They will be less familiar with mindful action. This requires **acting mindfully** in high risk situations, rather than going on automatic pilot. In this session you will be teaching clients how to do this.

**Instruction to Therapist:** The format of each session is essentially the same. Each session begins with a renewal of clients’ commitment to their Spiritual Path, and 5 minutes of meditation. For this you will need a timer. The meditation period at the beginning of each session will provide you with an opportunity to repeat the instructions for *anapanasati* meditation taught in Session 2; it will also provide clients with the opportunity for additional practice and to clarify any misunderstandings they may have about the technique which they are expected to practice daily at home.

## ***Welcome, Commitment, and Meditation***

- Renewing commitment to spiritual path
- In-session practice of meditation on the in and out breath (5 mins)

**Example of therapist script:** Hello, 'name'. Welcome to the fifth session of spirituality therapy. That you made the effort to be here tells me that you are committed to your spiritual path, is that correct? [Therapist asks for client's continued commitment to the therapy]. Before we do our review of last week's session, let's begin by practicing our meditation on the in and out breath. As you know, your mind has a spiritual center where you can go to experience your true spiritual nature [or, depending on client's beliefs, to be with God or a Higher Power]. We don't usually experience this in our daily lives because the mind has a tendency to wander here and there; it is never still enough to experience its center. This is the monkey mind that we have talked about in our sessions, and it is this monkey mind that can get us into a lot of trouble. An untrained mind that is allowed to wander freely can get caught up in whatever thought or mood touches it. This means that it can readily get swept away by the addict self. That's where meditation comes in – it helps us concentrate – to focus all our attention on this still, silent place that is within each of us where we can experience our true spiritual nature. In the meditation technique we do in here, you are learning to focus single-mindedly on the sensations around the nostrils caused by the in- and out-breath. This area around the nostrils and above the upper lip where you first feel the touch of the breath as it enters and leaves the body is your anchor. It is called an anchor because it helps you to remain centered during emotional storms, and it prevents you from getting swept away by strong currents of craving and aversion. The technique is very simple, but it does take a great deal of effort and practice to train the monkey mind to stay focused on one thing. Are you ready to work hard?

**[Therapist's provides detailed instructions to client]:**

- . Sit with back straight, feet flat against the floor, hands on your lap
- . Close your eyes (therapist checks that client is comfortable doing this)
- . Just breathe normally through your nose
- . Focus your attention on the area around your nostrils and above your upper lip and concentrate on the changing sensations in this area caused by the breath as it passes in and out of your nose. Do nothing else, just keep your concentration fixed there in this small area where you first feel the touch of the breath as it goes in and as it goes out – this is your anchor.
- . If your mind wanders away, just note 'mind wandered away,' and then firmly bring your attention back to your anchor. See if you can experience the gentle touch of the breath around the nostrils and upper lip as it enters and leaves the body. Keep your attention fixed here.
- . If you have difficulty concentrating, try the technique I showed you that we called "Just one breath at a time". At the beginning of each breath, commit yourself to carefully observing the changing sensations caused by just that one breath alone. Then fix your attention firmly on your anchor for just that one breath, then the next, and the next. Continue doing this, taming the monkey mind, one breath at a time.

**We'll do this together for 5 minutes.** I'll let you know when the time is up.

[Therapist sets a timer and meditates with the client for 5 minutes. When 5 minutes have elapsed, therapist asks client for feedback in order to ensure that client was able to

experience the sensations around the nostrils and that s/he was successfully able to return the attention to the anchor each time the mind wandered away. This is the therapist's opportunity to correct any misunderstandings about the practice and to provide additional tools to clients who are having difficulty maintaining their concentration on the breath.

For example,

a) if client has difficulty experiencing any sensations, expand the focus of attention to include the inside of the nostrils and top of nose. If client experiences sensations, but loses them during meditation, instruct client to take one or two short, sharp breaths, so that sensations can be clearly felt. Then instruct client to return to normal breathing.

b) if client experiences sensations, but has difficulty with mind wandering, therapist provides additional concentration techniques, as follows:

'It sounds like you're doing well detecting sensations caused by the in and out breath; it's your monkey mind that's giving you the trouble, is that right? Don't be discouraged. Everyone has difficulty at first. You are only just beginning to become aware of your wandering monkey mind – this is an important step – it is the beginning of insight. With awareness of the monkey mind, comes the motivation to work hard to train it. You probably never realized before how difficult it is to train your mind. Remember that it is the monkey mind that will get you in trouble, so just keep working hard to train it. Be persistent. Each time the mind wanders away from the anchor, bring it back gently but firmly. Just as when you are teaching a child to stay away from what can cause it harm, train your mind gently but firmly to stay away from thoughts and feelings that can activate the addict self. Keep bringing the mind back to the anchor over and over again. If you find that you continue to get lost in your thoughts, you may count your breaths at the end of the out breath. Breathe normally, and count each breath after you have experienced the sensations caused by that in and out breath. Say the number silently to yourself just before the breath turns to come back in, like this:

Breathe in, Breathe Out, Count 'One'.

