Relapse and Recycling: What is the Point?

25th Anniversary Presentation
Presented by: Carlo C. DiClemente, Ph.D.
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• I have no conflicts of interest in this area

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Overview

• Reality of Relapse
• Models of Relapse
• Measuring Relapse
• Understanding Recovery
• Role of Recycling
• Relapse, Recycling, and Recovery
• Replacing the Term “Relapse”
• Is Relapse and Recycling Necessary for Recovery
Hunt, Barnett, & Branch, 1971
Mean Percent Days Abstinent as a Function of Time (Outpatient)

Only 24% completely abstinent for 12 months

PMRG, 1997
Mean Drinks per Drinking Day as a Function of Time (Outpatient)

PMRG, 1997
Proportion Avoiding a Heavy Drinking (5 Drinks) Day as a Function of Time Outpatient

Days
- CBT
- MET
- TSF

PMRG, 1997a; 1997b
Drinking and Problem Status by Treatment Condition (Outpatient)

Baseline 3-month periods of follow-up

- Abstinent
- Light Drinking
- Heavy Drinking w/minimum consequence
- Heavy Drinking w/severe consequence

Cisler & Zweben, 1999
Drinking and Problem Status by Treatment Condition (Aftercare)

Baseline 3-month periods of follow-up

Cisler & Zweben 1999
Relapse rates

• The Combine Study (Anton et al., 2006)
  o EOT PDA - 56% CBI to 80% naltrexone
  o One-year FU PDA – 64-67%
  o FU one or more heavy drinking (>5) days  80%
  o FU Good Clinical Outcome 38-50%

• Relapse Replication Study RREP (Connors et al, 1996)
  o PDA 41% baseline to 75-80% EOT (16 weeks)
  o Abstinent – 6 months – 23%  12 MONTHS – 28%
Drinking Outcomes Past Year (Dawson et al. 2005)

N = 4,422

- HR Dep: 25%
- HR Partial: 28%
- HR Asymp: 12%
- LR Drink: 18%
- Abstain: 18%
Relapse is Not an Alcohol or Substance Use Problem

• Relapse is probable with any health behavior change
• Often at same rates as addictive behaviors
• A problem of instigating and sustaining behavior change
• A problem of adequately completing the critical tasks of the stages of change
Comparation of Relapse Rates between Drug Addiction and Other Chronic Illnesses

Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

What do we Know

• Reality is it is difficult to sustain substantial change over time for AUD and other health behaviors
• Outcomes of change attempts are varied and difficult to categorize
• Outcomes vary by timeframe and are not stable
• Sustained Abstinence most stable

Dawson et al., 2007
Models of Relapse

How do we understand the difficult to sustain change?
Models of Relapse: Medical Model

- Recurrence due to some pathogen or brain neuroadaptation that makes change difficult if not impossible without some pharmacological intervention

- AA → Chronic relapsing disease
Models of Relapse: Cognitive Behavioral Model

• Focus originally on Maintenance - how to continue change and what interfered
• Focused shifted to relapse and how to prevent failure
• Remediating cognitive distortions & coping skills
• Marlatt & Gordon (1985)– Cues, coping, cognitions, & lifestyle balance

“I already messed up... I might as well keep drinking.”
How Does Relapse Happen?  
The Cognitive Behavioral Model

High-Risk Situation

Ineffective Coping Response

Decreased Self-Efficacy
+ Positive Outcome Expectancies (for initial effects of the substance)

LAPSE (Initial Use of Substance)

“Abstinence Violation Effect”

Increased Probability of Relapse

Effective Coping Response

Increased Self-Efficacy

Decreased Probability of Relapse

Slides: Bowen et al. 2011

Marlatt & Gordon, 1985

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Relapse Replication Study Conclusions

• “Exposure to high risk situations does not in itself trigger relapse. In fact, relapse, trigger and precipitant may be misleading constructs.”

• “Exposure to adversity was virtually universal in our sample... It was client’s coping skills for dealing with the environment and not mere exposure to risk and stress that determined whether relapse would occur.”

• “All must face adversity. The key is how one responds and copes when it comes”.

