

## 2011 Web Seminar Series

# Relapse Prevention

*July 20, 2011*

## Presented by:

**Dennis C. Daley, Ph.D.**

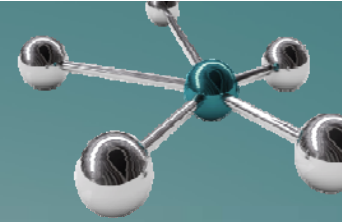
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*Produced by: Liz Buttrey, NIDA CTN CCC Training Office*

*"This training has been funded in whole or in part with Federal funds from the National Institute on Drug Abuse, National Institutes of Health, Department of Health and Human Services, under Contract No.HHSN271200522081C."*



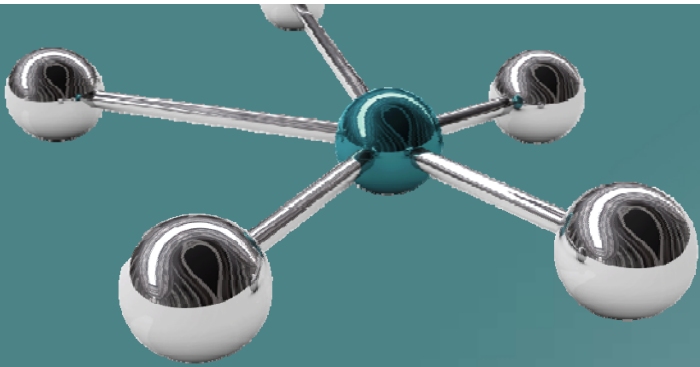
# Topics of Relapse Prevention Webinar

- Dedication to G. Alan Marlatt, PhD
- Promoting recovery from addiction
- Relapse: definition, causes, effects
- Evidenced-based treatments
- Relapse prevention models
- Summary of Relapse Prevention (RP) strategies
  - Systems strategies
  - Counseling strategies

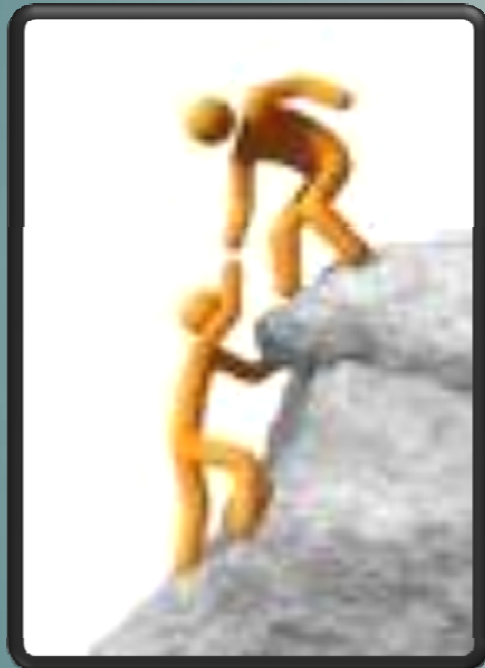


## G. Alan Marlatt, PhD 1941-2011

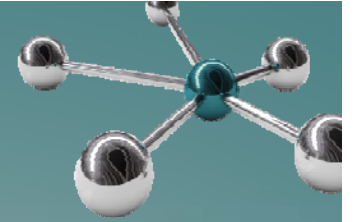
- Professor of Psychology
- Director Addictive Research Center U.W.
- Grandfather of RP
- Most widely published author on RP (journal articles, research, books)
- Mentor of many people in U.S. and throughout the world



# 1: Promoting Recovery from Addiction



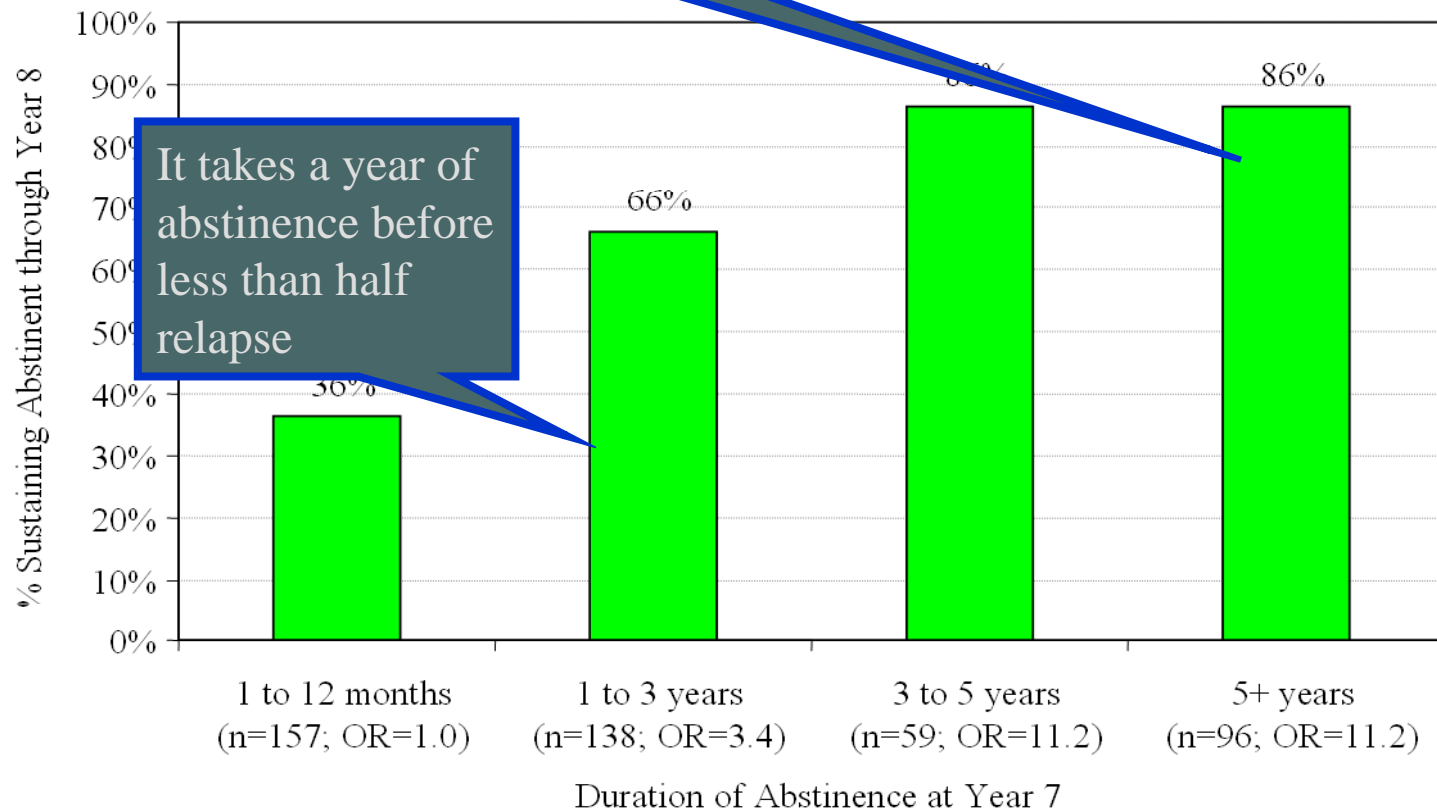
# Recovery Process



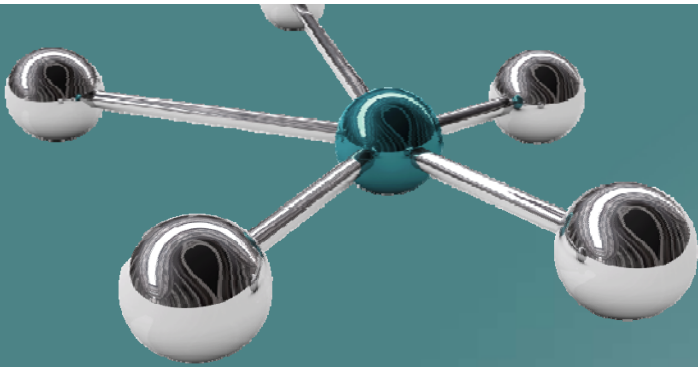
- Process of managing a disease
- **Abstinence** + change + growth
- Goal is improved health, wellness and quality of life (more than abstinence although abstinence is good!)
- Can be long-term process (years)
- Treatment can facilitate recovery
- **Not all clients want recovery!**

# Longitudinal Trends in Recovery (Pathways $N=1326$ )

After 5 years – if you are sober, you probably will stay that way.



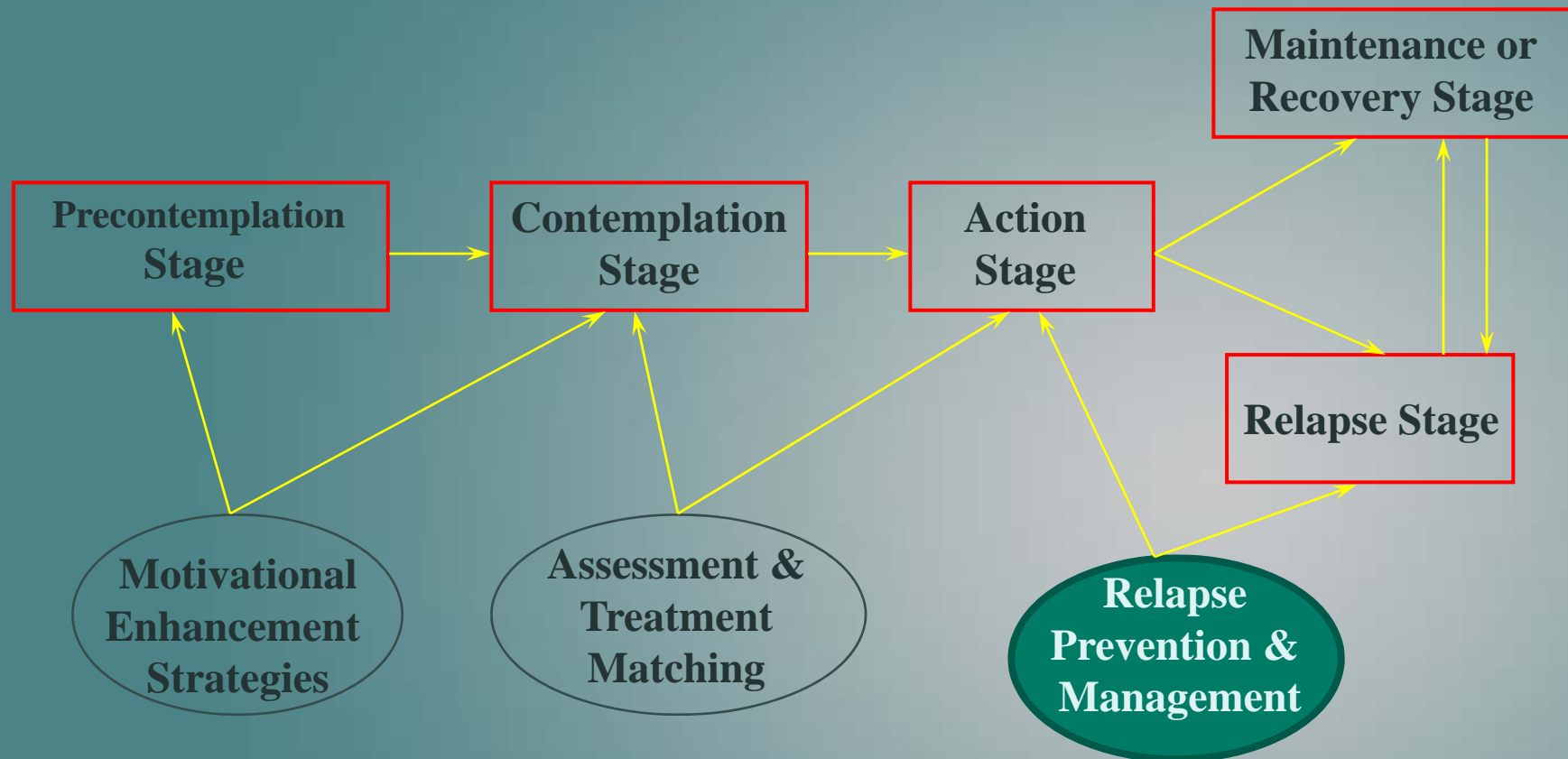
Dennis, ML Foss MA & Scott CK (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. Eval. Rev.

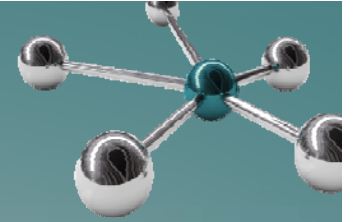


## 2: Understanding Relapse in Addiction



# Stages of Change in Substance Abuse and Dependence: Intervention Strategies





# Key Terms

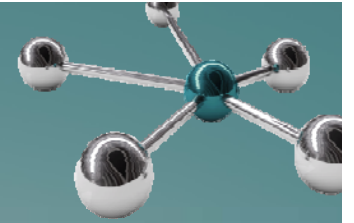
## ■ **Addiction treatment:**

- Lapse (initial period of substance use)
- Relapse (continued substance use)

## ■ **Psychiatric treatment:**

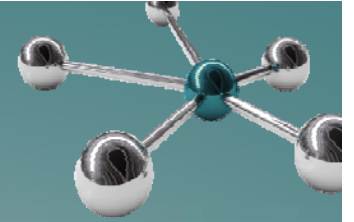
- Relapse (symptoms return in current episode of treatment)
- Recurrence (new episode)

