

**SUBSTANCE MISUSE  
OPTION LECTURE 17**

**RELAPSE PREVENTION**



- "Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors", by G. Alan Marlatt and Judith R. Morgan (1985)
- Check out excellent article at:  
<http://www.niaaa.nih.gov/publications/arh23-2/151-160.pdf>

**RELAPSE PREVENTION**

- The relapse prevention (RP) model regards addiction as a collection of maladaptive habit patterns.
- Relapse prevention is seen as: "a generic term that refers to a wide range of strategies designed to prevent relapse in the area of addictive behavior change.
- The primary focus RP is on the crucial issue of maintenance in the habit-change process."

**RELAPSE PREVENTION**

- "The purpose is twofold:
  - to prevent the occurrence of initial lapses after one has embarked on a program of habit change,
  - and/or to prevent any lapse from escalating into a full relapse."
- The overarching theoretical orientation ... is that addictive behaviors are conceptualized as overlearned habit patterns rather than addictive diseases."

**RELAPSE PREVENTION**

- "A key assumption underlying the RP approach is that addictive habit patterns can be changed through the application of self-management or self-control procedures.
- The role of the therapist is to teach the client to be his or her own "maintenance man" in the habit-change process."

**RELAPSE PREVENTION**

- "Self-control, as represented by the RP approach, encompasses strategies or techniques in three main areas:
- Acquiring adaptive coping skills as alternatives to addictive behaviors;
  - Fostering new cognitions (attitudes, attributions, and expectancies) concerning both the nature of habit change and one's capacity to control one's life; and
  - Developing a daily lifestyle that includes positive self-care activities and nondestructive ways of achieving personal satisfaction and gratification."
- G. Alan Marlatt

## RELAPSE PREVENTION

- Marlatt and Gordon's (1985) RP model is based on social-cognitive psychology and incorporates both:
  - A conceptual model of relapse, and
  - A set of cognitive and behavioural strategies to prevent or limit relapse episodes

## RELAPSE PREVENTION

- A central aspect of the model is the detailed classification of factors or situations that can precipitate or contribute to relapse episodes. These factors fall into two categories:
  - Immediate determinants (high risk situations, person's coping skills, outcome expectancies, and the abstinence violation effect) and
  - Covert antecedents (e.g. lifestyle imbalances, urges and cravings)

## RELAPSE PREVENTION

- "Treatment approaches based on the RP model begin with an assessment of the environmental and emotional characteristics of situations that are potentially associated with relapse (e.g. high-risk situations).
  - After identifying those characteristics, the therapist works forward by analyzing the individual drinker's responses to these situations, as well as backward to examine the lifestyle factors that increase the drinker's exposure to high-risk situations.
  - Based on this careful examination of the relapse process, the therapist then devises strategies to target weaknesses in the client's cognitive and behavioral repertoire and thereby reduce the risk of relapse."
- Larimer et al., 1999

## IMMEDIATE DETERMINANTS OF RELAPSE

- The RP model postulates that high-risk situations, and the drinker's response to these situations, play a central role in the relapse process.
- A person who has initiated a behavioural change, such as alcohol abstinence, should begin experiencing increased self-efficacy (confidence) as they continue to maintain the change. Effective coping responses reduce the likelihood of relapse and increase the person's confidence that they can deal with the situation.

## IMMEDIATE DETERMINANTS OF RELAPSE

- People with ineffective coping responses will experience decreased self-efficacy. Together with the expectation that alcohol (or drug) use will have a positive effect (i.e. positive outcome expectancies), this can result in an initial lapse.
- This lapse, in turn, can result in feelings of guilt and failure (i.e. abstinence violation effect).
- The abstinence violation effect, along with positive outcome expectancies, can increase the probability of relapse.

## HIGH-RISK SITUATIONS

- Marlatt has characterised the emotional, environmental and interpersonal aspects of relapse-inducing situations. These include:
- Negative emotional states (anger, frustration, anxiety, depression, boredom). Caused by intrapersonal perceptions of certain situations (e.g. feeling bored or lonely after coming home from work) or by reactions to environmental events (e.g. being made redundant).
  - Interpersonal conflict (e.g. situations involving conflict associated with any interpersonal relationship, in particular family or love relationship).

## HIGH-RISK SITUATIONS

- Social pressure (e.g. situations in which person is responding to the influence of another person or group of people who exert pressure on the person to engage in the proscribed behaviour).
- Positive emotional states (e.g. celebrations), exposure to alcohol-related stimuli or cues (e.g. passing favourite bar), testing one's personal control (i.e. using "willpower" to limit consumption), and non-specific cravings.