Connor et al, 1996
Relapse Precipitants

• Cravings, Urges, Temptations
• Social Cues & Situations
• Pleasure & Positive Reinforcement
• Testing Control
• Significant Others
• Stress, Negative Affect
• LIFE
Models of Relapse: Learning Model

• Successive Approximation Learning
• Social Learning Perspective
• Transtheoretical Model →
  o Adequately completing Stages of Change Tasks

Try  Fail  Try Again  SUCCEED

Bandura 1977; DiClemente, 2008
What is a relapse?

Defining when someone has Relapsed has been an elusive undertaking
Defining Relapse for AUD

• “Relapse” is NOT...
  
  o A categorical outcome: Success vs. Failure
  
  o Definable by number of drinks (Maisto et al., 2016)
  
  o The opposite of recovery
  
  o Maybe necessary for but not really a part of Recovery
Defining AUD Relapse (Maisto et al., 2016)

• Numbers of drinks or consequences did not predict relapse well

• Need a better way than counting drinks or consequences

• Drinking during treatment predicted drinking after treatment:
  o This is not relapse
  o It is a failure to instigate or make a change
Who Decides?

• Biochemistry (positive urinalysis; biochemical marker)
• Consequences
• Arbitrary number of drinks or drinking QF
  o Percent Days Abstinent
  o Drinks per Drinking Day
  o Percent Heavy Drinking Days
• Provider
• Drinker – When Individuals give up on efforts to make the change
Defining Relapse for AUD

“Relapse” is...

• A multidimensional process (RREP studies, Addiction Supplement, 1996)

• Influenced by:
  o Individual, contextual, and social factors and Interactions among these factors

• A Learning Process for Achieving Successfully Sustained Change and Recovery

• Defined best by the client as abandonment of the current attempt to change

DiClemente & Crisafulli, 2016
Error free learning – Errors are Valuable

• Experimental investigations indicate that errorful learning followed by corrective feedback is beneficial to learning (Metcalfe, 2017)

“If at first you don’t succeed, try, try, try again.” ~ William Edward Hickson

Not just harder but smarter!
Failure (Firestein, 2016)

• The Lifeblood of Scientific Inquiry
• There are “Good” Failures
• If the Goal is Success
• A continuum of failure
• Types of failure
  o Mistakes
  o Life Lessons
  o Unexpected Learning
  o Opportunities for Future Discovery
The Road to Recovery

How Process of Change Tasks and Mechanisms Understand and Predict Substance Use Disorder Outcomes
THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY

ADDICTION

PC C PA A M

DEPENDENCE

DiClemente 2018

PROCESSES, CONTEXT AND MARKERS OF CHANGE

PC C PA A M

SUSTAINED CHANGE

RECOVERY
Stage of Change Labels and Tasks

**STAGE**
- Precontemplation
  - Not interested
- Contemplation
  - Considering
- Preparation
  - Preparing
- Action
  - Initial change
- Maintenance
  - Sustained change

**TASK**
- Interested, concerned and willing to consider
- Risk-reward analysis and decision making
- Commitment and creating a plan that is effective/acceptable
- Implementing plan and revising as needed
- Consolidating change into lifestyle

Theoretical and Practical Considerations Related to Movement Through the Stages of Change

Motivation
Precontemplation → Contemplation → Preparation → Action → Maintenance

Personal Concerns
Environmental Pressure
Decisional Balance
Cognitive Experiential Processes
Behavioral Processes
Recycling
Relapse

Decision Making

Self-efficacy

What would help or hinder completion of the tasks of each of the stages and deplete the self-control strength needed to engage in the processes of change needed to complete the tasks?
Regression, Relapse & Recycling through the Stages

- **Regression** represents movement backward through the stages
- **Slips and Lapses** are brief returns to the prior behavior that represent problems in the action plan
- **Relapse** is a reoccurrence or significant re-engagement in the problematic behavior after a period of change and abandoning the change effort
- After a relapse, individuals **Recycle** back into pre-action stages (precontemplation, contemplation, or preparation).