# Definitions of Relapse



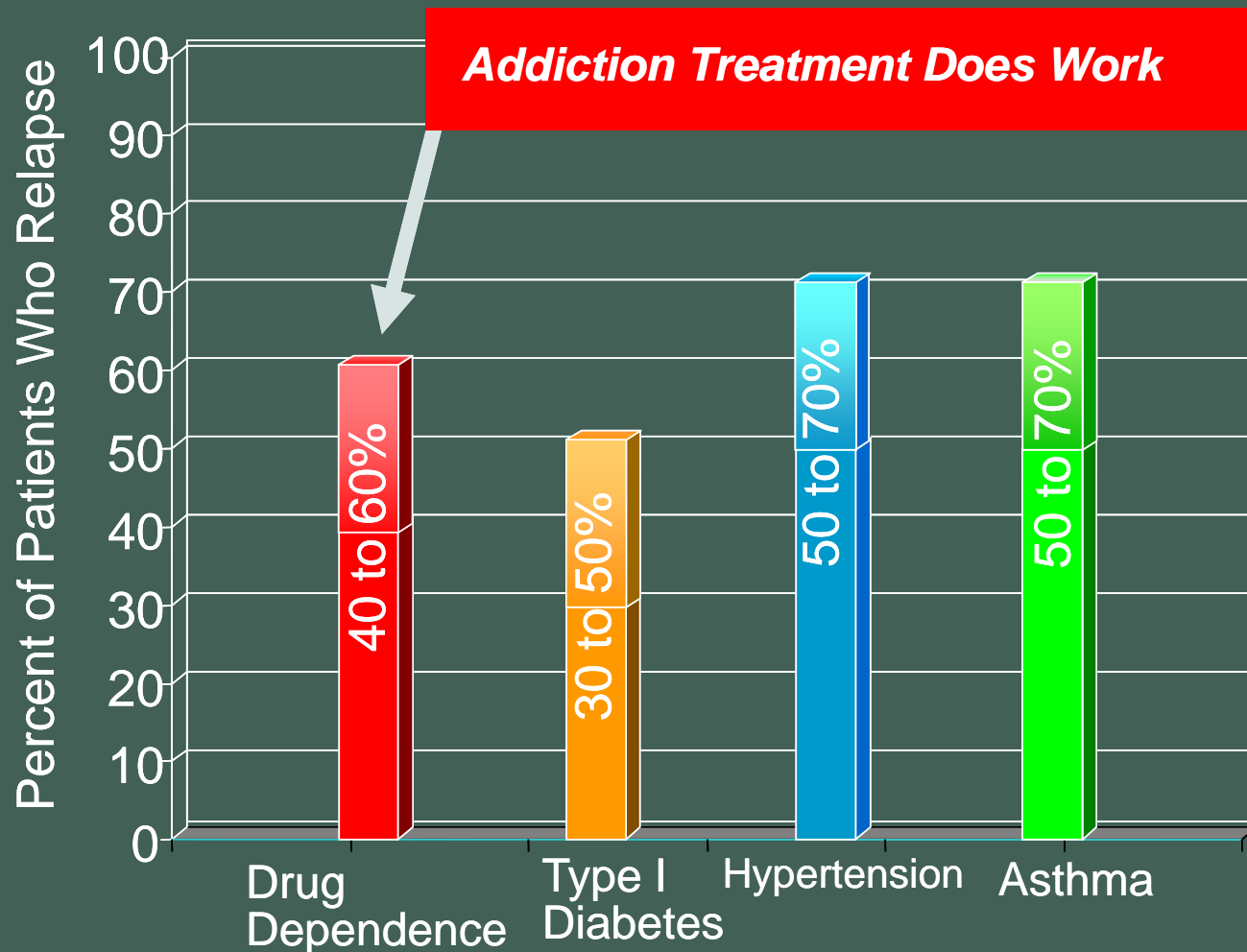
- A **recurrence of symptoms** of a disease after a period of improvement (Webster)
- A **breakdown or setback** in an attempt to change or modify a target behavior (Marlatt)
- An unfolding **process** in which substance use is the last event in a long series of maladaptive responses to internal or external stressors or stimuli (NIDA)

# Causes and Effects of Lapse/Relapse

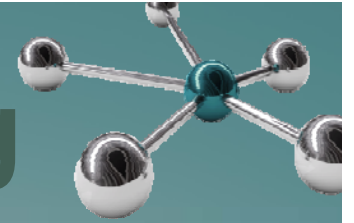


- Many factors contribute to lapse or relapse
  - Interpersonal (relationships with family, friends, etc.)
  - Intrapersonal (thoughts, feelings or emotions)
  - Can occur suddenly or gradually
  - Severity of relapse will vary
- Ignoring relapse warning signs
- Inability to manage high risk situations
- Family, social, lifestyle issues
- Poor adherence to treatment

# Relapse Rates Are Similar for Drug Dependence and Other Chronic Illnesses



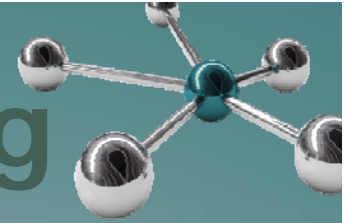
# Relapse Situations Among Alcoholics



■ Negative Emotions	38%
■ Social Pressures	18%
■ Interpersonal Conflict	18%
■ Urges, Temptations	11%
■ Positive Emotions	03%
■ Other	12%

-Marlatt & Gordon

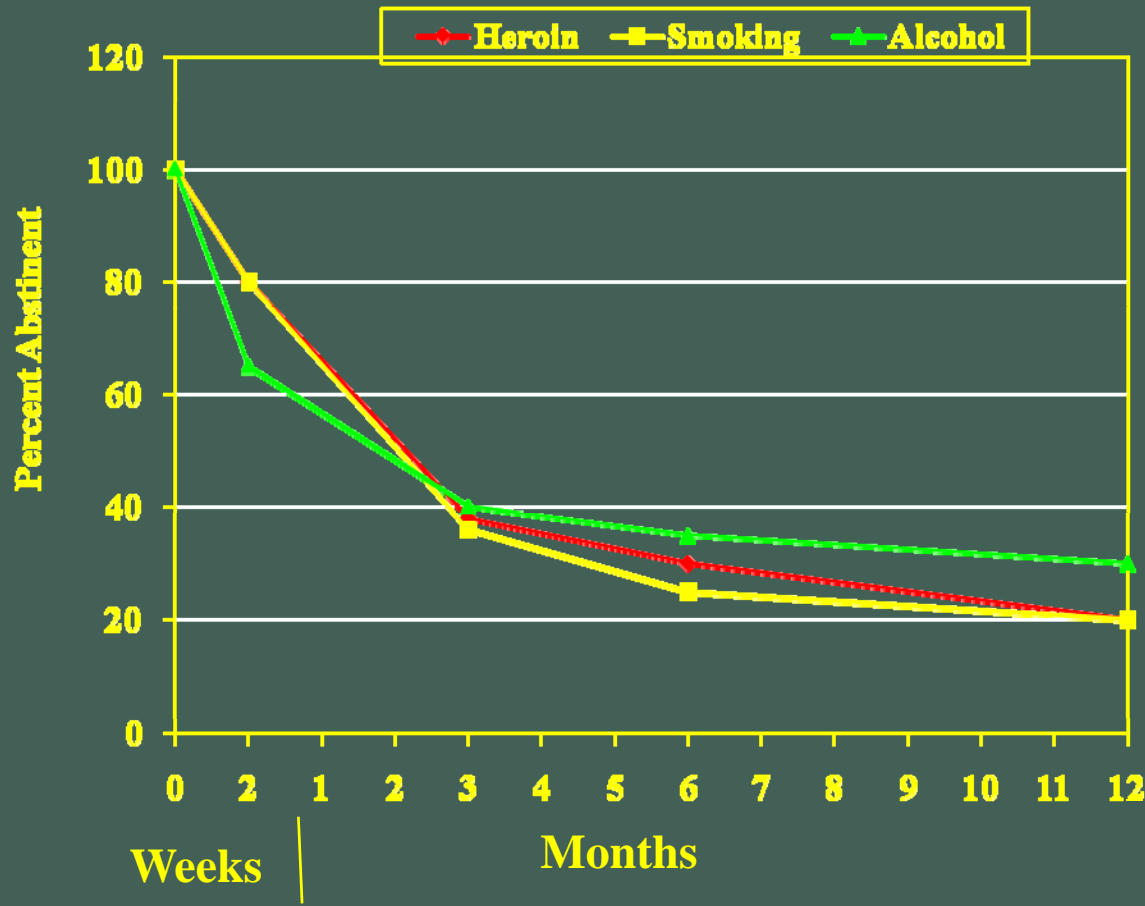
# Relapse Situations Among Heroin Addicts



■ Social Pressures	36%
■ Negative Emotions	19%
■ Positive Emotions	15%
■ Interpersonal Conflict	14%
■ Urges, Temptations	05%
■ Other	12%

-Marlatt & Gordon

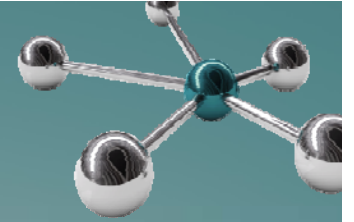
# Relapse Curves for Individuals Treated for Heroin, Smoking, and Alcohol Dependence



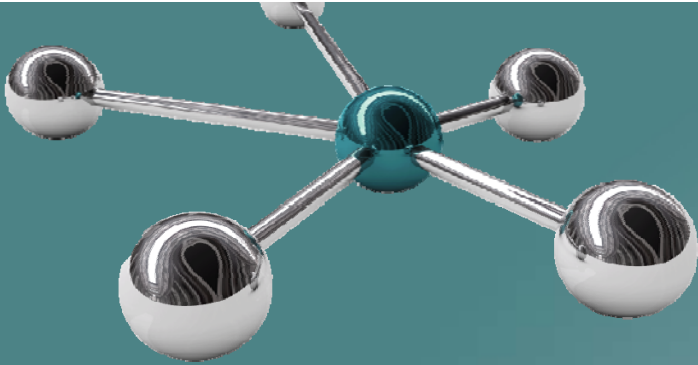
## Highest Risk Times

- First 30 days
- First 90 days
- Year 01

# Effects of Relapse



- Vary from therapeutic to fatal
- Effects depend on multiple factors (severity, coping skills, support, etc)
- Relapse affects:
  - Client
  - Family
  - Provider
  - Society

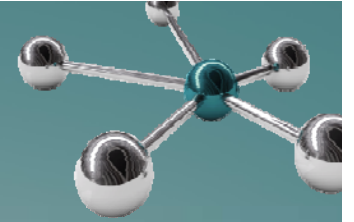


### 3. Evidenced-based Treatments or Practices (Science-based)

*All aim to enhance recovery  
and reduce relapse risk*

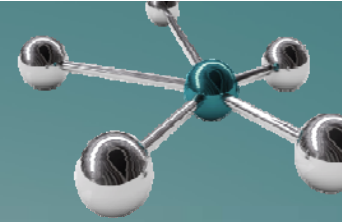


# Empirically Supported Treatments: NIAAA and NIDA Studies



- There are many effective psychosocial medications, and combination treatments
- Several focus on RP:
  - Coping Skills Training; MATRIX Model; RP Therapy; Recovery Training and Self-Help
- Despite efficacy of many treatments, relapse rates are high.

-Miller et al; Project MATCH; Monti et al; Meyers & Smith; Finney & Moos; NIDA

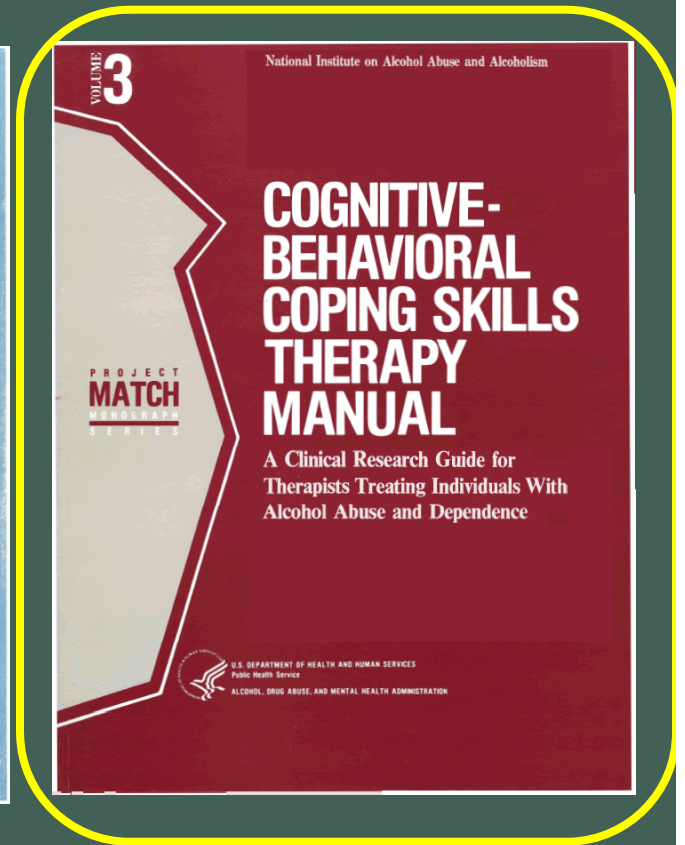
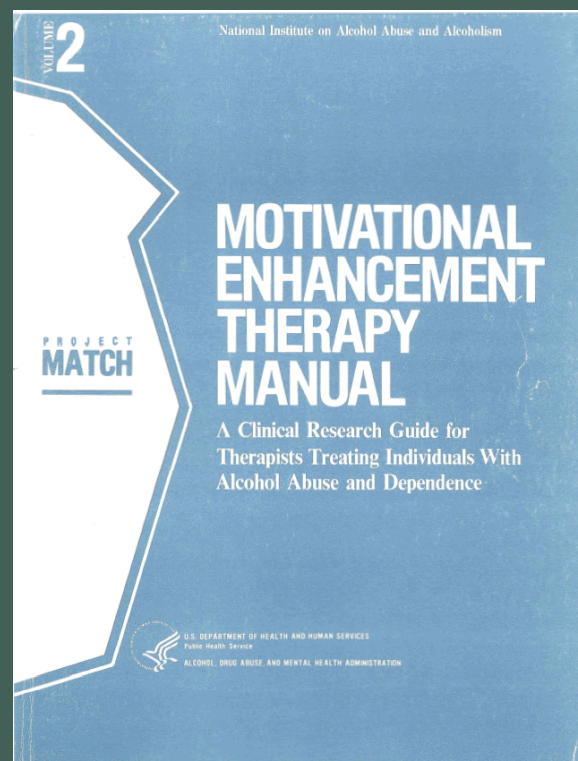
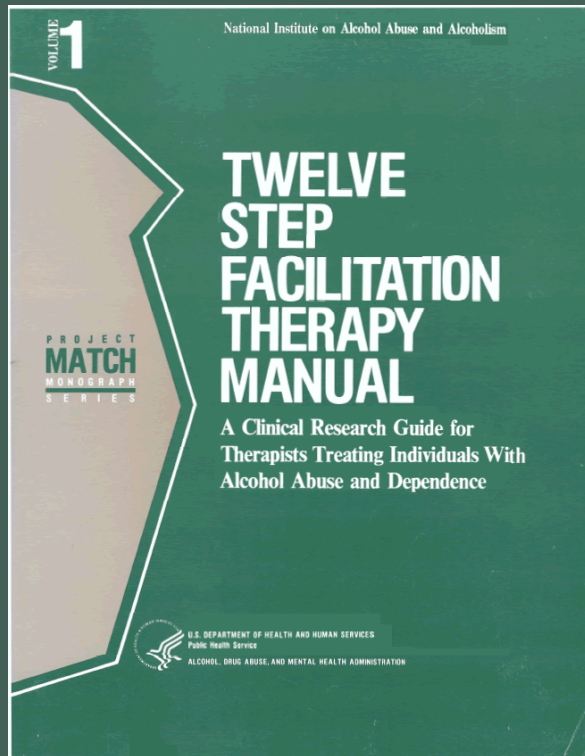