Breathe in, Breathe Out, Count 'two'.

Breathe In, Breathe Out, Count 'three', and so forth up to 10.

While breathing in and out normally, keep your focus on the sensations caused by the touch of the breath, don't focus on the numbers you are counting. If your mind wanders away before you reach the number 10, begin again at #1. Once you have reached 10, stop counting, and focus on the sensations caused by the touch of the in and out breath without counting. Then, if the mind wanders away again, you can begin counting up to 10 again. Let's try that now just to make sure you get the hang of it.

We'll just do it for 10 breaths. I'll talk you through it. Sit up straight and close your eyes. Breathe normally through your nose and bring your attention to your anchor – the area around your nostrils above your upper lip where you can feel the touch of the breath as it goes in and out. Now, silently, with me begin counting the breaths at the end of the out breathe. You are going to continue focusing on the sensations as you breathe in and out, the only difference is that at very end of the out breath, just before it turns to come back in, count silently. Let's begin:

Breathe in, Breathe Out, Count 'One'.

Breathe in, Breathe Out, Count 'two'.

Breathe In, Breathe Out, Count 'three',

Breathe In, Breathe Out, Count 'four',

Breathe In, Breathe Out, Count 'five',

Breathe In, Breathe Out, Count 'six',

Breathe In, Breathe Out, Count 'seven',  
Breathe In, Breathe Out, Count 'eight',  
Breathe In, Breathe Out, Count 'nine',  
Breathe In, Breathe Out, Count 'ten',

When you are ready, open your eyes. Do you think you can do this at home if you have difficulty concentrating?

Remember, counting is just a tool to help you get your concentration back. Don't get caught up in the counting. It's your anchor, not the numbers, that you are training your mind to focus on during your meditation practice.

## **Review of previous session**

Brief review of concepts covered in previous session:

- HIV-related stress can activate the addict self and sabotage medical care
- Non-adherence to medical regimens can cause harm to self and others
- Mastery of the mind -- effort, mindfulness, and concentration – is needed to follow HIV medical recommendations
- Activate the spiritual self and create 'Medication Mindfulness Rituals' to get maximum benefit from medical care

**Instruction to Therapist:** In this segment you will provide a brief review of the previous session's content. This should include the key concepts outlined above.

**Example of therapist script:** Let's begin with a quick review of where we left off last week. In our first session together we talked about the need to replace the addict self with the spiritual self and that we were going to help you do this with three kinds of training – training in mastery of the mind, morality, and wisdom, as well as with daily practice of 14 spiritual qualities. Then, in the second session, we began the training in mastery of the mind. We talked about how important it is to take back control of the mind from the addict self which goes on auto pilot and ultimately always leads to suffering. That's where mastery of the mind comes in with its three components -- effort, mindfulness and concentration. In our third session, we continued the training in mastery of the mind. Specifically, we talked about handling addict self intrusions by identifying and interrupting them, and then refocusing on your spiritual path. Then, last week we completed the training in mastery of the mind. We talked about how living with HIV can be stressful and can activate the addict self, which in turn, can sabotage your health care. So, we discussed ways that you can use your spiritual self's effort, mindfulness, and concentration, and the quality of gratitude, to gain maximum benefit from medical treatments. Specifically, we talked about the importance of following medical recommendations, and how medication-resistant strains of the virus can emerge if you don't take medications exactly as prescribed. You created a 'Meditation Mindfulness Ritual' and practiced flexing your spiritual muscles in situations that present obstacles to following medical recommendations. So, let's talk now about how all that went for you during the week.

## Completion of at-home assignments:

- “Coach” role
- Discuss experience with at-home assignments:
  - Did client use a medication mindfulness ritual when taking medications?
  - Did client do the Spiritual Stretch daily?
  - Did client practice mindfulness (stop 3 times daily to be mindful of addict self-schema activation)?
  - Did client practice daily meditation on the in and out breath?
  - Did use the self-affirmation/prayer to refocus on spiritual path?
- Identify specific examples of how the spiritual quality assigned last session (gratitude) was experienced and expressed by client during the week.

**Example of therapist script:** Let’s go over your assignments for last week. Remember I’m your coach, so I’m going to be checking in with you every week. It’s important that you be honest with me about your practice so that I can help you stay on track and keep your spiritual muscles strong. Okay?

During the week you were going to practice the spiritual quality ‘gratitude’ and you were going to use the medication mindfulness ritual we created together in our last session. How did that go?