## COPING

- It is the person's response to the high risk situation that determines whether they will experience a lapse.
- A person that can execute effective coping strategies (e.g. a behavioural strategy, like leaving the situation, or cognitive strategy like self talk) is less likely to lapse than one with an ineffective coping strategy.
- A person who copes successfully with a high-risk situation gains self-esteem, whilst a person who does not cope loses self-esteem (i.e. perceives themselves as lacking the motivation or ability to resist drinking in a high-risk situation).

## OUTCOME EXPECTANCIES

- Research suggests that people who drink the most tend to have higher expectancies about the positive effects of alcohol (i.e. outcome expectancies) and may anticipate only the immediate positive effects whilst ignoring the potential negative consequences of excessive drinking.
- These positive outcome expectancies may become particularly salient in high-risk situations, when the person expects alcohol to help them cope with their negative emotions or conflict (self-medication).
- In this situation, the drinker focuses on the immediate gratification (e.g. stress reduction), neglecting possible delayed negative consequences.

## ABSTINENCE VIOLATION EFFECT

- A lapse does not always lead to a full-blown relapse.
- Whether it does or does not, is thought to depend primarily on the person's attributions about the cause of the lapse and how they cope with the cognitive and affective reactions to it.
- If the person attributes the lapse to a cause that is internal, stable and global, such as personal weakness or failure (e.g. I'm a failure, I can't do this), they are more likely to experience a full-blown relapse. In this case, the person is more likely to blame themselves for the lapse, feel guilty about it, and experience decreased self-efficacy.

## ABSTINENCE VIOLATION EFFECT

- A lapse is also thought to be more likely to lead to relapse if the person "has a strong image as a recovering addict who has made a long and effortful commitment to abstinence.
- In this case, a slip is thought to result in an uncomfortable state of internal consistency between that self image (e.g., "I don't use anymore) and the occurrence of a behavior that directly contradicts that self image (e.g., using).
- This state of inconsistency, termed *cognitive dissonance*, is typically experienced as guilt, shame, or general upset."

## ABSTINENCE VIOLATION EFFECT

Together, the two cognitive-affective components (personal attribution and cognitive dissonance) comprise the abstinence violation effect [AVE]. The AVE dictates that a lapse may lead to full blown use if:

- a slip is interpreted as a failure or lack of willpower (personal attribution)
- after a long period of abstinence, the person thinks of themselves as a recovering addict for which abstinence is the only solution, and thus experiences significant guilt over the slip (cognitive dissonance).

### **COVERT ANTECEDENTS OF HIGH-RISK SITUATIONS**

- Although high-risk situations are conceptualised as immediate determinants of relapse, other less obvious factors also influence the relapse process.
- These covert antecedents include lifestyle factors (e.g. overall stress level), as well as cognitive factors that may serve to "set up" a relapse, such as rationalisation, denial, and urges and cravings.
- These factors can increase a person's vulnerability to relapse both by increasing his or her exposure to high-risk situations and by decreasing motivation to resist drinking in high-risk situations.

### **INTERVENTION STRATEGIES**

- Relapse prevention model includes a variety of cognitive and behavioral approaches designed to target each step in the relapse process.
- Approaches include specific intervention strategies that focus on the immediate determinants of relapse as well as global self-management strategies that focus on the covert antecedents of relapse.
- Both the specific and global strategies fall into three main categories: skills training, cognitive restructuring, and lifestyle balancing.

### **SPECIFIC INTERVENTION STRATEGIES**

- The aim of specific intervention strategies is to teach clients to anticipate the possibility of relapse and to recognise and cope with high-risk situations. These strategies include:
  - identifying and coping with high-risk situations
  - enhancing self-efficacy
  - eliminating myths and placebo effects
  - lapse management
  - and cognitive restructuring.
- These strategies also focus on enhancing the client's awareness of cognitive, emotional, and behavioral reactions in order to prevent a lapse from escalating into a relapse.

### **IDENTIFYING AND COPING WITH HIGH-RISK SITUATIONS**

- To anticipate and plan accordingly for high-risk situations, person must first identify the situations in which they may experience difficulty coping and/or an increased desire to drink. Situations identified using a variety of assessment strategies.
- Once identified, two types of intervention strategies can be used to lessen the risks posed by those situations.
- The first strategy involves teaching the client to recognise the warning signals associated with imminent danger.
- The client may then be able to take some evasive action (e.g., escape from the situation) or possibly avoid the high-risk situation entirely.