## Efficacy of Multi-Site NIAAA Trial: *Project MATCH (Alcohol)*

- NIAAA funded study of 1700+ subjects who received 1 of 3 treatments: Motivational Enhancement Therapy (MET), Twelve Step Facilitation (TSF), Cognitive Behavioral Coping Skills Therapy (CST)
- Included patients in outpatient care
  - Half came from residential treatment
  - Half came directly to outpatient care
- Outcomes were positive
  - Significant reductions of alcohol use at 1 and 3 yrs
  - All 3 treatments equally effective: MET, TSF, CBT

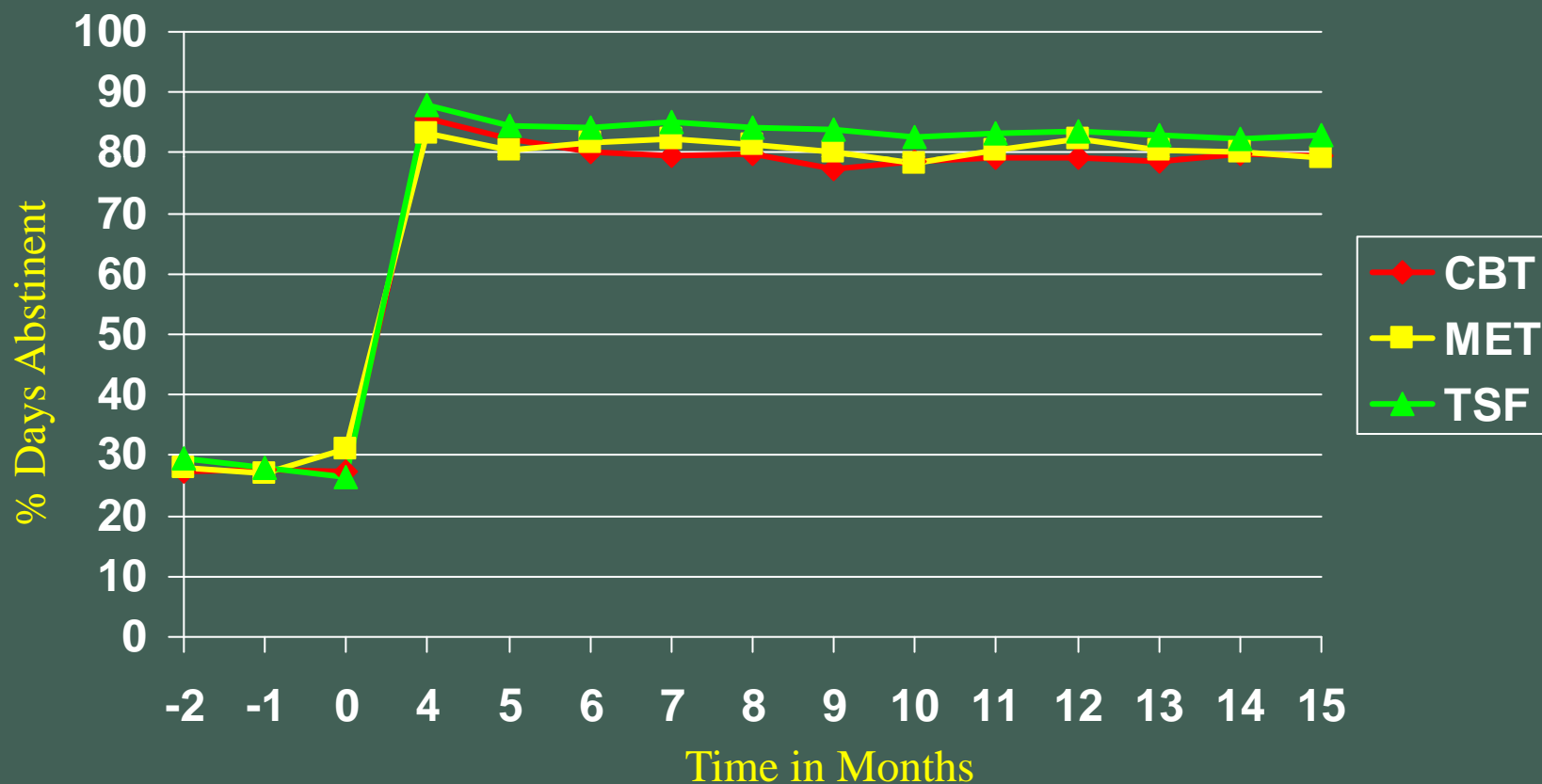
# NIAAA Project MATCH Therapy Manuals

<http://pubs.niaaa.nih.gov/publications/match.htm>

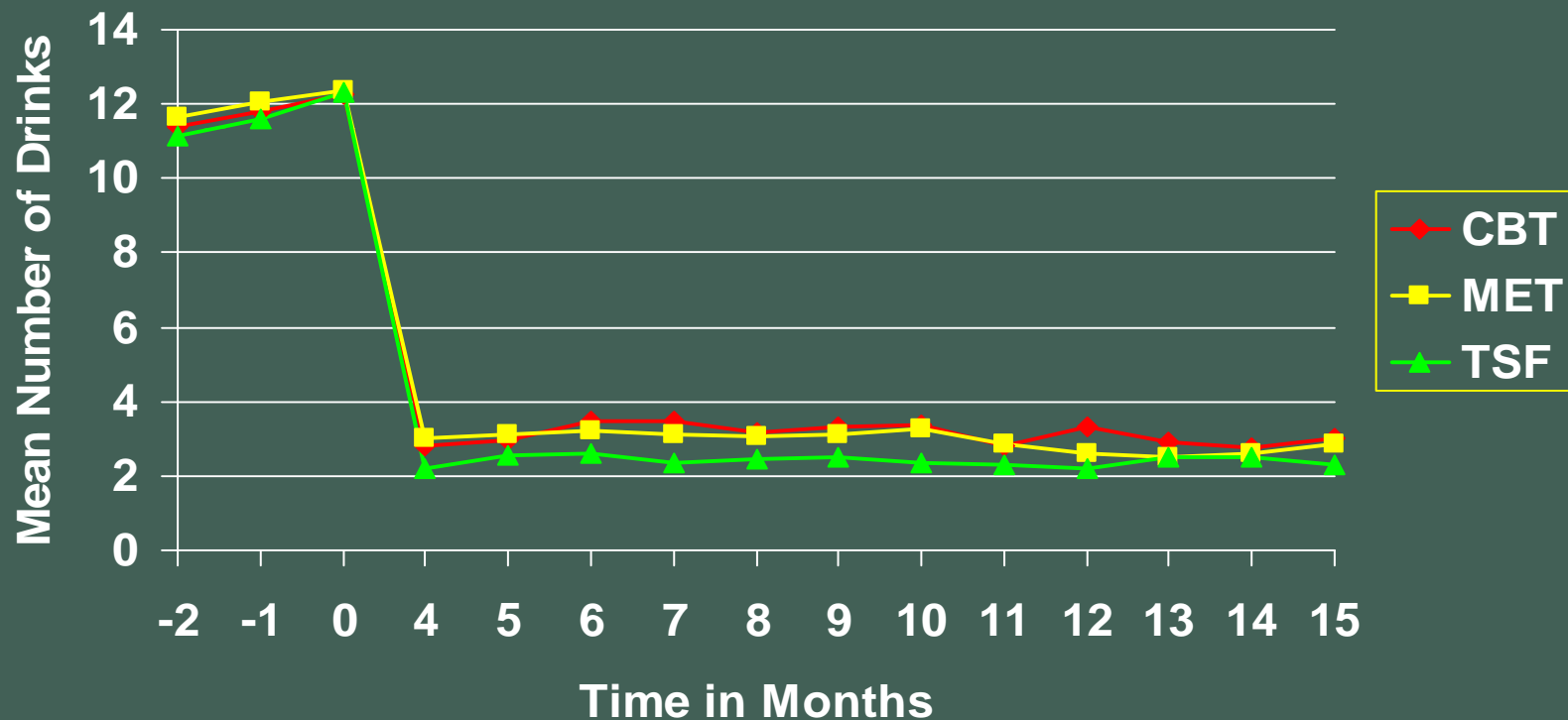


To evaluate matching clients to distinct, manual-driven, theoretically-based treatments that are widely applicable to a range of settings and providers

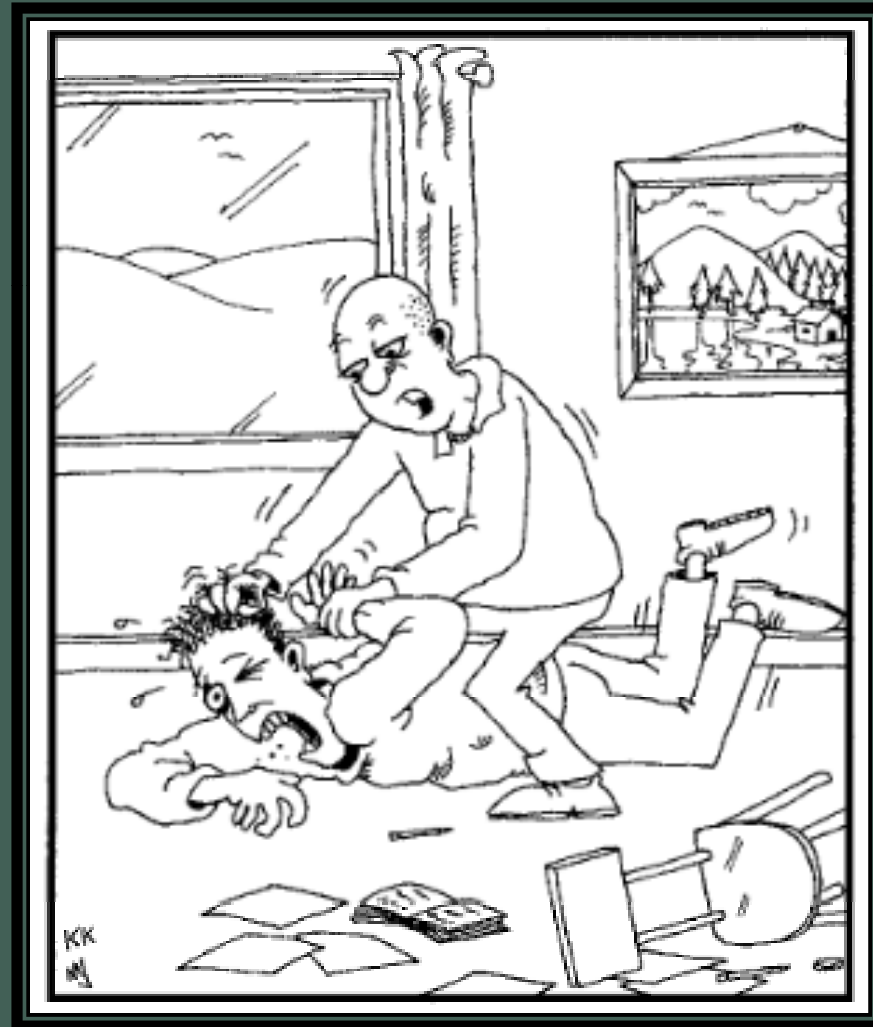
# Mean Percent Days Abstinent as a Function of Time (Outpatient)



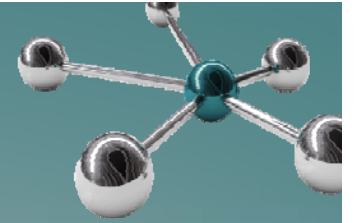
# Mean Drinks per Drinking Day as a Function of Time (Outpatient)



"Stop fighting and surrender, Jones.  
As your sponsor, all I ask is that you attend 90 meetings  
in 90 days."



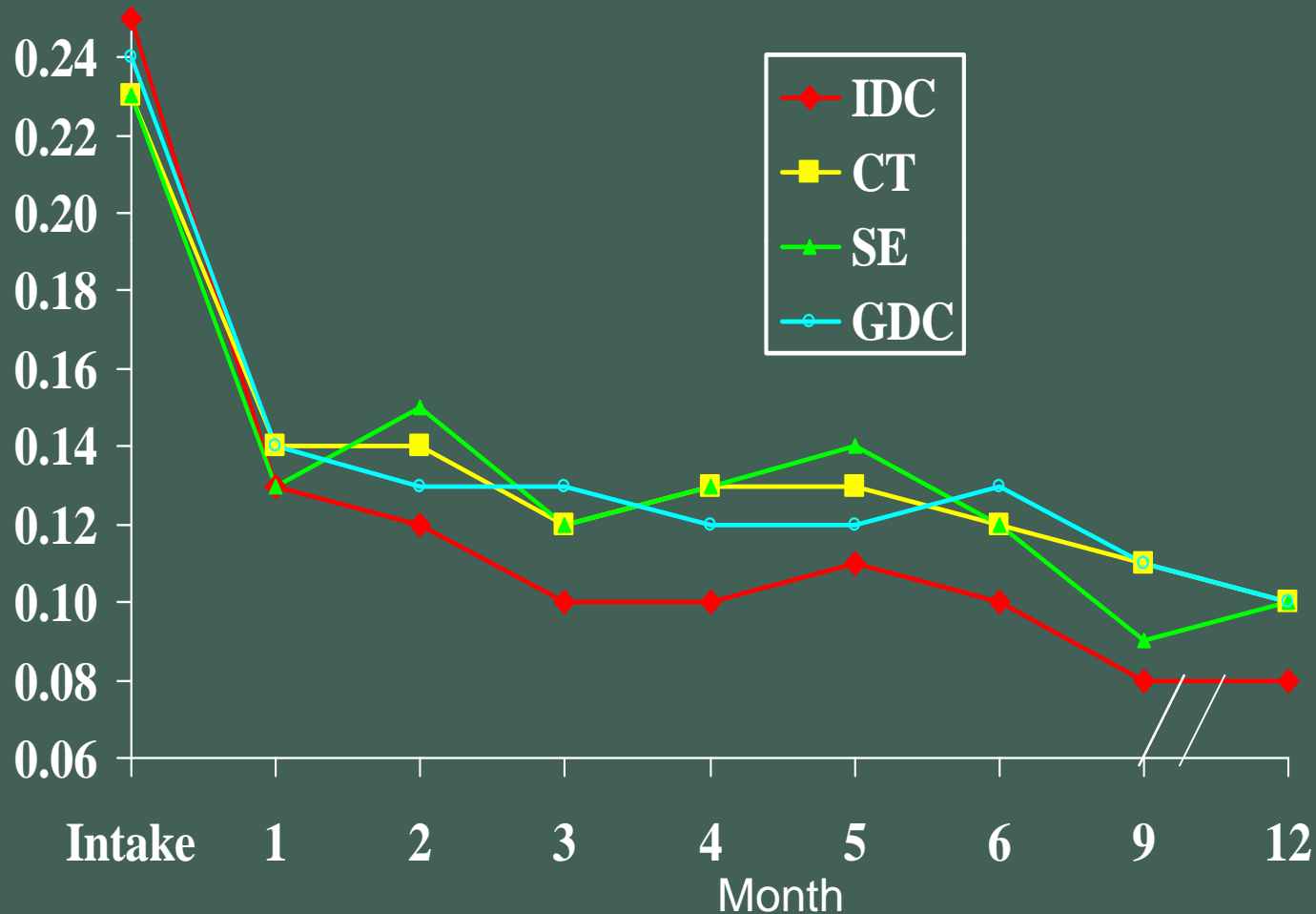
# Efficacy of Multi-Site NIDA Trial: Cocaine Collaborative