How about your other training exercises? Have you been doing your daily spiritual stretch?

[Note: If client has not done stretch daily, review technique and suggest involving a family member].

Have you been remembering to do your three times daily check-ins to see if your addict self is active? What was your cue? How is that working for you?

[Note: If client did not do check-ins three times every day, discuss appropriateness of the cue being used. Emphasize the importance of frequent self check-ins to increase awareness of the addict self; no awareness, no progress.]

Have you been practicing your meditation on the in and out breath -- your assignment was to practice for 20 minutes every day, were you able to do this?

[Note: if client reports having difficulty, review technique, location, and posture, emphasizing the importance of diligent practice for training the monkey mind.]

Have you been reciting your self-affirmation/prayer to refocus after an addict self intrusion

[Therapist recites the affirmation/prayer to ensure that client remembers it.]

[Note to therapist: The goal of this discussion is to encourage practice, while helping clients to identify their own spiritual qualities. Therefore, if client has not practiced, therapist asks client to describe a situation during the week and to identify instances of effort, strong determination, equanimity, and gratitude – the four spiritual qualities covered so far in treatment. You can also suggest that they keep their signed Commitment in a conspicuous place and read it frequently.]

You are doing a good job strengthening your spiritual muscles with your daily practice. I really appreciate your being honest about where you are having difficulty. This shows me that you are not allowing the addict self to sabotage your practice. Keep up the good work!

**Instruction to Therapist:** Once you have reviewed the previous session and the at-home assignment for the previous week, you can begin providing the new material. As shown below, introduce the new material to clients in discrete segments to facilitate learning. Repeat key concepts frequently, and integrate the new material with what you already know about clients' addict and spiritual self schemas, and their spiritual or religious beliefs. For this particular session you will also need to know what high risk behaviors they have engaged in (for example, you should know at this stage in the therapy the client's drug of choice, and whether your client has a history of injecting drugs, of sharing drug paraphernalia, or of engaging in unsafe sexual behavior).

## **New Material: Training in Morality #1 – Preventing Harm to Self and Others**

**Background Information:** At this point in the therapy clients will have completed the training in mastery of the mind. Now, in this session, clients will be provided with their first session devoted to training in morality. Morality, in this context, is defined as doing no harm to self and others. The 3-S training in morality is therefore consistent with any spiritual or religious beliefs that the client may have. In this session you will be introducing clients to the three components of the Noble Eightfold Path that make up the training in morality. These are: Right Speech, Right Action, and Right Livelihood. You will also be preparing clients for their one-on-one educational session that will provide them with the information and behavioral skills necessary for helping to reduce the spread of infectious diseases. Attendance at the separate educational session will be one of the client's between-session assignments; it is therefore important to help clients make the connection between the separate educational session and this 3-S therapy session.

In preparation for delivering this session, therapists should know that in addition to the self-schema model of cognitive processing, 3-S therapy draws on the Information, Motivation, Behavioral skills model of behavior change, which is also known more simply as the IMB model. The IMB model states that in order for individuals to engage in harm reduction behavior they not only need information and behavioral skills, they also need the motivation to engage in the behavior. The IMB model emphasizes that although Information and Skill are necessary, they are not sufficient; motivation is essential. Attendance at the separate HIV/hepatitis educational session will provide clients with information about harm prevention and harm reduction and will teach clients the behavioral skills necessary for reducing the spread of sexually transmitted and blood borne infectious diseases. However, it will not provide the motivation to use this information and skill. It is up to the 3-S therapist providing 3-S therapy to provide the Motivational component of the IMB model. In 3-S therapy, clients' motivation to engage in harm prevention and harm reduction behavior is viewed as emerging from the activation of a Spiritual self schema that has a strong moral and ethical foundation that is committed to doing no harm to self and others. The therapist's task in 3-S therapy is therefore to help clients activate their spiritual self schema whenever they are in high risk situations, rather than their addict self schema.

## Segment 1 – Morality: the foundation of a Spiritual Path

**Morality** – the foundation of a spiritual path – doing no harm to self or others

- 3 components: Right Speech; Right Action; Right Livelihood.
- Addict self’s speech, action, and livelihood does harm to self and others (including medical harms such as HIV, HBV, and other STDs.)
- Training the spiritual mind includes knowing how HIV and other diseases are transmitted, how to reduce harm in high risk situations (e.g., disinfecting needles, using condoms and lubricants), and how and when to get tested.
- Appointment made for client’s risk reduction information/skills educational session.

