Cognitive-behavioral Relapse Prevention Model (CBRP)

By Dr. Harris Har

(Day 3 Morning Session)

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A. Basic Concepts

1. Relapse is the result of the INTERACTION between addicts and the particular environmental in which they find themselves, NOT solely induced by the addict's INTERNAL (uncontrollable and unanticipated) factors
2. Relapse is a transitional PROCESS, a series of events/steps that unfold over time
3. The relapse process begins prior to the first post-treatment drug use and continues after the initial use

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A. Basic Concepts (Cont.1)

4. CBRP classifies in detail the factors/situations that can precipitate or contribute to relapse episodes:

a. Immediate determinants

High-risk situations (HRS), a person's coping skills, outcome expectancies, self-efficacy, abstinence violation effect

b. Covert antecedents

lifestyle imbalances, urges/craving, apparently irrelevant decisions

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A. Basic Concepts (Cont.2)

5. High-risk situation is the central factor/step for the intervention of CRBP

a. Help addicts prevent themselves from entering HRS (covert antecedents)

b. Help the addicts cope with the challenges initiated by HRS in order to prevent themselves from falling into a full-blown relapse

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A. Basic Concepts (Cont.3)

6. If addicts can handle the factors/steps before relapse, their relapse rate will reduce
7. A lapse does not mean the addicts' failure to quit drugs, but it is an opportunity for them to acquire new skills to handle particular factors contributing to drug use which maybe unknown to them (and their counselor) before

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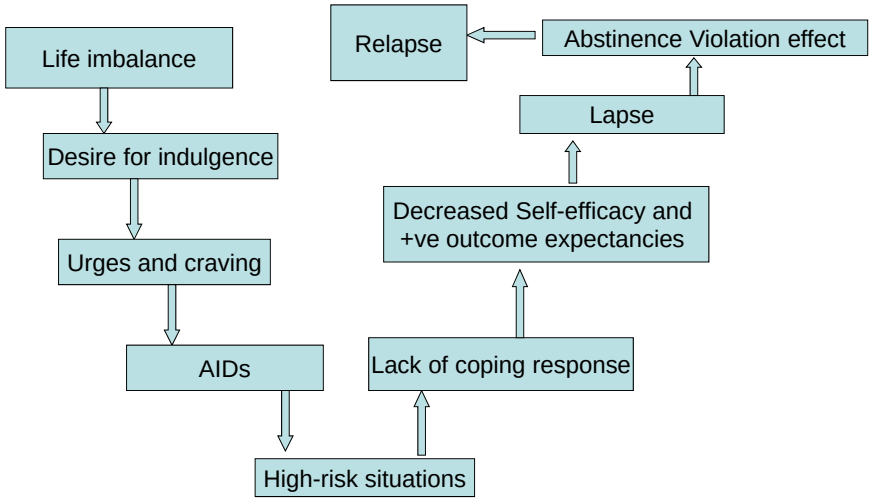
B. The Flowchart of Covert Antecedents and Immediate Determinant



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C. Taxonomy: Immediate Determinants of Relapse

HRS: Statistics of PS33 (from 2009 to 2010)

- No. 1. Negative emotional states (51.7%)
- No. 2. Peer influence/stress (41.8%)
- No. 3. Getting along well with friends (24.4%)
- No. 4. Craving and urges (19.9%)
- No. 5. Interpersonal conflict (10.9%)
- No. 6. Negative physical-psychological states (8%)
- No. 7. Testing personal control over drugs (6.5%)
- No. 8. Positive-emotional states (6%)

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C. Taxonomy: Immediate Determinants of Relapse

Coping and Self-efficacy

1. Though the HRS is the immediate relapse trigger, it is actually the person's response to the situation that determines whether s/he will experience a lapse
2. People who have coped successfully with HRS are assumed to experience a heightened sense of self-efficacy, vice versa

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C. Taxonomy: Immediate Determinants of Relapse