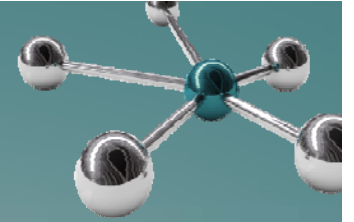
- NIDA funded study at 5 sites (n=487)
- Received 1 of 3 individual treatments + group
- Or, received group + case management (control)
- Outcomes were very positive
  - Significant reductions of cocaine use at 1 year
  - Individual drug counseling + group counseling are more effective than group alone, Cognitive-Behavioral Therapy (CBT) + group or supportive expressive therapy (SEP) + group

# Mean ASI Drug Use Composite by Treatment Condition:

**All Treatments Are Effective!**

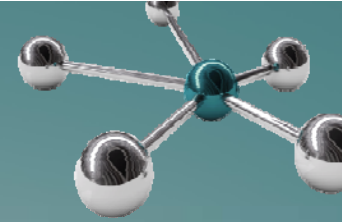


# Motivational Incentives Clinical Trials



- Many trials have been conducted with all types of clients with Substance Use Disorder (SUDs)
- Results are robust; incentives lead to:
  - Improved substance use outcomes
  - Improved adherence to sessions
  - Higher rates of completion

# Family Intervention Studies

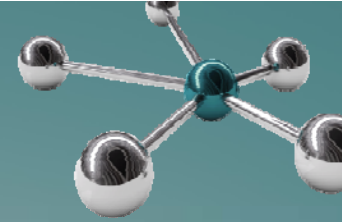


(Liddle et al; Szapocznik et al; Williams et al)

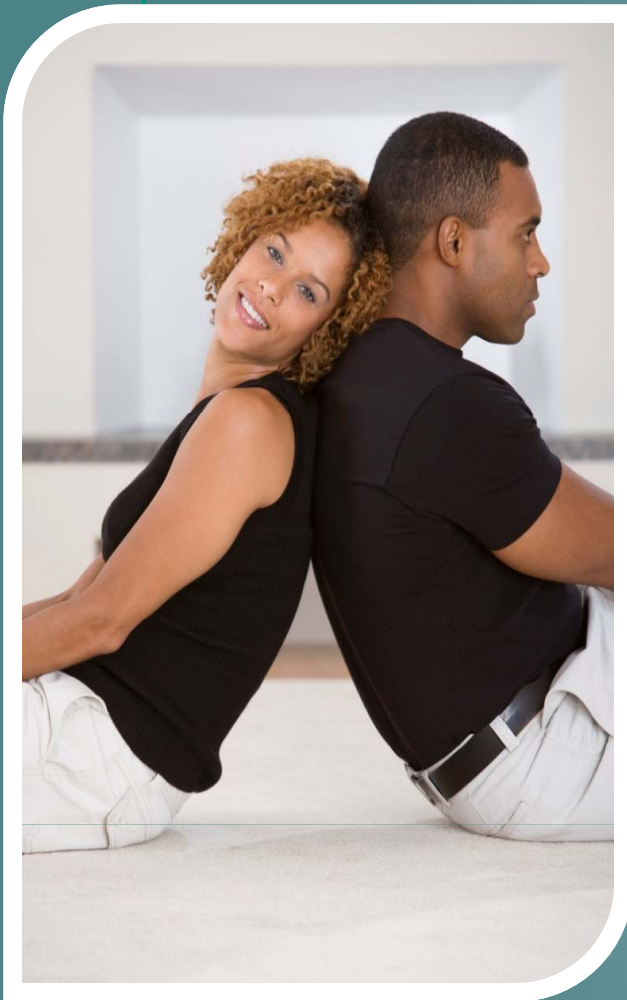
- Several studies showed superior results of family therapy to other approaches) in terms of:
  - Lower drug and alcohol use of adolescents
  - Improved school grades, pro-social and family functioning



# Behavioral Marital Therapy (BMT)

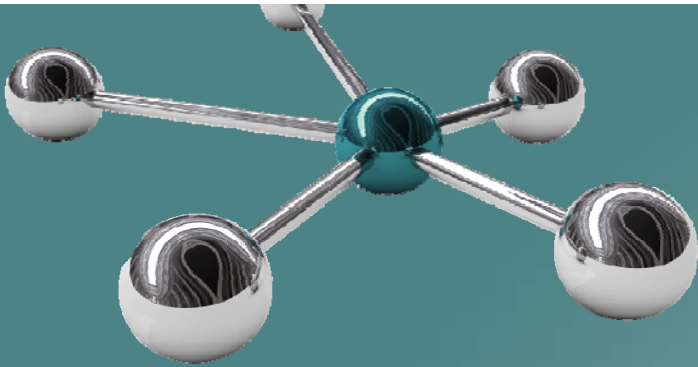


(O'Farrell et al.; Maisto et al)



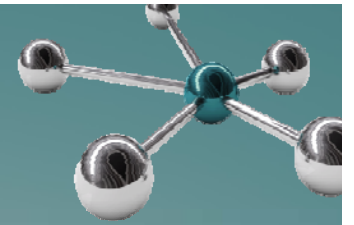
## ■ Compared to controls, subjects in BMT:

- Attended more sessions than the control groups
- Drank less; more abstinent days
- Had higher levels of functioning and improvements in marriage
- **Had shorter & less severe relapses if also received Relapse Prevention in addition to BMT**



## 4. Relapse Prevention Therapy or Counseling: Common Elements

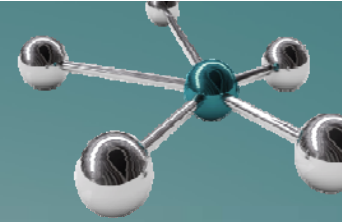
- Develop & use skills to manage addiction
- Manage high-risk situations & warning signs
- Increase healthy activities
- Work towards lifestyle balancing
- Interrupt lapse or relapse



# Relapse Prevention



# Relapse Prevention Models

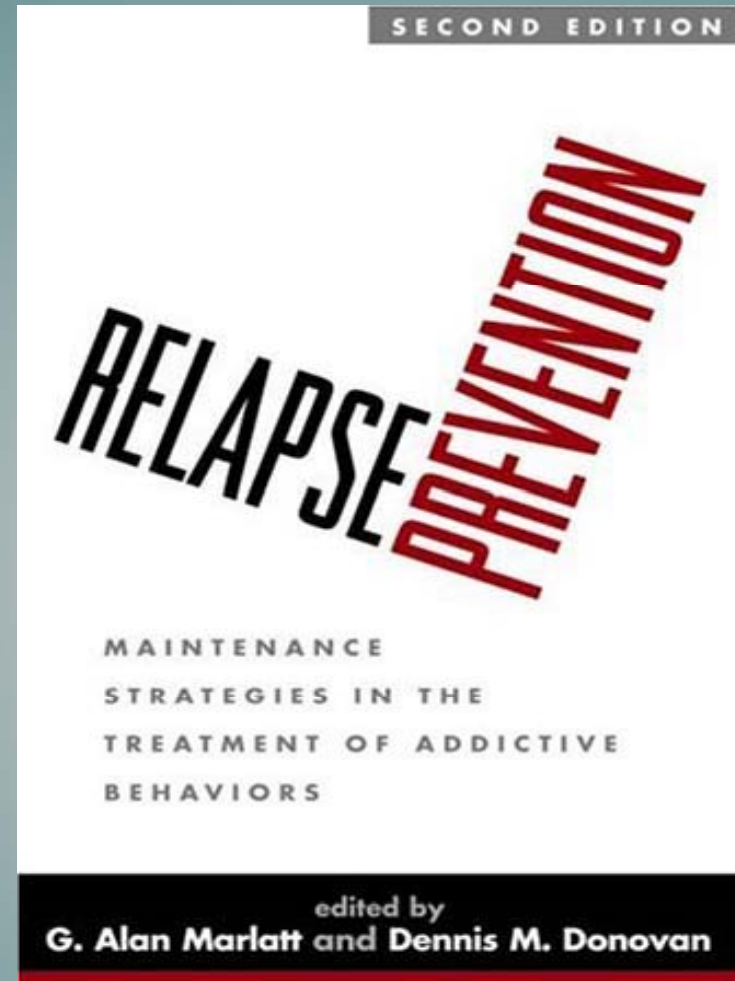


- Marlatt & Donovan; Marlatt et al (CBT)
- Annis et al (CBT)
- Gorski (CENAPS)
- Daley (adapted Marlatt's framework)
- NIDA (Recovery Training & Self Help)
- MATRIX (RP part of "total" program)
- Others

# Marlatt's Relapse Prevention Books

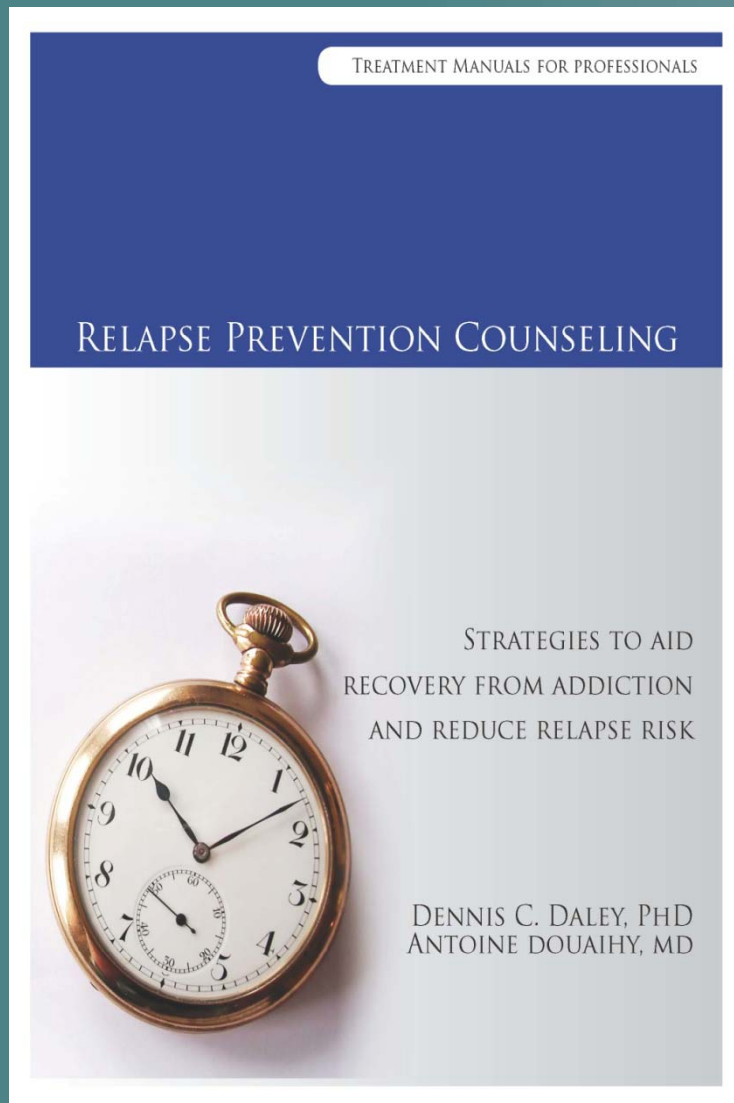
(Marlatt & Gordon)

(Marlatt & Donovan)



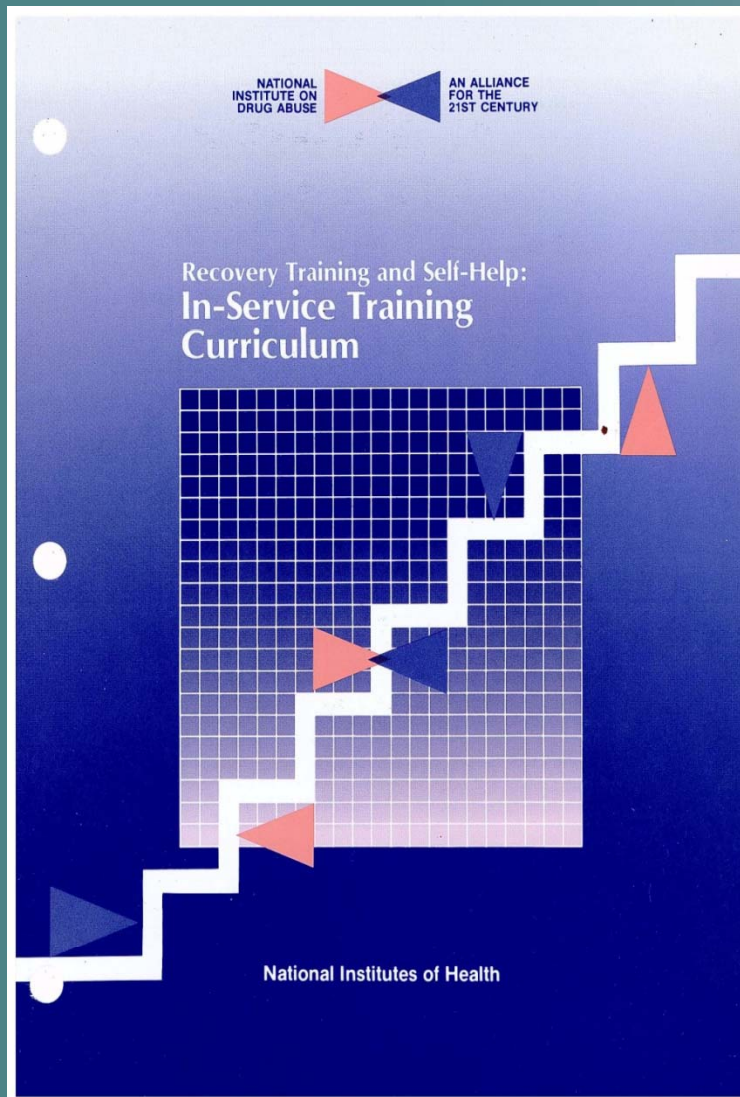
# Relapse Prevention Counseling

(Daley & Douaihy)