**Instruction to Therapist:** In the first segment you will define what is meant by morality. In Buddhist teachings morality is the foundation of a spiritual path which above all requires that we do no harm to self or others in speech, in action, and in how we make our living. You will emphasize that doing no harm to self or others includes doing everything one possibly can to prevent the spread of potentially deadly diseases, such as HIV. Point out that the addict self’s actions, words, and ways of making a living are entirely inconsistent with being on a spiritual path because they cause harm to self and others, rather than preventing or reducing harm. Being on a spiritual path requires being a moral/ethical person at all times, even in high risk situations, and this requires being willing to learn harm reduction techniques and being willing to let the spiritual self be the motivational force for learning and using these techniques. Let them know that they will be learning techniques for reducing the medical harms of drug use in a separate HIV/hepatitis educational session that will be scheduled for them during the coming week. You will be referring to this separate educational session throughout this 3-S therapy session; it is important, therefore, that the session has been scheduled and that clients understand that you are now preparing them for participating in this session. You will, however, need to be sensitive to any religious beliefs that could potentially interfere with your clients learning HIV harm reduction techniques. For example, some religious groups oppose teaching anything other than abstinence-based HIV prevention, so be sure to check clients’ religious beliefs concerning harm reduction.

**Example of therapist script:** Today we are going to begin the training in morality – we define morality as a person’s personal code of ethics that provides the foundation of their spiritual path. It is the guiding principle of doing no harm to self or others. It guides not only our actions, but also our speech and livelihood – how we make our living. Is that definition of morality consistent with your own beliefs? [Therapist ensures that client is comfortable with this definition.] In our next session we will be talking about ethics more generally. Today, we are going to focus specifically on the medical harm caused by addiction to drugs. As you know, the addict self is a habit pattern of the mind that can involve harmful speech, action, and livelihood – the opposite of morality. For example, addict speech can include lying and manipulating; addict behavior can include high risk drug and sexual behaviors that transmit HIV and other infections; and for some people addict livelihood sometimes includes making money by dealing drugs, stealing, or prostitution. So when the addict self is activated, harm is sure to follow. When the spiritual self is activated, harm is prevented because preventing harm and knowing how

to reduce harm is a goal of the spiritual self. Would you agree with that? So, would you say that being on your spiritual path is consistent with getting as much information and skill as you can to help you prevent and reduce harm? This includes learning how HIV and other diseases are transmitted, how to disinfect injection equipment and how to select and use condoms properly, and how and when to get tested for HIV, hepatitis, and other STDs.

[Therapist identifies and attempts to resolve any possible conflicts between client's religious beliefs and specific harm reduction strategies such as condom use and needle cleaning.]

During the week, I invite you to attend a separate HIV educational session that will teach you specific harm prevention and harm reduction strategies. Even if you have had this training in the past, I'd like you to attend with your spiritual self activated, and be mindful as you practice these skills. When you are mindful, you learn and retain more. Do you think you can do that?

[Therapist gives client an appointment time.]

## **Segment 2 -- Activating the spiritual self in high risk situations**

- risk reduction information and skills not enough; motivation is essential
- spiritual self provides “protective powers” -- the motivation to do no harm to self or others
- strategy for transforming craving and harmful or risky sexual desire – systematic observation of sensations in order to experience and understand their impermanence -- ‘this too shall pass’

**Instruction to Therapist:** Now that you have set the stage for harm reduction, and have shown that the addict self is inconsistent with being on a spiritual path, you are ready to begin the next segment of the session which involves teaching clients how to use their spiritual self to motivate them to stay on their spiritual path, even in high risk situations, so that they can reduce harm to self and others. Clients are taught that the separate educational session will provide them with important information about how diseases are spread from sharing drug paraphernalia and having unprotected sex, and will also provide the opportunity to practice the skills needed to reduce the risk of disease transmission. However, it can't provide them with the motivation to use this acquired information and skill. For this they will need to turn to their spiritual self. Clients are taught that the spiritual self will provide them with a “protective power” in high risk situations. This protective power is the motivation to do no harm to self or others. The protective power of the spiritual self is contrasted with what we will call the “craving monster”, which is unleashed when the addict self is activated. Note that the concept of craving monster is also included in the separate HIV/hepatitis educational session, and so provides a link between the two sessions. Clients generally understand what you mean when you refer to a craving monster – it is the physical and emotional experience of desire, of never feeling satisfied, always wanting more of whatever feels good, and less of whatever feels bad. In Buddhist teachings, it is said that this craving is the cause of all our suffering, but that we can be liberated from it by following the Noble Eightfold Path, with its three trainings in mastery of the mind, morality, and wisdom. Reassure clients that this craving monster, which right now seems so strong and overwhelming, can be weakened. All they need do



