
THERAPIST'S GUIDE TO
EVIDENCE-BASED
RELAPSE PREVENTION

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PREFACE

Relapse, the process of returning to symptomatic behavior after a period of symptom remission, is the most widely noted outcome following treatment for psychological and substance abuse disorders. It has been demonstrated that at least a minor transgression, and at worst a complete reversal of behavioral gains, is the most common outcome following attempts at behavior change. Given this common outcome it is critical that effective treatments incorporate strategies for preventing lapses following symptom remission. One of the major goals of relapse prevention therapy is to help clients identify their personal high-risk situations and provide coping skills training to increase the use of effective coping strategies in those situations. The widespread application of relapse prevention techniques to several different behavioral targets (e.g., dieting, smoking, sex offending, psychotic symptoms, worrying, depression) demonstrates the importance of a comprehensive book for clinicians who work with a broad range of client populations.

It has been over 20 years since the publication of the original text on relapse prevention (RP): *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors* (Marlatt & Gordon, 1985). As can be seen in the title of the book, “relapse prevention” was initially designed as an adjunct treatment to help prevent addictive behavior relapse. RP was based on the cognitive-behavioral model of alcohol relapse and can be characterized as a tertiary prevention and intervention strategy designed specifically to prevent initial lapses and provide lapse management skills to enact if a lapse occurs. As described in great detail in Chapters 1 and 2, relapse prevention and the cognitive-behavioral model of relapse centers on high-risk situations and an individual’s response in those situations. Chapter 2 also presents the revised cognitive behavioral model of relapse that we initially proposed in 2004 (Witkiewitz & Marlatt, 2004). The dynamic model of relapse is based on the underlying processes of the cognitive-behavioral model of relapse and adds to the model an emphasis on the timing and interrelatedness of events. In this chapter we provide a basic overview of the new model as well as a discussion of the aspects of the model that are directly relevant to clinical practice. Chapter 2 concludes with a case illustration of how the dynamic model of relapse may be incorporated into case conceptualization and treatment.

Since the original publication of *Relapse Prevention*, reviews have questioned whether the original RP techniques are effective for other addictive disorders (Carroll, 1996; Irvin, Bowers, Dunn & Wang, 1999). As described in the empirical review of the literature presented throughout this book, it is clear that RP techniques are highly effective for addictive and many nonaddictive disorders. Reading through the initial drafts of the chapters presented in this book we

observed the discrepancy between the previous reviews and the current literature may be partially due to an inconsistency in terminology across the diverse areas that employ RP techniques. Thus, we hope this text will clarify definitions of RP techniques and bring together practitioners who are working in these diverse areas.

This text introduces many new techniques and ideas for the prevention of relapse. One of the overarching themes throughout many chapters of the book is the high rates of co-morbidity and the need to incorporate techniques that are applicable to symptoms of more than one disorder. A main emphasis of many chapters (see Daley et al., Brown & Chapman; Lau & Segal; Schlam & Wilson; and Whiteside et al.) is the application of mindfulness training as a key component for relapse prevention. Throughout these chapters we are introduced to mindfulness as an intervention and way of being that may prevent lapses or minimize the severity of a lapse.

The first section of the book, Chapters 1 and 2, include a description of the cognitive-behavioral model of relapse, a general introduction to relapse prevention techniques, and an overview of the empirical support for relapse prevention interventions. Chapter 2 also provides a detailed description of the dynamic model of relapse and clinical application of the revised model.

Section II focuses on specific problem areas and specific applications of relapse prevention techniques within other cognitive-behavioral interventions. In Chapter 3 Douaihy, Daley, Stowell, and Park provide a general overview of RP strategies for substance use disorders, encapsulating a description of the recent empirical evidence supporting RP for alcohol, nicotine, cocaine, and heroin/opioids. One of the many goals of this book was to introduce RP applied to nonaddictive disorders, a topic that has received scant coverage across disciplines. If you are interested in a more thorough discussion of RP for specific substance use disorders we highly recommend the 2nd edition of the *Relapse Prevention* text edited by G. Alan Marlatt and Dennis Donovan and published by Guilford Press.