- Lapse & relapse
- Causes of relapse
- Effects of relapse
- Evidenced-based Practices (EBPs) with RP focus
- Models of RP
- Counseling strategies
- Counseling aids
- RP groups (n=12)
- Resources

# Recovery Training & Self-Help (N.I.D.A.)



- A 6 month RP out-patient program
- Used with opioid and cocaine addiction
- Recovery training group sessions (23)
- Fellowship meetings
- Drug-free social and community activities
- Senior ex-addicts

# MATRIX Model

## Counselor's Treatment Manual

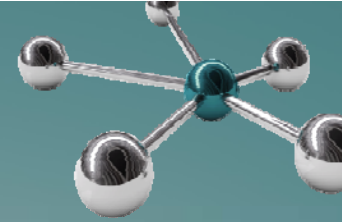
*Matrix Intensive Outpatient  
Treatment for People With  
Stimulant Use Disorders*



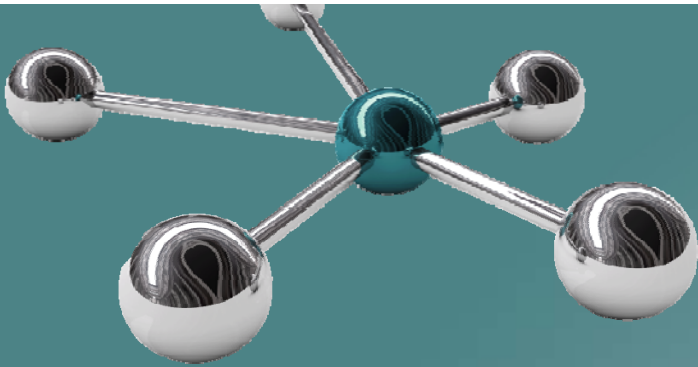
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

- Individual, group, family
- Groups on:
  - Early recovery
  - Relapse prevention
  - Social support
  - Families
  - Relapse Groups (n=30+)

# Research Support for RP



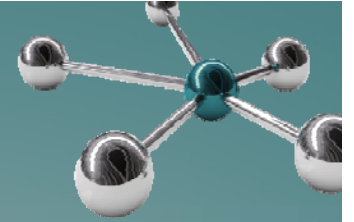
- Review of 24 randomized trials (Carroll)
- Meta-analysis of 26 trials (Irvin et al)
- RP with specific addictions (specific studies)
- Effective in 1-1 or groups
- RP including spouses
- Medications combined with counseling
- Relapse Replication & Extension Project



## 5. Systems Strategies to Reduce Relapse Risk

- Adherence
- Transition Between Levels of Care
- Motivational Incentives
- Medication-Assisted-Treatment
- Family Involvement
- Integrated Care for Co-Occurring Disorders

# Systems Interventions



- These are interventions that are tied in to a program's treatment philosophy
- While some are provided individually (e.g., family sessions), it is the "treatment system" that determines if these interventions are provided on a consistent basis

## **S#1: Incorporate Strategies to Improve Treatment Adherence**

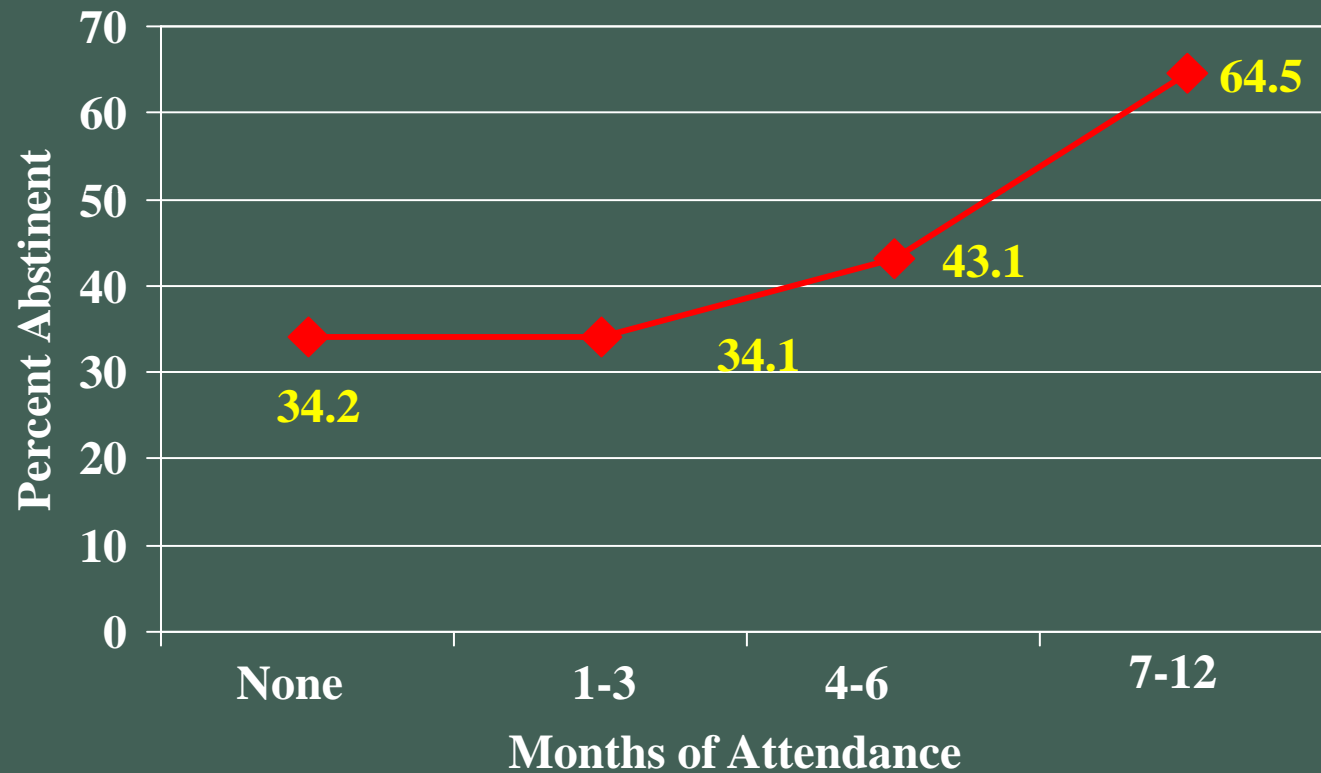
- Motivational strategies (MI/Mot Inc)
- Attend to therapeutic alliance (TA)
- Prepare client for treatment (PH, IOP)
- Collaborate with client on treatment plan
- Evaluate your treatments (using EBPs?)
- Develop guidelines on adherence

*See Daley & Zuckoff Improving Treatment Compliance*

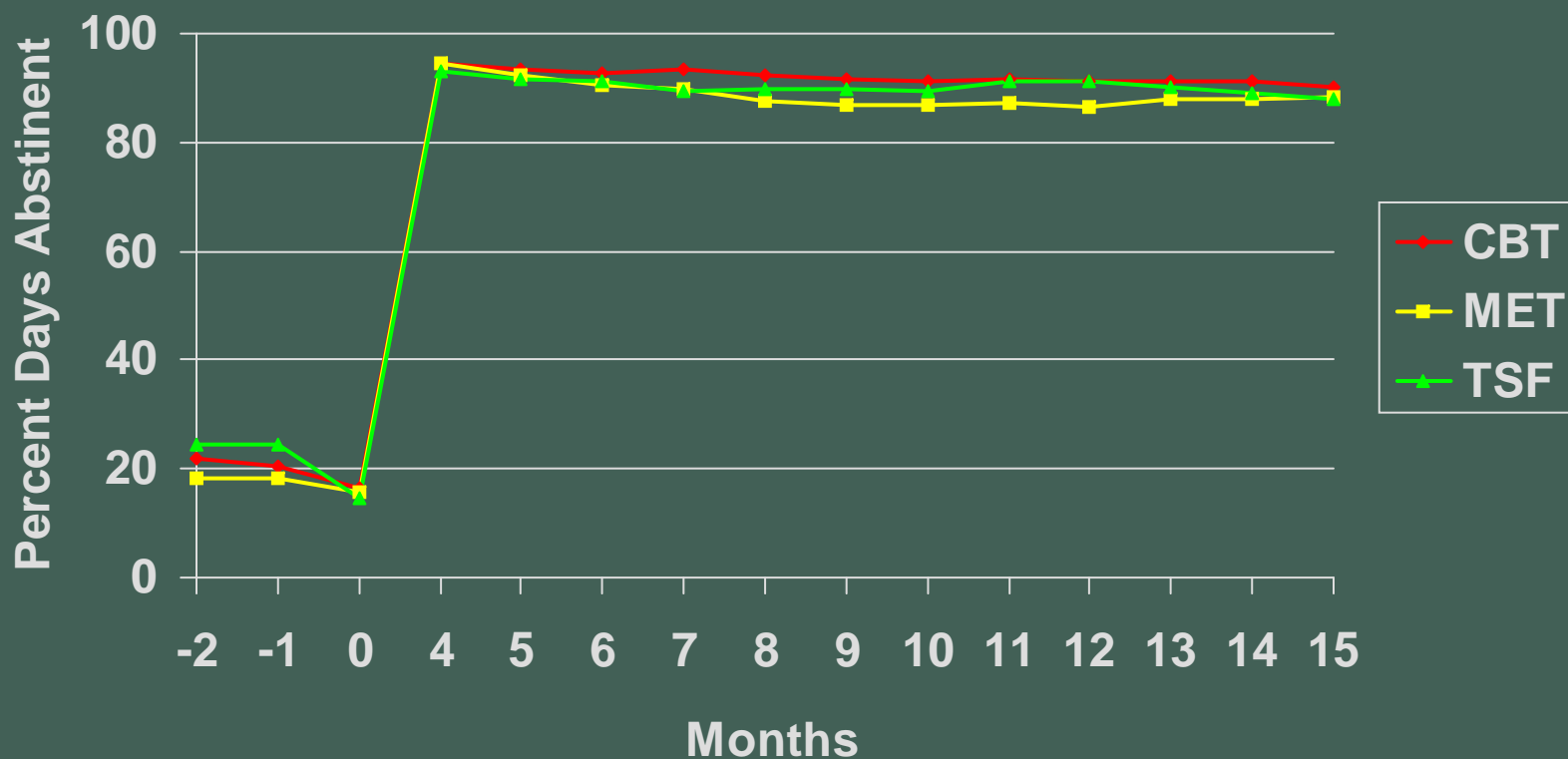
## **S#2: Facilitate Transition between Levels of Care**

- Hospital/Residential to Outpatient
- Any active treatment to continued care

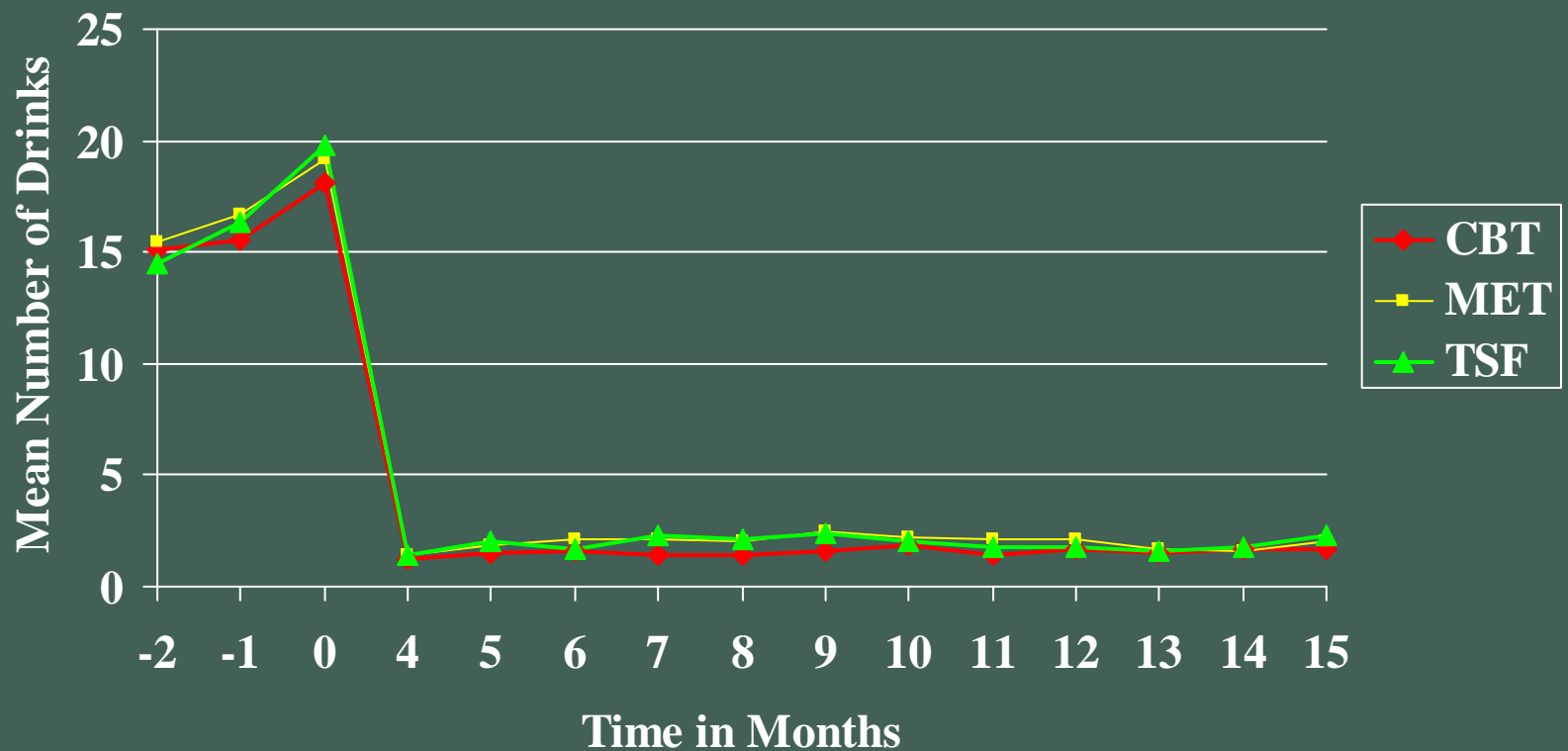
# Abstinence Rates at 1-Year Follow-Up as a Function of Duration of Aftercare Counseling