is starve, rather than feed, the craving monster. Explain that when they let the addict self **react automatically** to the craving, that what they are actually doing is feeding the craving monster and keeping it alive, but when they activate the spiritual self, they are starving the craving monster because they have stopped reacting automatically and have instead started **acting mindfully**. If you wish you can give them the analogy of a child who sees monsters in the dark and reacts automatically with fear, which keeps the monster present for the child. The child's parent, however, can simply turn on a light to show the child that the monster is an illusion; by turning on the light and examining it, rather than reacting to it, its power is taken away. Similarly, when the addict self reacts automatically, it keeps the craving monster alive. The spiritual self, in contrast, turns on the light of mindfulness. It examines the physical sensations that the addict self interprets as overwhelming craving or desire only to find that these sensations are actually impermanent, and will pass away harmlessly, if they are not fed. If you wish, you could describe the technique as 'staring down' the craving monster. Whenever craving and desire arise, clients learn to stare down the monster and say to themselves 'this too shall pass'. This gives them the time necessary to make the 'right' decision – the one that is consistent with their spiritual path. Be sure to differentiate between craving for illicit drugs and healthy sexual desire. One goal of the session is to help clients eliminate or reduce their drug craving. It is not the goal of this session to encourage clients to eliminate healthy sexual desire. With regard to sexual desire, your task is simply to teach clients how to **act mindfully** in high risk sexual situations rather than **reacting automatically** and potentially unsafely.

**Example of therapist script:** It's a good idea to get as much harm reduction information and skills training as you can, but information and skill are not enough. You also need to be motivated to use the information and skills, right? If you're not motivated, all the information and skill in the world won't change your behavior. That's where your spiritual self comes in again. Your spiritual self is governed by the moral principle – do no harm to self or others – and you have told me that you want to live by this principle. But what about when you are in a high risk drug or sexual situation? When individuals are overwhelmed by drug craving or sexual desire they go on automatic pilot, don't they? All good intentions fly out the window, and old habit patterns of the mind take control. So, even if you didn't intend to do so, you could end up using drugs, sharing drug paraphernalia, or having unsafe sex because of that auto pilot – that old habit pattern of the mind that gets turned on in high risk situations automatically. What you will be learning today is how to **ACT mindfully, rather than REACTING automatically**. What this means is that you should try to interrupt the automatic pilot of craving and sexual desire, so that you make sure that no harm will be caused by your subsequent actions. Your spiritual self has protective powers against this automatic pilot because it can interrupt the rapid flow of the automatic pilot to remind you of the potentially harmful consequences of your reactions before you act. One way to interrupt the automatic pilot of drug craving and sexual desire is to carefully examine it. Let me tell you what I mean by that. Usually craving and desire just overwhelm us and we react, right? Some people have described the feeling as being overcome by a craving monster. When the craving monster appears, we don't usually stop to think to ourselves, 'Oh, here's craving – it begins with a tight feeling in my stomach, and then spreads in a wave throughout my body.' We don't even notice what craving feels like at all probably, right? It's a craving monster – When we see a monster, it doesn't occur to us to stop to examine it, we just react to it, right? But what would happen if instead of reacting, you 'stared it down'? Well,

as it turns out, if you were to stop and examine this so-called monster carefully (like dissecting it and looking at it under a microscope), you would find that it's actually not so powerful after all – in fact, that it is a “monster” at all turns out to be just an illusion. It is actually just a collection of fleeting and changeable sensations arising and passing away. In a few minutes, when we do our spiritual work-out, you'll learn that if you were to stop and examine drug craving or sexual desire before you reacted to it, you would actually be able to feel all this ‘coming and going and changing’ as sensations on and in your body. It may feel like heat or tingling or aching or throbbing. It may be focused in one specific part of the body, or it may feel like it is in the entire body, or one moment it may be in one part of the body and, in another moment, it may be experienced in another part of the body. You'll learn that by observing and naming these sensations, you are reducing the power of the craving monster – it loses its automaticity – and this gives you time to make a thoughtful decision that can protect your health and the health of your partners. Once you learn to observe these sensations that we call craving or desire, rather than react to them, you will come to understand that craving and desire are impermanent; you can allow them to rise and pass away without reacting to them and without causing harm to yourself or others. Do you know the saying ‘This too shall pass’? You don't have to take anyone's word for it. You can experience it for yourself. We'll be practicing this in just a moment. First though, do you understand how your spiritual self can provide you with protective powers and can help motivate you to prevent the spread of HIV and other diseases associated with addiction and unsafe sexual behavior? Notice I said unsafe sexual behavior. It isn't the goal of this therapy to eliminate healthy sexual desire, but rather to help you act mindfully in any high risk situation so that you can do whatever is necessary to prevent harm to self or others.

### **Segment 3 -- Experiential component**

Gym metaphor: need to exercise your spiritual muscles.

