RELAPSE PREVENTION

Summary

The relapse prevention model was first introduced by Marlatt and Gordon (1985) to address substance abuse addiction. Since 1985, relapse prevention is used for several types of addictions and impulsive behaviors.

Goals of Relapse Prevention Programs

Be effective in maintaining behavior change for clinically significant periods of time.

- Enhance and maintain an individual's compliance and adherence to program requirements.
- Contain a mix of cognitive and behavioral procedures as well as global lifestyle modification plans.
- Facilitate the development of motivation and decision-making skills.
- Attempt to replace maladaptive habit patterns with alternative behaviors and new skills.
- Enable the individual to cope effectively with new problem situations as they arise and have built-in generalization components.
- Teach the client new and adaptive ways of dealing with failure experiences.
- Make use of client and other external support systems to enhance generalization effects.

Type of Participant

A meta-analysis (Dowden, 2003) researched the effectiveness of relapse prevention with different types of participants and found relapse prevention to be more effective with certain types of populations and program settings. Young offender populations showed greater treatment gains than adults. Females showed slightly more treatment gains than males. General offenders showed a little more treatment gains than sexual or substance abuse offenders. Both Caucasian and minority offenders showed to be equally effective in relapse prevention. Both community and institutional settings were shown to be equally effective.

Components of Relapse Prevention

In Dowden's (2003) work, nine core components were researched for their effectiveness. The components were defined by Laws (1999) who identified them across a variety of relapse prevention programs. Although it was found that some components were more effective than others, Dowden (2003) showed that the more components a program had, the more effective the program. In addition, programs who defined relapse prevention as a core program component were more effective than programs that viewed relapse prevention as their aftercare or booster session.

Dowden's Nine Core Components:

1. External Support Systems: The most effective component of relapse prevention involves training significant others in the program model so the offender is properly reinforced for displaying the prosocial behaviors learned in the program.
2. Relapse Rehearsal: The program involves the participants in identifying potential relapse situations and focuses on the development of skills to address these occurrences through corrective feedback during extensive practice in low risk situations.
3. Advanced Relapse Rehearsal: The program involves the offender in dealing with hypothetical relapse situations but gradually increases the difficulty of the scenario and practice setting.
4. Offense Chain or Cognitive-behavioral Chain: The program teaches the offender to recognize his or her offense cycle or the precursory cues that warn an offender that she or he may be in danger of relapsing either by abusing substances or committing a criminal act.
5. Identify High-risk Situations: The program teaches the offender to identify situations that are conducive to criminal activity and alternative prosocial response. Almost three-fourths of all relapses of addictive behaviors are associated with three factors (Marlatt, 1994): a) 35% negative emotional states such as:

frustration, anxiety, depression, anger, and loneliness, b) 20% social pressure such as being coaxed to go to a party, c) 16% interpersonal conflicts such as arguments with a parent.

6. Self-efficacy: The program aims to instill feelings of self-confidence in the offender that his or her efforts will be successful in avoiding future criminal activity as a result of participating in the program.
7. Coping Skills: Teaching offenders coping skills is effective, but less so than previously listed components. Common cognitive-behavioral coping skills include (Spiegler, 2003):
    a. Assertive behaviors to help clients deal with social pressures to engage in addictive behaviors.
    b. Relaxation and stress management to reduce tension and discomfort associated with negative emotional states.
    c. Social and communication skills to manage interpersonal conflicts.
    d. Problem solving skills to deal effectively with problems in their daily lives.
    e. Cognitive restructuring to change maladaptive addictive- related cognitions.

    (For more information on coping skills, see "Coping Skills" summary.)
8. Dealing with Failure Situations: One of the least effective components of relapse prevention is teaching the offender to deal with failure or relapse.
9. Booster Sessions/Aftercare: One of the least effective components of relapse prevention.

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