### **IDENTIFYING AND COPING WITH HIGH-RISK SITUATIONS**

- The second strategy involves evaluating the client's existing motivation and ability to cope with specific high-risk situations and then helping the client learn more effective coping skills.
- These coping skills can be behavioral or cognitive in nature.
- They can include both strategies to cope with specific high-risk situations (e.g., refusing drinks in social situations and assertive communication skills) and general strategies that can improve coping with various situations (e.g., meditation, anger management, and positive self-talk).

### **ENHANCING SELF-EFFICACY**

- Another approach to prevent relapse and promote behavioral change is the use of efficacy-enhancement procedures.
- These strategies are designed to increase a client's sense of mastery and of being able to handle difficult situations without lapsing.
- These strategies emphasise the collaboration between client and therapist. The client is encouraged to adopt the role of colleague and to become an objective observer of his or her own behavior.
- Clients are taught that changing a habit is a process of skill acquisition rather than a test of one's willpower.

## ENHANCING SELF-EFFICACY

- Another efficacy-enhancing strategy involves breaking down the overall task of behavior change into smaller, more manageable tasks that can be addressed one at a time.
- Instead of focusing on a distant end goal (e.g., maintaining lifelong abstinence), the client may be given the more manageable goal of coping with an upcoming high-risk situation or making it through the day without a lapse.
- Since an increase in self-efficacy is closely tied to achieving preset goals, successful mastery of these individual smaller tasks is the best strategy to enhance feelings of self-mastery.

## ELIMINATING MYTHS AND PLACEBO EFFECTS

- Counteracting misperceptions about alcohol's effects is an important part of relapse prevention.
- To accomplish this goal, the therapist first elicits the client's positive expectations about the effects of alcohol using questionnaires or clinical interviews.
- Positive expectancies regarding alcohol's effects are often based on myths or placebo effects of alcohol (i.e., effects that occur because the drinker expects them to, not because alcohol causes the appropriate physiological changes).
- Subsequently, the therapist can address each expectancy, using cognitive restructuring (see later), education, or the client's own past experiences.
- The client is encouraged to consider both the immediate and the delayed consequences of drinking.

## LAPSE MANAGEMENT

- Many clients experience a lapse after initiating abstinence.
- Lapse-management strategies focus on halting the lapse and combating the abstinence violation effect to prevent an uncontrolled relapse episode.
- Lapse management includes contracting with the client to limit the extent of use, to contact the therapist as soon as possible after the lapse, and to evaluate the situation for clues to the factors that triggered the lapse.

## LAPSE MANAGEMENT

There are a number of general strategies to counter faulty assumptions and cognitive errors associated with initial lapses. These strategies attempt to help clients see that:

- A lapse is similar to a mistake or error in the learning process (not a failure)
- A lapse is a specific, unique event in time or space (concentrate on here and now)
- The lapse can be reattributed to external, specific and controllable factors
- Abstinence or control is always only a moment away.

## LAPSE MANAGEMENT

There are a number of different strategies to use to help clients take advantage of the learning opportunity that a recent lapse presents, while addressing the danger that their use might escalate following the initial lapse.

- Stop, look and listen (lapse was warning, review strategies)
- Stay calm (don't feel guilt or self-blame)
- Renew your commitment (Think why you decided to change, long range benefits, how far you've come)
- Review situation leading up to relapse
- Make an immediate plan for recovery
- Use your support network.

## COGNITIVE RESTRUCTURING

- Cognitive restructuring is used to assist clients modify their attributions for and perceptions of the relapse process.
- It is a critical component of interventions to lessen the abstinence violation effect.
- Clients are taught to reframe their perception of lapses to view them not as failures or indicators of a lack of willpower, but as mistakes or errors in learning that signal the need for increased planning to cope more effectively in similar situations in the future.
- This perspective considers lapses key learning opportunities resulting from an interaction between coping and situational determinants, both of which can be modified in the future.

### **GLOBAL LIFESTYLE SELF-CONTROL STRATEGIES**

- It is also important to modify individual lifestyle factors and covert antecedents that can increase exposure or reduce resistance to high-risk situations.
- Global self-control strategies are designed to modify the client's lifestyle to increase balance as well as to identify and cope with covert antecedents of relapse (i.e., early warning signals, cognitive distortions, and relapse set-ups).
- Assessing lifestyle factors associated with increased stress and decreased lifestyle balance is an important first step in teaching global self-management strategies.