Resistance training:

- Visualization of an upcoming high risk situation (e.g., exposure to drug paraphernalia during the HIV/hepatitis Educational Session scheduled during the coming week) to elicit craving.
- Focus on the in and out breathe (the anchor in emotional ‘storms’).
- **Observe and name** sensations associated with craving/desire – ‘stare down the craving monster’ -- conduct a detailed examination as if under microscope.
- Notice impermanence of sensations and repeat mantra ‘this too shall pass’.
- Return to anchor – fill self with light and peace of spiritual nature.
- Regain equanimity – balance of the mind.

**Instruction to Therapist:** This segment is the experiential component of the training. As with all sessions, a gym workout metaphor is used, such that clients are provided with the opportunity to exercise their spiritual muscles, and to do some resistance training with the 3-S therapist. In this segment, clients are taught a strategy for activating their spiritual self in high risk situations so that they can practice acting mindfully, rather than reacting automatically. This strategy is a form of Buddhist insight meditation in which the client learns to systematically observe sensations of craving and sensual desire in order to experience and understand their impermanence. You can think of it as an expansion of the technique called ‘**observe and name**’ that you taught clients during an

earlier session on training in mastery of the mind. The segment begins by working with clients to identify a high risk situation that they will be encountering during the coming week. Allow clients to identify whatever high risk situation they feel will place them at greatest risk for drug use or unsafe sex during the coming week. If they cannot think of anything, you might suggest that having to interact with drug paraphernalia and condoms during the HIV/hepatitis educational session could elicit craving or desire, and that, if they wish, they could use this as the high risk situation for their resistance training today. Whatever situation is selected, your task will be to elicit craving by leading clients through a guided visualization of the upcoming high risk situation. Once craving is elicited, the client will be taught how to transcend the craving by activating the spiritual self and dissecting the craving, observing and naming each sensation, allowing each fleeting sensation to arise and pass away. As craving will be elicited in this exercise, it is important before beginning to make clients feel safe, and to reassure them that whatever craving is elicited will be resolved prior to them leaving the session.

Following are some key points for this exercise: Get as much information as you can about the upcoming high risk situation and clients' usual automatic response to it. Then have clients close their eyes and take them through a guided visualization. Through visualization, take them to the point at which craving arises. At the point when craving seems overwhelming, have clients turn their attention to their anchor – that area below their nostrils and above their upper lip where they first feel the touch of the breath as they breathe normally through their nose. Remind clients that this is their **anchor** in an emotional 'storm' and is a way to activate their spiritual self. It is with the protective powers of the spiritual self that they will now safely examine the craving monster – dissecting it as if it were under a microscope. You will guide clients through this process, asking them to observe the many sensations associated with craving, and to silently name them. Encourage them to experience what they call craving, rather than react to it: is the craving warm or cool? Where does it begin and end? If it were a color, what color would it be? Lead clients in a systematic examination of the body from head to toe, dissecting the experience of craving, noticing how the sensations associated with it rapidly arise and pass away, arise and pass away. Then, while noticing the impermanence of the sensations associated with craving, ask clients to repeat to themselves the phrase 'this too shall pass'. Finally, you will bring clients back to their anchor. You will have them focus on the in- and out-breath, and to imagine that with each breath they are filling themselves with the light of their spiritual nature -- wherever the craving monster was experienced before, now there is only light, only peace, only equanimity. Let them know that their spiritual nature is restoring the balance of their mind, returning them to their spiritual path, safe, and free from craving. Then ask clients to open their eyes. Be sure to check that any craving elicited by the visualization has subsided before clients leave the session.

**Example of therapist script:** It's time now to exercise your spiritual muscles by doing some resistance training. We're going to do a variation on the 'observe and name' technique that I taught you a few sessions ago for interrupting addict self intrusions. This time we are going to use it to handle drug craving. In this exercise, you'll experience some craving, but you won't react automatically to it the way you would if your addict self was activated; instead, I'll teach you how to activate your spiritual self and act mindfully until the craving goes away. Remember each time you crave drugs

and don't use, you actually weaken the craving monster, until eventually you starve it. Don't worry, you're in a safe environment, and you won't be leaving here until all the craving has subsided. Also, remember that craving is not a sign of weakness. Craving is a signal to activate your spiritual self so that you can take back your power from the addict self. Are you willing to give it a try?

Before we do this exercise, I'll need you to describe a situation that's coming up for you this week that may result in drug craving. [If client can't think of an upcoming situation, therapist can say 'for example, during the HIV educational session you'll be attending this week you'll be learning how to disinfect needles and use condoms. It's normal for people in recovery to experience some craving when they see drug or sexual paraphernalia, so shall we use that as the potentially high risk situation?].

[Therapist and client work out the details of the situation in readiness for the guided visualization.]