# Mean Percent Days Abstinent as a Function of Time (Aftercare)

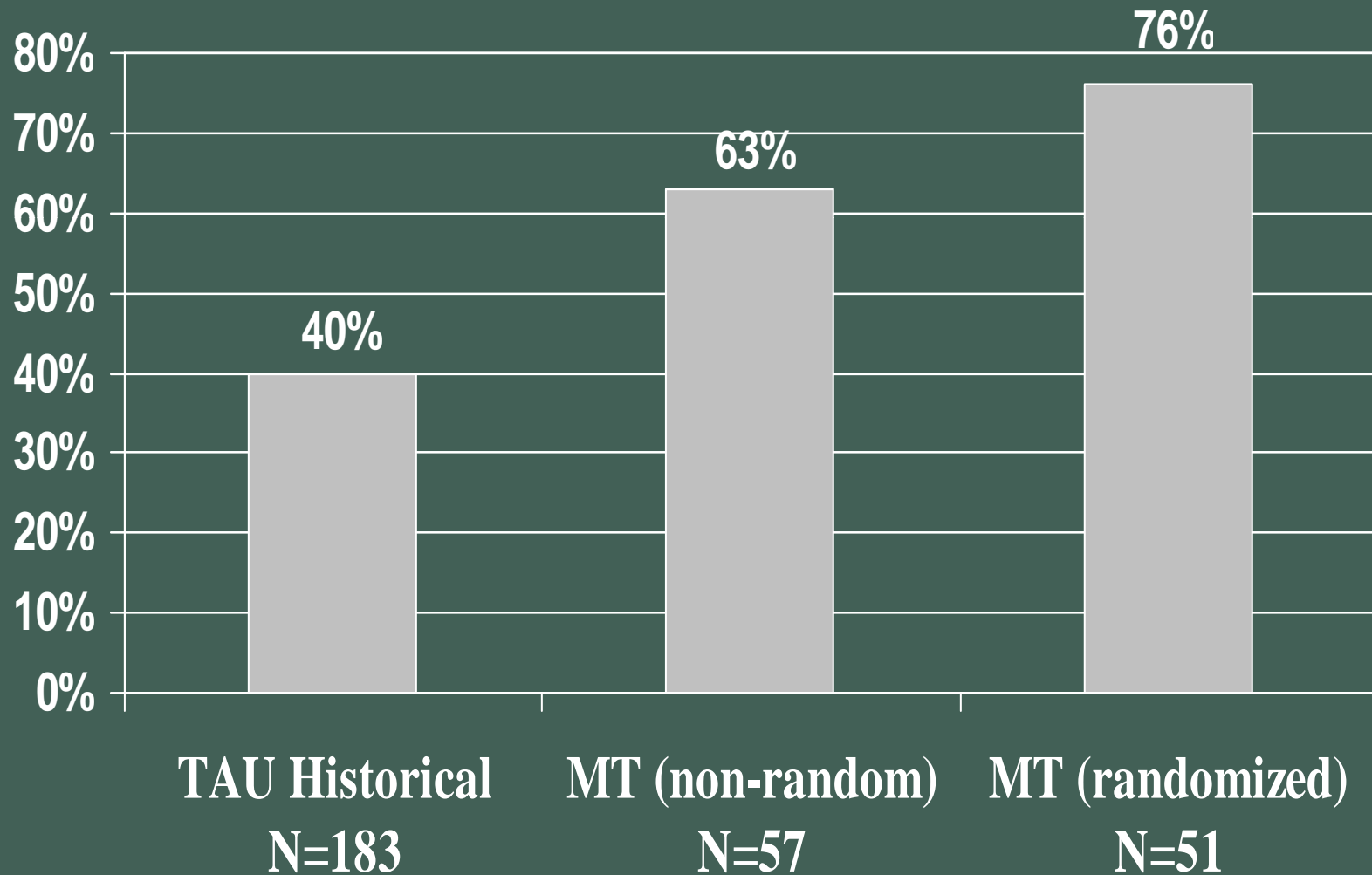


# Mean Drinks per Drinking Day as a Function of Time (Aftercare)



# Hospital to OPT Entry Rates

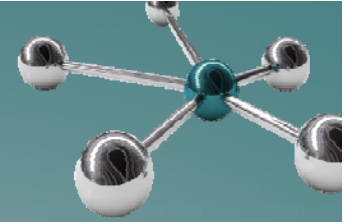
*(Daley & Zuckoff)*



## S#3: Use Motivational Incentives

- *Stitzer et al*
- *Petry et al*
- *Higgins et al*

# Motivational Incentive Clinical Trials



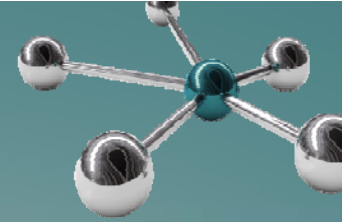
- Many single and multi-site trials have been conducted with all types of clients with substance use disorders
- Results are robust; incentives lead to:
  - Improved substance use outcomes
  - Improved adherence to sessions
  - Higher rates of completion

## **S#4: Offer Medication-Assisted Treatment**

Thanks to:

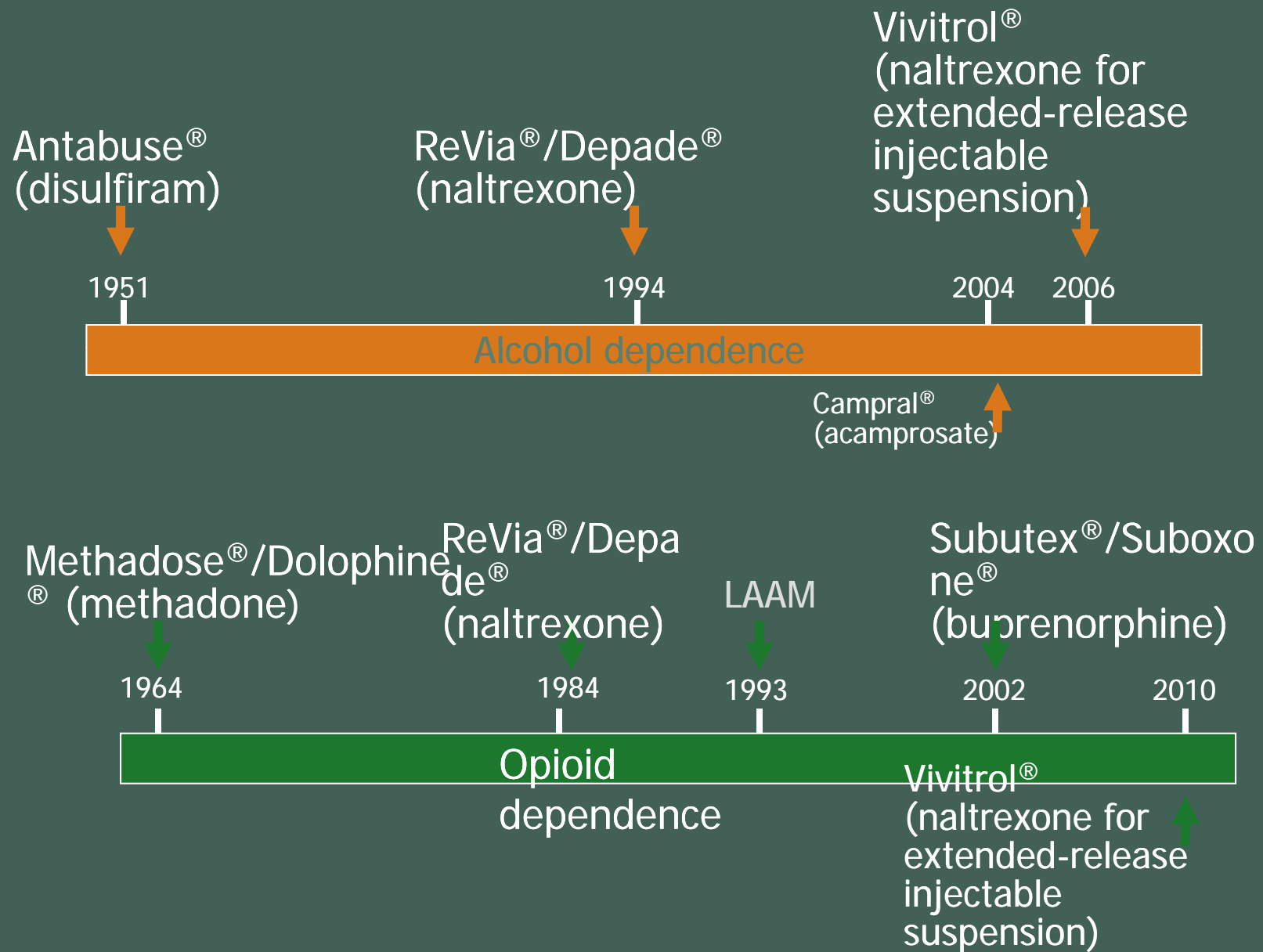
Antoine Douaihy, M.D. and Richard Silbert, M.D.

# Medication-Assisted Recovery

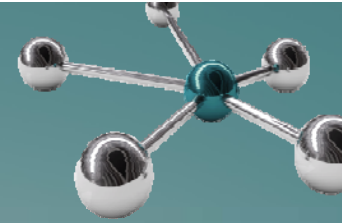


- Use in conjunction with psychosocial treatment
- Medications for addiction can:
  - Help patients **remain in treatment longer**
  - Achieve complete abstinence
  - Help **prevent relapse**
  - Reduce frequency and amount of consumption
  - Help continue to stay committed to meeting treatment goals and maintain long-term recovery

# FDA Approved Medications



# Medications for Psychiatric & Addictive Disorders

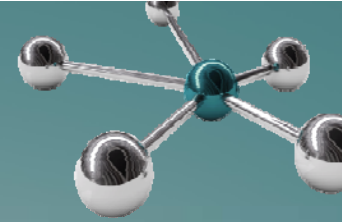


<http://www.mattc.org/information/psychotherapeutic/index.html>

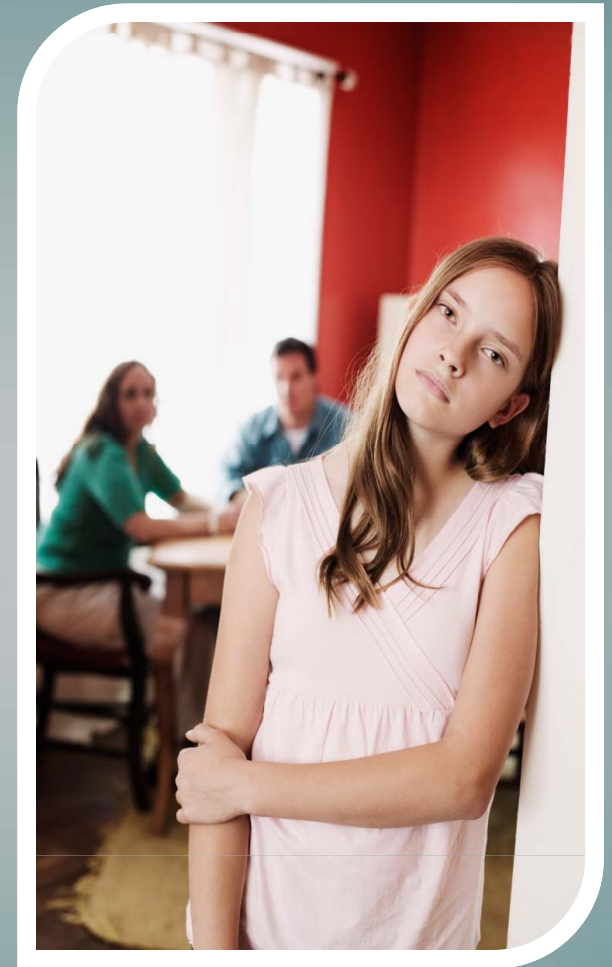
**You can print a “free” PDF  
file of medications**

## **S#5: Involve the Family or Concerned Significant Others**

# Effects on Family



- Family system:
  - Communication
  - Cohesion, rules, finances
- Individual members:
  - Moods, behaviors, interactions
  - Substance use
  - Mental health
  - Academic achievement

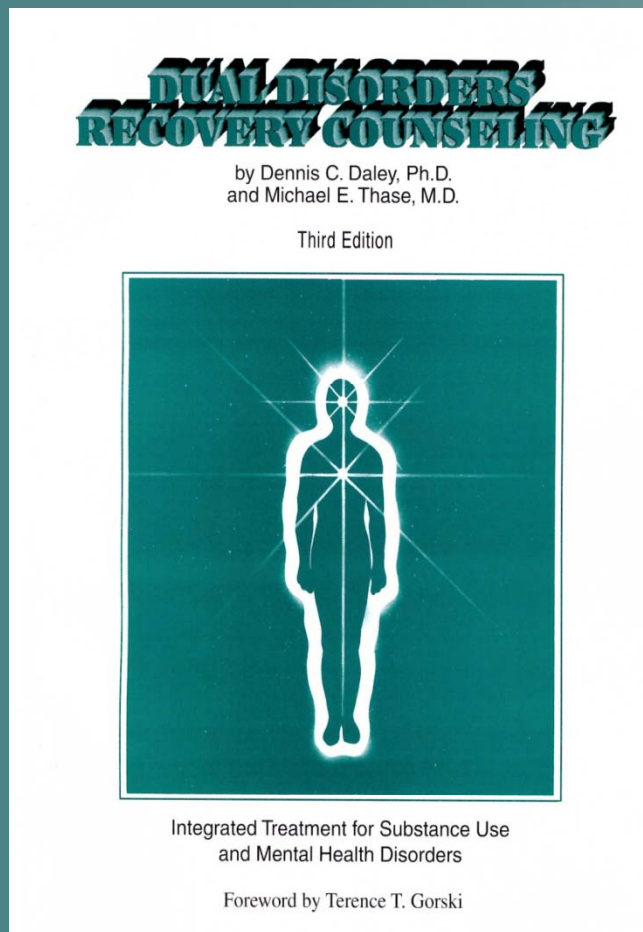


## **S#6: Provide Integrated Care for Co-Occurring Psychiatric Disorders**

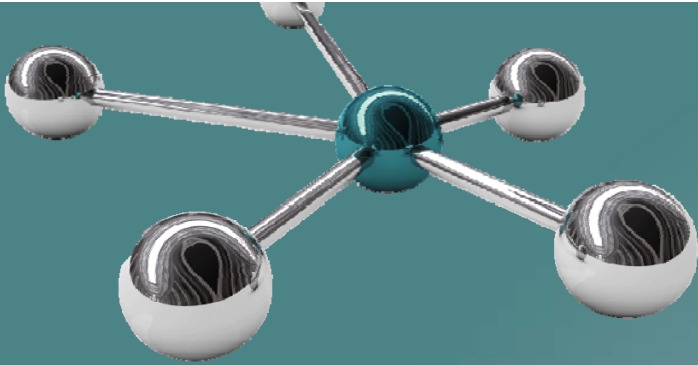
- Assess for psychiatric disorder
- Provide “integrated” care when possible
- Monitor psychiatric symptoms (especially persistent symptoms)

# Dual Disorders Recovery Counseling

(Daley & Thase)



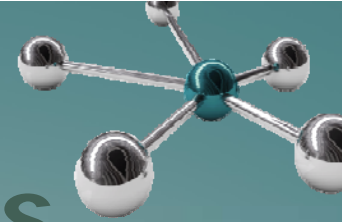
- An integrated model
- Used with all combinations
- Overview of dual disorders
- Counselor training & supv
- Assessment
- Role of family
- Overview of groups txs
- Curriculum for 43 groups



## 6. Counseling Interventions to Reduce Relapse Risk

- Assess for psychiatric disorder
- Provide “integrated” care when possible
- Monitor psychiatric symptoms (especially persistent symptoms)

# **C#1: Identify and Manage Cravings or Desires for Substances**



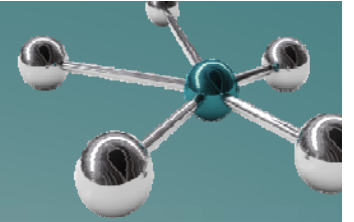
# Identify Triggers and Cues

- Identify internal triggers or cues
- Identify external triggers or cues
- Identify environmental cues to avoid (High Risk people, places, events, things)
- Identify environmental cues that cannot be avoided and teach coping skills
- Overt (know) or covert (other signs)?