### **GLOBAL LIFESTYLE SELF-CONTROL STRATEGIES**

- Many clients report that once pleasurable activities (e.g., hobbies and social interactions with family) have gradually been replaced by drinking.
- One global self-management strategy involves encouraging clients to pursue again those previously satisfying, non-drinking recreational activities.
- Specific cognitive-behavioral skills training approaches (e.g. relaxation training, stress-management, time management) can be used to help clients achieve greater lifestyle balance.
- Helping the client to develop "positive addictions" (e.g., meditation, exercise, or yoga) that have long-term positive effects on mood, health, and coping is another way to enhance lifestyle balance.

### **STIMULUS-CONTROL TECHNIQUES**

- Stimulus-control techniques are relatively simple but effective strategies that can be used to decrease urges and cravings in response to conditioned stimuli previously associated with drink.
- For example, remove all items associated with alcohol use from home, office and car.
- Change seating or listening/watching habits.
- Turn down invitation, avoid or leave risky situations, avoid problematic events.

### **URGE-MANAGEMENT TECHNIQUES**

- Most clients cannot completely avoid experiencing cravings or urges to drink.
- It is important to teach clients to anticipate and accept these reactions as a "normal" conditioned response to an external stimulus.
- The client should not identify with the urge or view it as an indication of his or her "desire" to drink.
- In one clinical intervention, the client is taught to visualise the urge or craving as a wave, watching it rise and fall as an observer and not to be "wiped out" by it.

### **URGE-MANAGEMENT TECHNIQUES**

- "This imagery technique is known as "urge surfing" and refers to conceptualizing the urge or craving as a wave that crests and then washes onto a beach. In so doing, the client learns that rather than building interminably until they become overwhelming, urges and cravings peak and subside rather quickly if they are not acted on. The client is taught not to struggle against the wave or give in to it, thereby being "swept away" or "drowned" by the sensation, but to imagine "riding the wave" on a surf board. Like the conceptualization of urges and cravings as the result of an external stimulus, this imagery fosters detachment from the urges and cravings and reinforces the temporary and external nature of these phenomena."

### **RELAPSE ROAD MAPS**

- Therapists can assist clients with developing relapse road maps, i.e. cognitive-behavioral analyses of high-risk situations that emphasise the different choices available to clients for avoiding or coping with these situations as well as their consequences.

### **SUPPORT FOR THE RELAPSE PREVENTION MODEL**

- Several review articles and meta-analyses have examined the effectiveness of treatments based on the Relapse Prevention (RP) model in preventing relapse.
- The RP-based treatments were delivered both as stand-alone treatments for initiating abstinence and as adjuncts to other treatment programs.
- Although the reviews differ in their methodology and in their criteria for including or excluding certain treatments, the conclusions regarding overall effectiveness of the RP approach are similar.
- Larimer and colleagues (1999) summarise as follows:

### **SUPPORT FOR THE RELAPSE PREVENTION MODEL**

- "The studies conducted to date tend to support the effectiveness of cognitive-behavioral RP-based approaches in reducing the frequency of relapse episodes as well as the intensity of lapse and/or relapse episodes among people who resumed alcohol use after treatment (Irvin et al. 1999). The effectiveness of RP was particularly great in studies that compared relapse rates in patients before and after treatment or that compared patients receiving RP-based treatment with controls receiving no treatment."

### **SUPPORT FOR THE RELAPSE PREVENTION MODEL**

- "Despite its benefits, RP-based treatment is not associated with higher abstinence rates compared with other valid treatment approaches (Carroll 1996; Irvin et al. 1999). RP-based treatment is, however, often associated with lower drinking rates and fewer drinking problems among patients who have experienced a relapse (e.g., Chaney et al. 1978)."

### **SUPPORT FOR THE RELAPSE PREVENTION MODEL**

- "RP is associated with "delayed emergence effects"—that is, significant effects favoring RP as compared with other treatment approaches are often found only at later follow-up points (i.e., 1 year or more after treatment) (Carroll 1996). This delayed effectiveness may result from the fact that it takes time to learn new skills and that consequently RP effects become more obvious as patients acquire additional practice."

### **SUPPORT FOR THE RELAPSE PREVENTION MODEL**

- "Although RP has been applied with some success to various addictive behaviors, the effects of RP-based approaches are greatest in the treatment of alcoholism or multiple drug use (Irvin et al. 1999)."
- "Combining RP with medications (e.g., disulfiram or naltrexone) to treat alcoholism leads to improved outcomes as compared with either RP or medication alone (Irvin et al. 1999)."