Outcome expectancies

In HRS, drug users tend to

1. focus primarily on the anticipation of **immediate gratification** from drugs, such as stress reduction
2. neglect possible delayed negative consequences

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C. Taxonomy: Immediate Determinants of Relapse

The Abstinence Violation Effect

1. AVE, as a type of emotional reaction (feeling of guilt and failure) to lapse, may influence whether a lapse leads to relapse
2. Attribution of lapse to stable, global, internal factors beyond addict's control → full blown relapse
3. Attribution of lapse to addict's inability to cope effectively with a specific HRS → realization of the need to 'learn from one's mistake' and development of more effective ways to cope with HRS

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C. Taxonomy: Covert Antecedents of HRS

Lifestyle factors

1. Life balance: shoulds and wants
2. Shoulds > wants → stress → desire for indulge→ rationalization (I deserve drugs)
3. In the absence of non-drug pleasurable activities, drugs become the sole means of obtaining pleasure or escape pain

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C. Taxonomy: Covert Antecedents of HRS

Urges and Cravings

1. Urges: sudden impulse to engage in drug consumption
2. Cravings: subjective desire to experience the effects or consequences of drug consumption; Ongoing cravings → increase desire of immediate gratification→ lapse
3. Although they are primarily physiological states, they are precipitated by psychological or environmental stimuli:

a. Conditioning elicited by stimuli associated with past gratification
b. Cognitive process associated with anticipated gratification

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D. Intervention Strategies

A. Specific Intervention Strategies:
   Focus on the immediate determinants of relapse

B. Global Self-management Strategies:
   Focus on the covert antecedents of HRS

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D. Intervention Strategies: Specific Intervention Strategies

I. Identifying and Coping with HRS

1. Explore past lapses, relapse episodes/dreams/fantasies to identify situations in which client has or might have difficulty coping

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D. Intervention Strategies: Specific Intervention Strategies
Identifying and Coping with HRS (cont.)

Some helpful questions:

1. Where/when/with whom/ did you take drugs before you kick drugs?
2. What did happen before/after taking drugs?
3. What did you find difficult to kick drugs?

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D. Intervention Strategies: Specific Intervention Strategies
Identifying and Coping with HRS (cont.)

2. Recognize Warning signals

a. AIDS, stress, lack of lifestyle balance, strong positive expectancies about drug taking
b. Evasive actions taken

3. Evaluation of client's existing motivation and ability to cope with specific HRS and then help the client develop more effective coping skills→ role play

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Exercise: Find out our own HRS and experience the process of handling HRS as a client

1. Group in a counselor—client pair
2. The client finds one undesired habit s/he has and wants to stop
3. The counselor helps the client (10-15 mins)

a. identifies the HRS (the mechanism which leads the client into the undesired habit)
b. Recognize warning signals
c. Evaluating client's existing motivation and ability to cope with specific HRS

4. Counselor and client exchange roles and repeat step 3 (10-15 mins)
5. Discuss the whole process (10 mins)

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D. Intervention Strategies: Specific Intervention Strategies

II. Enhancing Self-efficacy

1. To increase a client's sense of mastery and of being able to handle difficult situations without lapsing
2. Emphasis on counselor-client collaboration>top-down
3. Changing a habit is a process of skills acquisition rather than a test of one's willpower
4. Smaller and more manageable goals
5. Feedback concerning clients' performance on other new tasks, even unrelated to drug use

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D. Intervention Strategies: Specific Intervention Strategies

III. Eliminating Myths and Placebo Effects

1. Positive expectancies regarding drugs' effects are often based on

a. myths and placebo effects → cognitive restructuring and education about research findings

b. Actual drug effects, often only the immediate effects are positive, whereas the delayed effects are negative → (Decision matrix)

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Decision Matrix

	Immediate Consequences		Delayed Consequences	
	Positive	Negative	Positive	Negative
Remain abstinent				
Resume drug use				

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Exercise: Decision Matrix

1. Use the Decision Matrix to help the client to analyze his/her undesired habit (10 mins)
2. Exchange the counselor—client role and repeat step 1
3. Discuss the experience