*“Let’s just go in and see what happens.”*

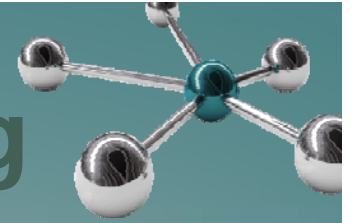
# Strategies to Manage Cravings



- Recognize & label the craving
- Talk about it (put into words)
- Share at mutual support meetings
- Redirect activity to distract
- Use daily inventory to review cravings
- Minimize triggers, alter environment
- Read recovery literature; consider medications
- “Crush” the craving (tank, truck)

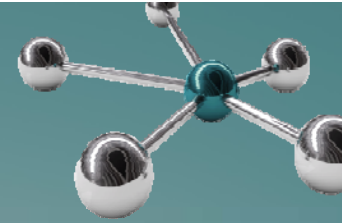
## **C#2: Challenge and Change Thinking**

# Cognitive Factors Interacting on Relapse Process (Marlatt)

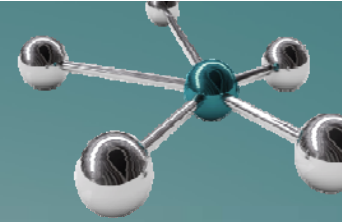


- **Self-efficacy:** judgment about ability to deal with high-risk situations
- **Outcome expectancies:** anticipated outcomes of a behavior (e.g., expect + feeling from Drugs & Alcohol (D&A), relapse risk higher)
- **Attribution of causality:** perception of whether D&A use caused by internal or external factors (“lose” control > use)

# Improve Cognitive Coping Skills



- Identify the role that thinking plays in relapse
- Teach client to challenge negative thinking & look for evidence of negative thinking
- Teach skills to overcome cognitive distortions
- Teach problem-solving skills
- Abstinence violation effect; apparently-irrelevant decisions

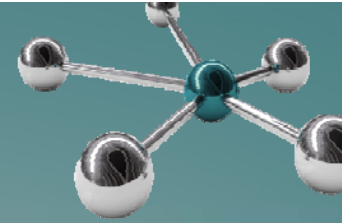


# Negative Thinking

## Mark Twain Said. . .

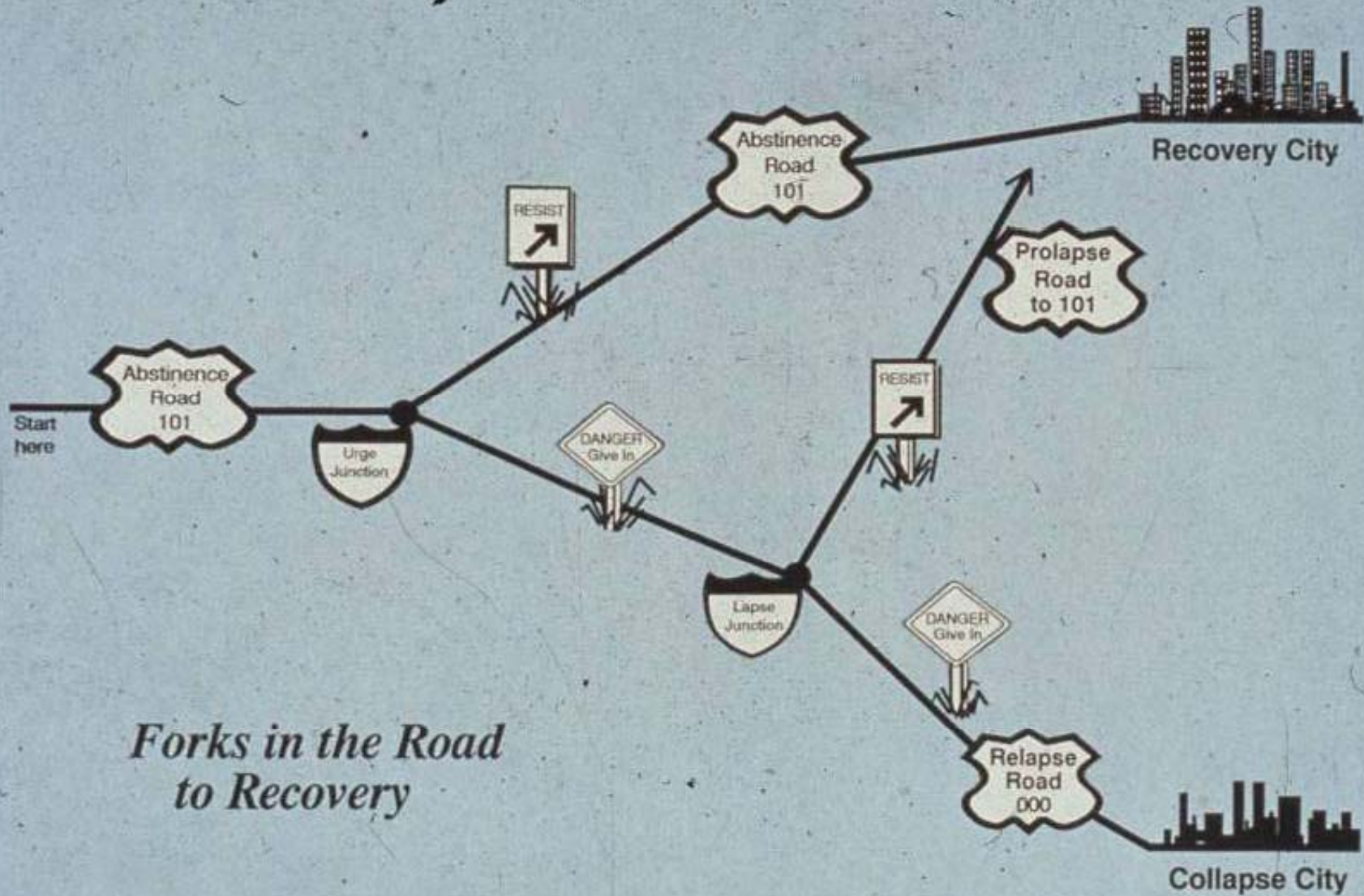
"I am an old man and have known many troubles, but most of them never happened."

# Challenging Relapse Thoughts Worksheet



- Identify negative thought:
- State what's wrong with it:
- Create new statement(s) to challenge negative thinking:

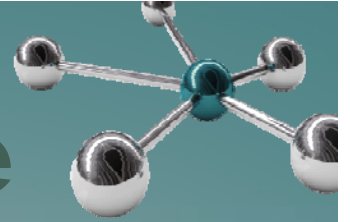
## **C#3: Identify and Manage Warning Signs of Relapse**



*Forks in the Road  
to Recovery*

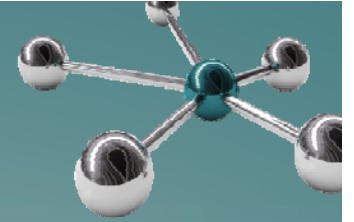
July 1991  
jgsm191-791.ppt.28

# Warning Signs of Relapse



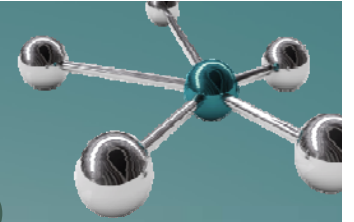
- Relapse as a process and event
- Subtle & obvious/common signs
- Plan to manage warning signs
- Use previous lapse or relapse experiences as learning experiences

# Learning from a Relapse



- What were your warning signs?
- Where and when did relapse occur?
- Who else was present?
- Time between warning signs and use?
- Effects of relapse on self & others?
- What did you learn from experience?
- Your plan to deal with future signs?

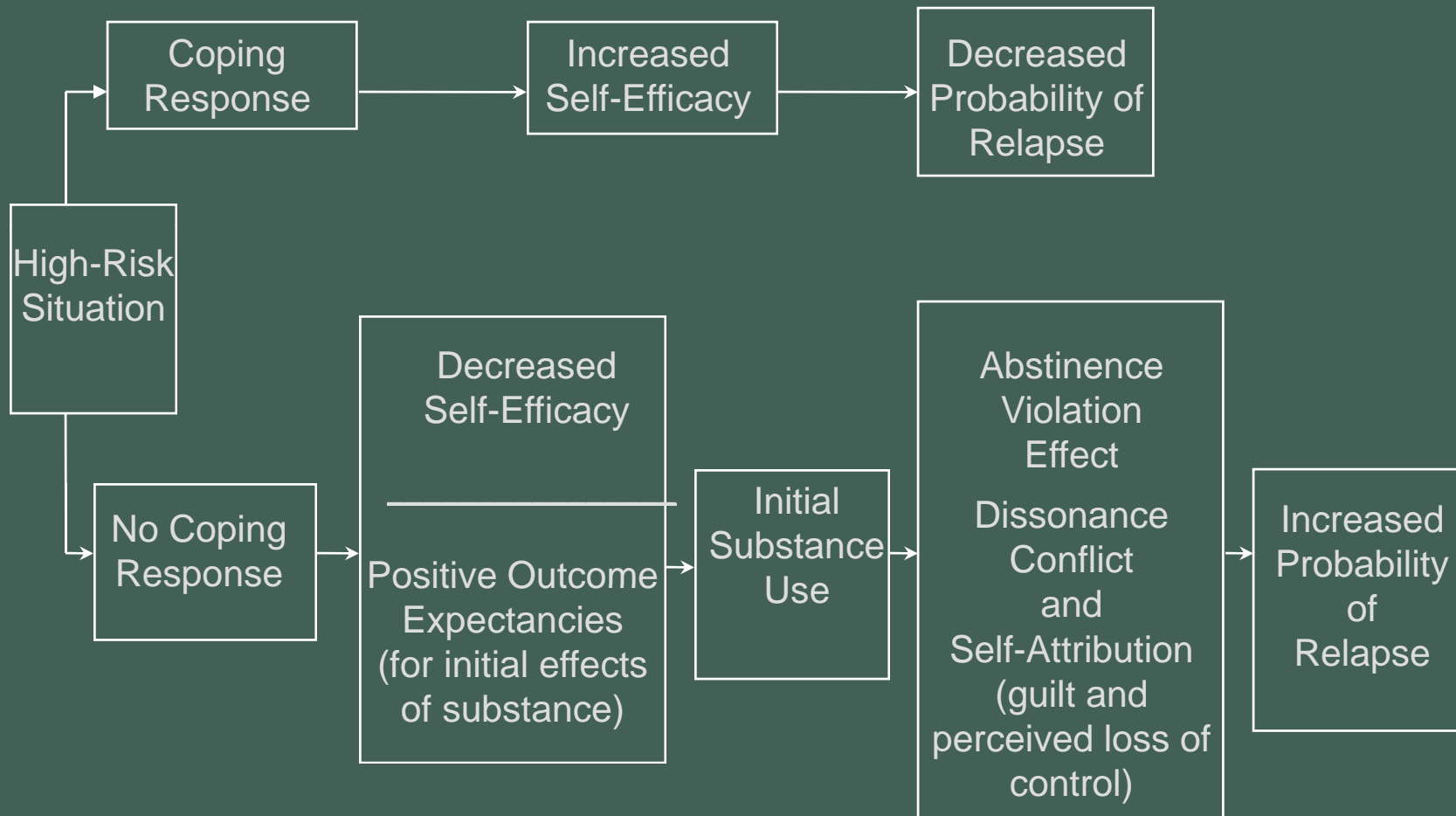
# Examples of Different Ways to Conduct Relapse Process Group



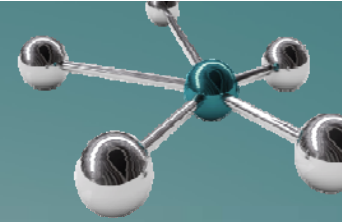
- Lecture and discussion
- Video (SSKS, LS#8)
- Road to relapse (+/- peer helper)
- Use relapse chain; RP workbook
- Pts interview relapser in groups
- Therapist interviews relapser for group
- Other

## **C#4: Identify and Manage High-Risk Factors or Situations**

# A Cognitive-Behavioral Model of the Relapse Process (Marlatt)



# Relapse Precipitants



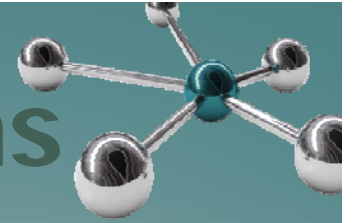
- Negative Emotions
- Social Pressures
- Interpersonal Conflict
- Urges, Cravings, Temptations
- Positive Emotions
- Other

-Marlatt & Gordon; Marlatt & Donovan

## **C#5: Identify and Manage Emotions**

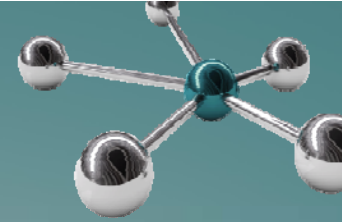
- Inability to manage negative emotions is number one factor in relapse
- Reduce negative, increase positive emotions
- Assess for anxiety or mood disorders

# Primary Negative Emotions Related to Relapse



- Anxiety
  - Social anxiety
  - General anxiety
- Boredom
- Depression
- Feeling of Emptiness

# Improve Emotional Coping Skills

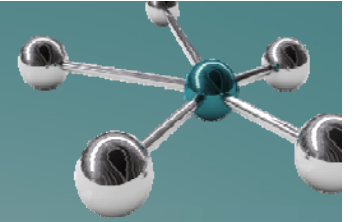


- Assess problems managing emotions or feelings
- Identify role of negative affect and inadequate coping skills on relapse
- Help client develop strategies to manage negative affect: anger, anxiety, boredom, depression, emptiness
- Help client increase positive emotions

## **C#6: Identify and Manage Social Pressures to Use**

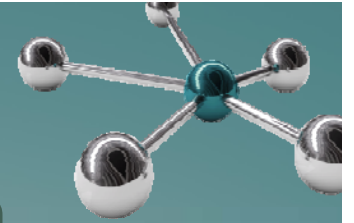
Social Pressures are the second most common relapse precipitant among those with substance use disorders.