Okay, get comfortable in your chair, legs and arms uncrossed, back straight, and close your eyes.

[Therapist guides client through a visualization of the situation. Note that the script below should be modified as appropriate to the situation selected by the client].

"I'd like you to imagine that you are in the high risk situation we just identified [... therapist describes the identified situation in detail...] and you come across ... [...drug paraphernalia ... or other drug cues...]. At first when you see the ... [...'works' or other cue...] a desire to use [...client's drug of choice...] just gently touches your mind; but then it grabs hold of you, and you just can't let go of the thought of getting and using [... 'drug of choice'...]. You begin to crave [...drug of choice ...]. You can smell it, taste it. The craving monster wants to be fed, and it wants to be fed now. Just as you feel yourself becoming overwhelmed by the needs of the craving monster, turn your attention to your anchor (the sensations below your nostrils caused by the in and out breath) and activate your spiritual self. Focus briefly on your anchor so that you can regain the balance of your mind for the work ahead. Then go back to your body and begin to carefully examine this experience that you call craving, knowing that you are safe, and that by examining the craving you are reducing its power over you. Really examine it. Where do you feel this thing called craving? Can you find it in your body? Does it spread in waves, or is it solidly in one place? What does it feel like? Does it feel hot or cold? Is it a throbbing or is it a dull ache? Is it a pleasant sensation or an unpleasant sensation? If you had to give it a color, what color would it be? Examine the sensations in your body, systematically, slowly, from the tips of your toes, to the top of your head; and from the top of your head, back down to the tips of your toes. Stare down the craving monster. Examine this thing called craving in every detail as if it were under a microscope. Do you find that the sensations change as soon as you focus on them? Do you notice how they arise and pass away, arise and pass away? So what is this thing called craving? What seemed like a solid, powerful thing, is actually an illusion – it's not solid at all; it's just the coming and going of a multitude of fleeting sensations arising and passing away. Now as you watch the sensations, say to yourself repeatedly 'this too shall pass'. Now go back to your anchor. Spend a minute focusing on the sensations around your nostrils caused by the in- and out-breath, and imagine that with each breath you are filling yourself with light of your spiritual nature. Wherever the craving monster was experienced before, now there is only light, only peace, only equanimity. Your spiritual nature is restoring the balance of your mind. Safe, free from craving. Now open your eyes.

[Therapist asks for feedback from client and answers questions as needed. If craving continues, repeat exercise.]

## Segment 4 -- At-home practice assignments

- Continue: Daily 3-S stretch
- Continue: 3 times daily self-schema check-ins (with cue)
- Continue: Meditation on the in and out breath (25 minutes daily)
- Continue: Use self-affirmation to refocus after an addict self intrusion
- Continue: Use medication mindfulness rituals to help you follow medical recommendations
- New: Attend the separate HIV/hepatitis educational session **mindfully**, with spiritual self activated
- New: Transcend craving by systematic observation of impermanence
- New: Spiritual quality assigned -- '**morality**' – doing no harm to self or others

**Instruction to Therapist:** In this segment of the session, clients are given their at-home assignments. They are reminded that being on a Spiritual path requires all the spiritual muscles they have previously worked on and so they are to continue the at-home exercises previously assigned in addition to the ones you will be assigning today. Be sure to refer clients to the page in the Client Workbook on which the at-home exercises for today are written. Then go over each of them with clients to ensure that they understand what is to be accomplished during the coming week. Clients are to continue their daily Spiritual Stretch, their 3 times daily self check-ins, and their daily meditation on the in and out breath. The length of their daily meditation is increased as appropriate. This will depend upon how each client is progressing. Keep in mind that the goal is to have clients meditating for one hour each day by the end of treatment. They will also continue using their spiritual self affirmation, so make sure clients remember it. And, they will also be asked to continue doing their medication mindfulness ritual each time they take their HIV-related medications. Once the usual routine is reviewed, the new assignments are added. The new spiritual quality to assign is '**morality**' – doing no harm to self or others. The new assignments are to attend the one-on-one HIV/hepatitis educational session as scheduled during the week and to attend it **mindfully, with the spiritual self activated**. Remind client of the day and time of the educational session. An additional assignment for the week is to transform craving whenever it arises using the variation on the 'observe and name' technique taught in the session. The segment ends as it always does by asking for clients' commitment to doing their assignments and remaining on their spiritual path.

**Example of therapist script:** The session is almost over. Let's go over your training schedule for the week.

**Continued:** You will continue your daily spiritual stretch and your mindfulness practice of checking in with yourself three times a day to see what habit pattern of the mind is currently active. Use your cue [... name cue...] to interrupt yourself three times a day. You will also continue your in- and out-breath meditation practice – if you can, increase the time to 25 minutes each day [Therapist gauges amount of practice time to client's progress.] You will also continue using your prayer/self-affirmation [therapist recites it] to refocus on your spiritual path after an addict self intrusion, and you will do your medication mindfulness ritual each time you take your HIV medications.