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D. Intervention Strategies: Specific Intervention Strategies

IV Lapse Management

1. Despite precautions and preparation, many clients committed to abstinence will experience a lapse after initiating abstinence
2. Lapse Management includes

a. Halting lapses: written instructions

b. Combating AVE to prevent relapse

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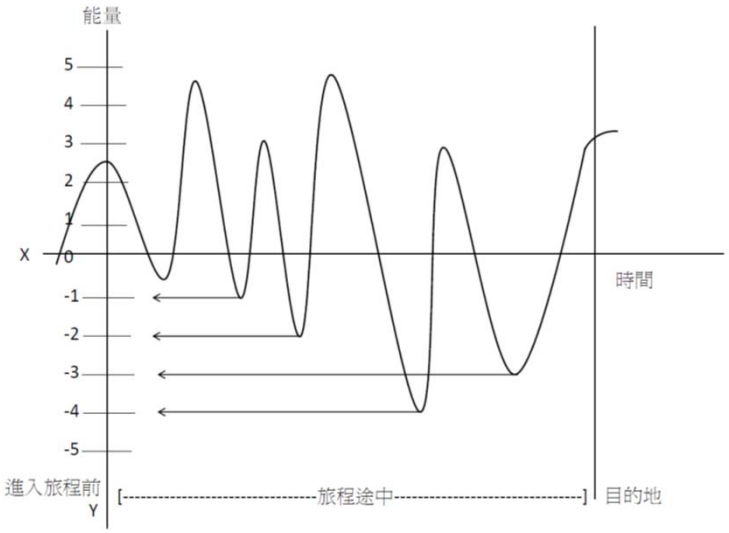
D. Intervention Strategies: Specific Intervention Strategies
IV Lapse Management (Cont.)
The Journey of Kicking Drugs



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D. Intervention Strategies: Specific Intervention Strategies IV Lapse Management
The Journey of Kicking Drugs (Cont.)

3 common traps in the Journey:

1. Lapse (Trough)=failure
2. Detoxification (Crest)=success
3. Revealing lapse(s) to counselors would make them unhappy

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E. Intervention Strategies: Global Self-management Strategies

V. Balanced Lifestyle

1. Clients self-monitor their daily activities, identifying each activity as a 'want', 'should' or combination of both
2. Pursue again those previously satisfying, drug-free recreational activities
3. Specific cognitive-behavioral skills: relaxation training, stress-management, time management and so on

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E. Intervention Strategies: Global Self-management Strategies
V. Balanced Lifestyle (Cont.)

3. Develop positive addictions: mediation, exercises or yoga→ long term positive effects on mood, health and coping
4. Development of positive addiction→ experience of successfully acquiring new skills by performing the activity→ self-efficacy increases

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E. Intervention Strategies: Global Self-management Strategies (Cont.)

VI. Stimulus-control Techniques

1. Encourage clients to move all items directly associated with drug use from their home, office and car
2. Remove subtle Items— items that may serve as conditioned cues for drug use, such as a particular chair, a song, a route back home, a habit and so on

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E. Intervention Strategies: Global Self-management Strategies (Cont.)

VII. Urge-Management Techniques

1. Urge should not be viewed as an indication of clients' desire to use drug; instead, clients should label it as an emotional or physiological response to an external stimulus in their environment that was previously associated with drug use
2. Urge-surfing: visualization of urge/craving as a wave which clients can ride on a surf board

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D. Intervention Strategies: Global Self-management Strategies (Cont.)

VIII. Relapse Road Maps

1. Cognitive-behavioral analysis of HRS, emphasizing the different choices available to clients for avoiding or coping with these situations as well as their consequences
2. Mapping out of the likely outcomes associated with different choices along the way can be helpful in identifying AIDs (rationalization, denial…)

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Assignment for Practicum

1. Complete the given practicum sheet for early relapse prevention (cognitive model)/ CBRP
2. Share your experience on each items in a large group
3. Each item may take around 20 mins for discussion

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