# Resisting Social Pressures (SP)



- Identify social pressures to use
  - Direct & Indirect pressures
  - How SP affect thoughts, feelings, behaviors
- Identify who and how to avoid high risk people
  - High risk people may include dealers, others active in an addiction or who put pressure on the recovering person to drink or use drugs, or other people who contribute to significant distress that could impact a person's decision to use substances (e.g., distress can lead to anger, depression, etc, which the person may cope with by using drugs or alcohol).
- Identify and/or practice strategies to manage social pressures to use

# Examples of Different Ways to Conduct SP Session

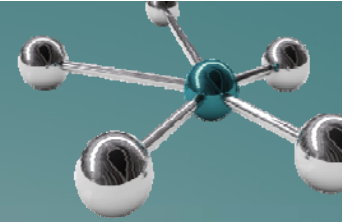


- Lecture and interactive discussion
- Using chalk board or dry erase board
- Discussion of video (SSKS, LS#1)
- Role plays with group watching
- With or without “alter egos”
- Dyads: each offers; each respond to SP
- Other: music in background (party, bar)

## **C#7: Develop a Support Network**

- Connections: family, friends, others
- How to ask for help and support

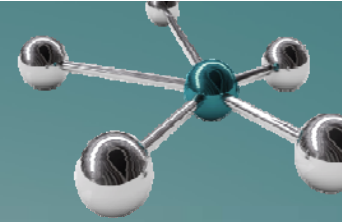
# Asking for Help



**Think of a time in which you needed help with a problem:**

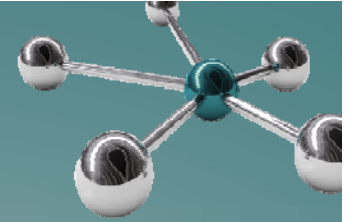
- How did you feel about asking for help?
- Did you ask for help? If no, why not? What were the reasons you had difficulty asking another person for help?

# Develop a Social Support Network



- Assess and enhance client's support system (friends, self-help groups, etc.)
- Help identify high-risk people
- Address barriers to developing a new support system
- Identify benefits of a support system
- Teach client how to ask for help

# Improve Interpersonal and Social Skills



- Address interpersonal conflicts
- Assess interpersonal strengths, deficits and social skills
- Help improve specific social skills (e.g., assertiveness, communication)
- Focus on relationship enhancement strategies

## **C#8: Facilitate Involvement in Mutual Support Programs**

- 12-Step Programs
- Other Mutual Support Programs

Interactive Recovery Workbook Series

# Using 12-Step Programs in Recovery



For Individuals with  
Alcohol or Drug  
Addiction

Dennis C. Daley, PhD  
Dennis M. Donovan, PhD

## Contents

- Understanding addiction
- Treatment and recovery
- Overview of 12-Step programs
- AA and NA meetings
- Sponsorship
- Working the 12-Steps
- Slogans, service and recovery resources
- Research on 12-Step programs



“Dreamt I joined a twelve-step program.”

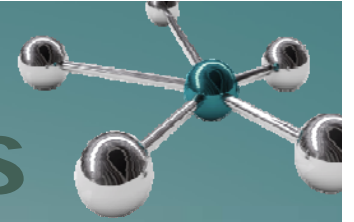


Jones would walk through a blizzard to score his dope.  
The question remains:  
what will he do to get to a meeting?



**“Guess what?!**  
I think Jones  
has finally  
surrendered!”

# Mutual Support Programs

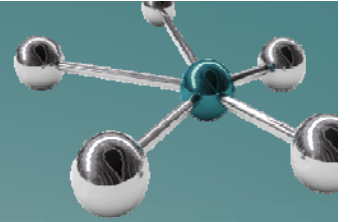


- Identify barriers to, and benefits of, self-help programs
- Provide information about structure, formal and “tools” of 12-steps programs
  - Meetings, sponsor, 12-steps and traditions, slogans, events, slogans, literature, service
- Identify how 12-steps aid recovery

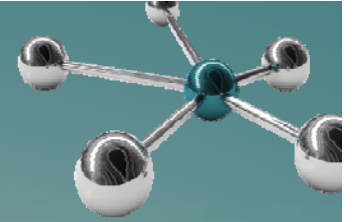
## **C#9: Assess and Address Lifestyle Issues**

- Healthy activities (exercise)
- Use of leisure time
- Structure and balance
- Accomplishments

# Focus on Lifestyle Issues



- Help client work towards more balanced lifestyle between wants and shoulds, and work and play
- Be aware of “other addictions”
- Teach relaxation or meditation

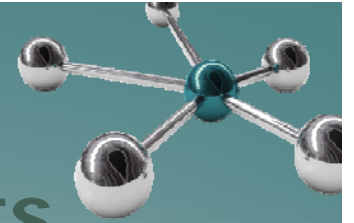


# Lifestyle Changes

- Participate in pleasurable activities
- Develop new leisure interests
- Use a daily or weekly plan in order to structure time
- Learn relaxation techniques
- Get physical exercise
- Learn sleep hygiene techniques

# Lifestyle Modification

## Pleasant And Unpleasant Events

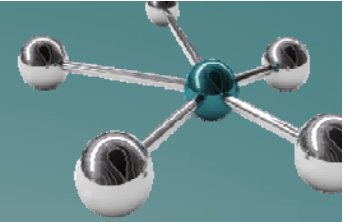


- Assess daily and weekly routines and activities
- Assess level of engagement in pleasant activities and sources of relaxation
- Assess level of unpleasant activities and look for sources of stress
- Examine balance between desirable and undesirable activities

## **C#10: Stopping a Lapse or a Relapse**

- Early intervention
- Apparently-irrelevant decisions
- Abstinence violation effect

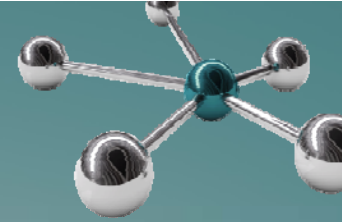
# Lapse vs. Relapse



- Coping with lapse is important
- Abstinence violation effect (AVE)
- Not all lapses end in relapse

-Marlatt

# Coping with a Lapse

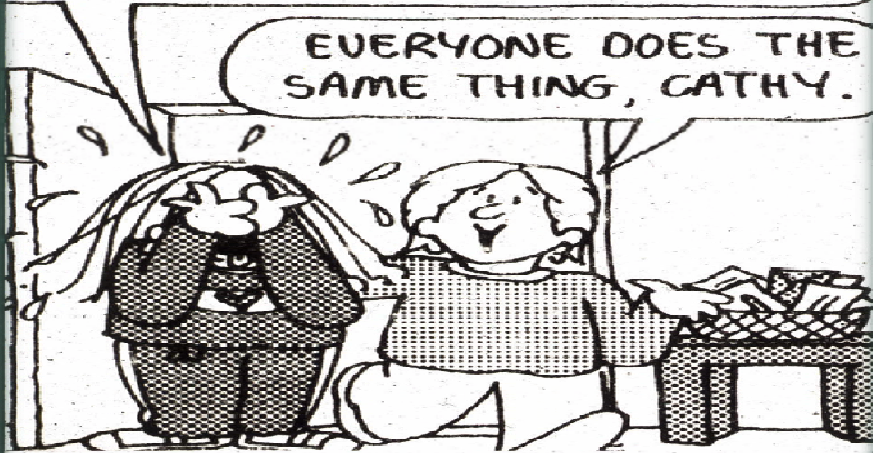


- Stop, look, and listen
- Stay calm
- Review your abstinence or recovery vows
- Analyze the lapse
- Take charge immediately
- Ask for help

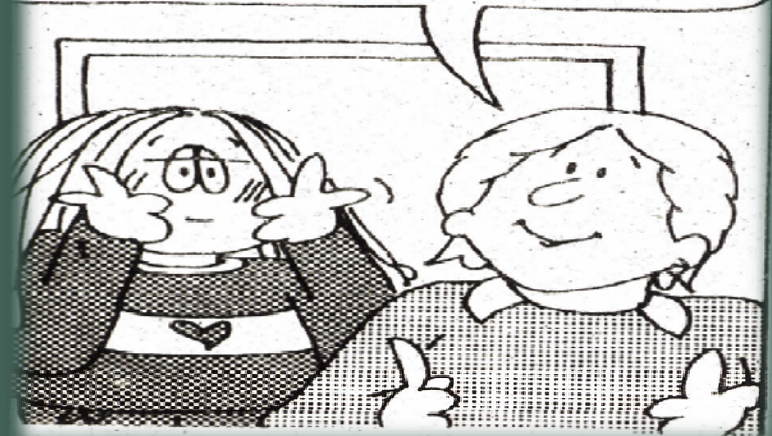
-Marlatt

I WAS DOING SO WELL ON MY DIET, AND I BLEW IT, ALEX! I'M SUCH A FAILURE! I'M SO HOPELESS!

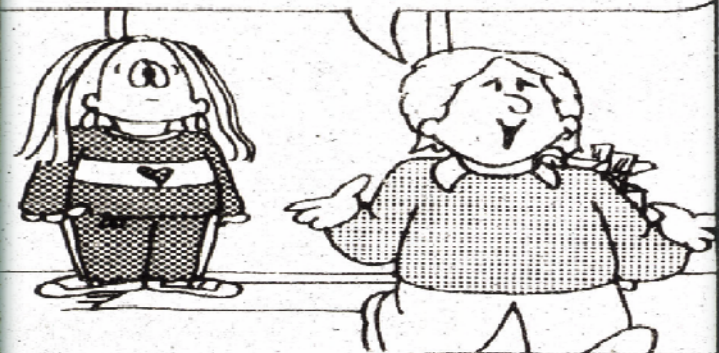
EVERYONE DOES THE SAME THING, CATHY.



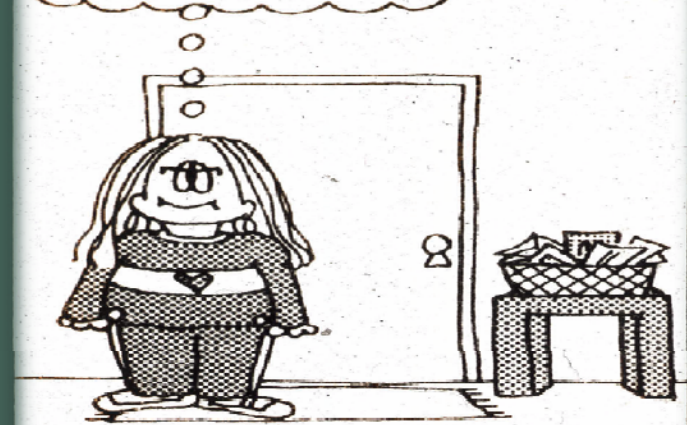
EVERY SINGLE PERSON ON EARTH IS IN SOME STAGE OF MAKING A BLUNDER OR RECOVERING FROM ONE.



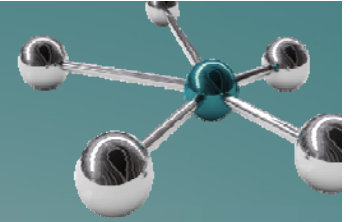
IT'S WHAT BONDS THE HUMAN RACE. WE TRY...WE FAIL...WE TRY AGAIN. EVERYONE DOES IT, AND EVERYONE HAS FELT EXACTLY AS STUPID ABOUT IT AS YOU DO RIGHT NOW.



THE FINAL BLOW: ROBBED OF MY INDIVIDUALITY.

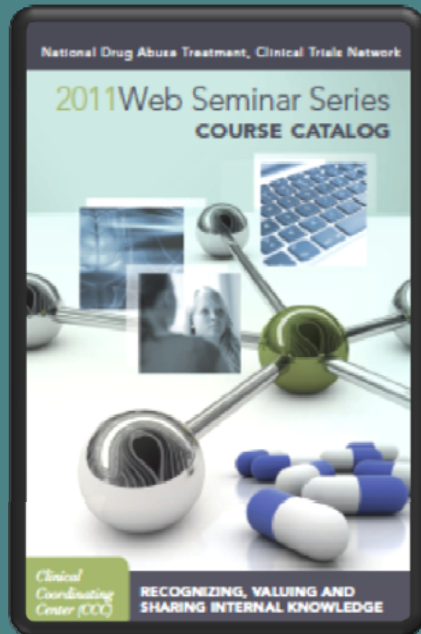


# Summary of Relapse Prevention Techniques



- Educate about the relapse process
- Identify high-risk situations
- Identify personal "warning signs" for relapse
- Develop / practice strategies to cope with substance-related temptations and other life problems
- Increase perceived self competence and efficacy
- Develop new life-style behaviors
- Anticipate and deal with relapse

# Mark Your Calendar



- **August 10**
  - Certificate of Confidentiality
- **September 14**
  - Integrated Treatment of Co-Occurring Disorders
- **October 12**
  - Informed Consent
- **December 7**
  - A New Look at Manual of Procedure (MOP) Development

# *Clinical Trials Network · Dissemination Library*

## National Drug Abuse Treatment

A copy of this presentation will be available  
electronically after the meeting from:

CTN Dissemination Library

<http://ctndisseminationlibrary.org>

and

NIDA Livelink

<https://livelink.nida.nih.gov>