**Added:** Your new assignment for the week is to **attend an HIV/hepatitis educational session** scheduled for [...day/time/location...]. Is that a convenient time for you?

**Added:** In addition, whenever you experience any drug craving during the week, I want you to simply observe this experience called ‘craving’. Don’t automatically react to it. Instead, activate your spiritual self and ‘stare the craving monster down’ – just observe and name the sensations -- notice how they change, and how they pass away when you don’t react. Just recite silently ‘this too shall pass’. Remember that each time you allow the sensations to just pass away, you starve the craving monster, and eventually it will die.

Your spiritual quality for the week is ‘**morality**’ – which means doing no harm to self or others in word, deed, or livelihood. You’ve demonstrated that you know what this means. So keep up the good work. You will need it for the coming week.

**Commitment:** Can you make a commitment to stay on a path of morality – to be single minded in your focus on doing no harm to self and others, and on learning everything you can about how to prevent infections such as HIV, hepatitis, other STDs?

## **Segment 5 -- Summary**

Summary of session content to facilitate client understanding:

- Morality – doing no harm to self and others - is foundation of spiritual path
- Spiritual self provides protective powers in high risk situations
- Spiritual self provides motivation for reducing the risk of HIV transmission
- Craving and desire -- impermanent sensations, arising and passing away
- Starve, don’t feed, the craving monster

**Instruction to Therapist:** The next segment of the session is the summary. The purpose of the brief summary of each session is to wrap up and facilitate client understanding. The summary for this session should include the following concepts: Make sure clients know that morality is defined as doing no harm to self and others and is the foundation of spiritual path. Remind them that the spiritual self can provide protective power in high risk situations and can provide the motivation for reducing the risk of HIV transmission. It can also help them act mindfully, rather than reacting automatically in high risk situations. Finally, reassure them once again that the craving monster may seem powerful and overwhelming right now, but when it is dissected, and its true nature is revealed, its power is destroyed.

**Example of therapist script:** Before we end today’s session, let’s review briefly what we covered. Today we have focused on morality – doing no harm to yourself and others – which is the foundation of a spiritual path. We said that the addict self is associated with speech, action, and livelihood that can cause harm to self and others, and we focused specifically on the medical harms it can cause, such as HIV, hepatitis, and other STDs. We talked about how your spiritual self can provide you with protective power against the craving monster in high risk situations, and how it can motivate you to prevent the harm caused by addiction and unsafe sex. We set up an appointment for you to attend a separate educational session during the week, and you said you will do so with your spiritual self activated so that you can attend the session mindfully. We also practiced a strategy for overcoming craving and desire in high risk situations in which you observe and name the many fleeting sensations associated with craving, and recite to yourself ‘this too shall pass’. You learned that each time you do this, you starve the craving monster, robbing it of its power over you.

## Segment 6 -- 3-S stretch

- 3-S stretch with new spiritual quality ‘morality’ inserted

**Instruction to Therapist:** As you know each 3-S therapy session ends with the spiritual stretch. You will find a diagram of the stretch in this manual and also in the Client Workbook. The goal of the stretch, which is to be performed daily at home, as well as at the end of each session, is for clients to affirm both physically and verbally their commitment to spiritual practice. At each stage in the stretch, which is performed slowly, therapists and clients affirm, aloud, the commitment to the client’s spiritual path and to developing the spiritual quality assigned for the week, in this case **morality**. The words spoken during each part of the stretch are to remind clients that being on a spiritual path requires making their thoughts, words, emotions, actions, and perceptions consistent with the highest spiritual ideals. You will do the stretch with your client at the end of each session so that you can correct any mistakes as the stretch is executed, and ensure that clients know how to do the stretch at home. Until clients are familiar with the wording, have them repeat each phrase after you. Explain that the stretch is a simple way to begin their day that can remind them to stay on their spiritual path. Remind them that the stretch is one of their at-home practice assignments, and show them once again where they can find it in their workbook. Then do the stretch together and end the session.

**Example of therapist script:** As morality is the quality you will be working on this week, let’s end the session by focusing on this quality while doing our spiritual stretch.

[Therapist and client stand and perform the stretch together – see appendix for posture.]

‘Today I take my spiritual path. May my thoughts reflect morality; may my words reflect morality; may my emotions reflect morality; may my actions reflect morality; may my perceptions reflect morality; may I be open and receptive to morality. I am my spiritual nature.’

**End**

**Example of therapist script:** Thank you for coming today (client name). I look forward to seeing you at our next session.