Chapters 4 and 5 could be characterized as a subsection on mindfulness based approaches to psychological disorders. In Chapter 4, Lau and Segal describe their mindfulness-based cognitive therapy (MBCT) program. MBCT has proven to be very useful and effective as a relapse prevention approach for depression. In Chapter 5, Whiteside and colleagues provide an overview of the research and treatment of generalized anxiety disorder, with a particular emphasis on chronic, pathological worry. Both chapters argue that mindfulness strategies are key components in the identification of high-risk situations and managing negative affective states.

In Chapter 6, Ziedonis, Yanos, and Silverstein provide a thorough description of relapse prevention and other cognitive-behavioral treatments (e.g., dual recovery therapy and social skills training) for schizophrenia. They point out that adopting a RP model is especially useful considering the high co-morbidity of substance use with schizophrenia. Likewise, in Chapter 7, Najavits highlights the

often high co-morbidity between substance use and PTSD. Najavits provides a thorough description of her highly effective Seeking Safety program, which was designed to continually attend to both PTSD and substance use disorders. She also provides a description of the similarities and differences between Seeking Safety and RP.

Chapters 8 and 9 provide descriptions of RP for two disorders that are less commonly described within a RP framework. In Chapter 8, Schlam and Wilson describe RP as an essential element of CBT for eating disorders, including descriptions of RP techniques for anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified. In Chapter 9, M. Brown and Chapman introduce the RP model as part of a Dialectical Behavior Therapy (DBT) intervention for self-harm behavior. Both Chapters 8 and 9 describe the importance of mindfulness strategies in the management of eating disorder and self-harm behaviors.

The application of RP to the treatment of sexual offending has received a great deal of attention and resistance throughout the years. In Chapter 10, Yates and Ward describe the extant literature on RP for sexual offending, as well as the controversies associated with the application of RP for a diverse group of sex offenders. Yates and Ward then focus the chapter on their self-regulation model of offense and the relapse process. The parallels between the descriptions of the self-regulation model in Chapter 10 and the dynamic model of relapse in Chapter 2 highlights the tendency for the field to be moving in the direction of recognizing individual heterogeneity in the relapse process.

Section III focuses on specific populations and the adaptation of RP techniques for diverse populations with substance use disorders. Chapter 11, by Catalano, Haggerty, Fleming, and Skinner, describes the Focus on Families intervention, which integrates RP training with the prevention of child and drug abuse within a group of parents in methadone treatment. The primary goal of Focus on Families is to reduce parents' illicit drug use by teaching them relapse prevention and coping skills, while also teaching parents how to manage their families better, with the goal of preventing drug abuse among their children.

In Chapter 12, Castro, Nichols, and Kater review the sociocultural and political reasons for studying health-related disparities and describe the fundamental approaches for designing and conducting culturally relevant relapse prevention interventions with Hispanic and other racial/ethnic clients in treatment for the abuse of illegal drugs. Likewise, in Chapter 13, Ramo, Myers, and S. Brown describe RP for adolescents with substance use disorders. On the other end of the life span, in Chapter 14, Blow, Brockmann, and Barry describe RP for older adults.

The book concludes with two chapters that introduce methodologies for establishing the effectiveness of RP interventions. In Chapter 15, Dowden and Andrews provide a meta-analysis of relapse prevention with offender populations, concluding that RP effectively prevents offender recidivism under specific conditions. In Chapter 16, Sánchez, Wang, Castillo-Chávez, Gorman, and Gruenewald, present

a mathematical model of alcohol relapse, which draws a parallel between drinking relapse and “outbreaks” of an epidemic, drawing a distinction between people who are recovered from alcohol dependence, currently drinking and susceptible to relapse.

We are very excited about this collection of chapters and we are especially thrilled to see the wide range of RP applications and unique RP strategies for specific disorders and populations. The idea behind this book was sparked by Mara Conner at Elsevier, for whom we are eternally grateful. We also thank our publisher Nikki Levy, our developmental editor Barbara Makinster, and our project manager Christie Jozwiak at Elsevier, who were incredibly patient throughout the process of pulling together the chapters and making final edits on the book.