DiClemente, 2018; DiClemente et al., 2019
Relapse and Recycling

• Movement through the stages is not inexorably linear: consists of stasis, progression and regression, relapse and recycling
• Relapse is not a stage of change
• Recycling through the process is a reality for many struggling with AUD
• There is a difference between recycling and just a redo: must use a learning perspective

DiClemente, 2018
Change ≠ Linear Process: Relapse & Recycling

what people think it looks like

what it really looks like
Relapse: An “Unfolding Process”

• To understand person in context need a complex, multidimensional model (Witkiewicz & Marlatt, 2007)

• Need a dynamic not static system perspective

• Need to understand macro and micro processes (stage tasks, mechanisms, context)

• Need complex, nonlinear analytic techniques
  o Transition Analyses
  o Dynamical system modeling
  o Chaos Theory

Witkiewicz & Marlatt, 2007; Brandon et al., 2007
Stages of Change Model

**Precontemplation**
Increase awareness of need to change

**Contemplation**
Motivate and increase confidence in ability to change

**Preparation**
Negotiate a plan

**Action**
Reaffirm commitment and follow-up

**Maintenance**
Encourage active problem-solving

**Relapse**
Assist in Coping

**Termination**
If we use a learning perspective, we need to learn how to accomplish each task well enough to support sustained change.
Can’t they get it right the first time?

• Alcohol Use disorders involve critical addiction mechanisms: **neuroadaptation, impaired self-regulation** and **importance/salience** in the life of the individual

  DiClemente, 2018

• Learning how to manage and overcome these mechanisms and accomplish stage tasks takes time, energy and focus

• Many ways recovery can become compromised

• IT’S A COMPLICATED PROCESS

• RECOVERY IS A MARATHON NOT A SPRINT
Examining Failure – Promoting Success

• Black Box Thinking (Matthew Syed, 2015)

• Examining failures and mistakes to figure out how to learn from them

• Airline Industry Black Box
  o Examine the data – but looking for the right data
  o Reconstruct the event – entire not just moment
  o Simulate the event to ensure you understand what went wrong – thinking, feeling, and behavior
What Do We Know About the Recovery Process and What Predicts Successful Change?
Recovery and Change

• SAMHSA’s working definition of recovery from mental health & substance use disorders:

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2012).
What Predicts Success: Multiple Studies

- Coping Skills
- Self-Efficacy
- Commitment
- Decision making
- Planning
- Reduction in Temptation/Craving
- Adequate Completion of Stage Tasks

DiClemente, et al., 2019
Temptation, Confidence & Relative Levels

• Both Temptation and Self-Efficacy predicted Match Drinking Outcomes (PDA & DDD)

• Temptation minus Confidence:
  o Level of temptation to drink Measure across multiple relapse situations of the relative to the level of self-efficacy across the same situations.
  o Predicted post treatment PDA and DDD in MATCH
  o EOT T-C predicted time to first drink and number of drinks in first day (significant but small effect size)

MATCH EOT Process Profiles Predict Outcomes

• Client status during 1-year follow-up period:
  o Abstinent - 100% PDA  N=110
  o Moderate drinking (no binge)  N=285
  o Heavier drinking  N=278

• No differences between these groups by treatment

• Client Profile on URICA Stage of Change Subscales, Temptation to Drink, Abstinence Self-Efficacy, Experiential and Behavioral Processes of Change
TTM Profile:
Outpatient PDA Post-treatment

PDA = percent days abstinent
TTM Profile: Aftercare PDA Post-treatment

Keys to Successful Recovery

• Most addicted individuals will recycle through multiple quit attempts and multiple interventions

• They need to accomplish each of the stage tasks well enough to support sustained change and enter into recovery

• However successful recovery occurs for a large number of addicted individuals over time (42 million former smokers)

DiClemente, 2007
How Can We Promote Recovery

• Reducing Temptation by
  o Developing Positively Reinforcing Activities
  o Building a repertoire of alternatives
  o Activating Behavioral Processes of Change

• Emphasizing choices
  o Personal resilience & Self-Efficacy
  o Apparently Irrelevant Decisions
  o Stage Tasks

• Building social capital

• Support and build affect regulation not just ECF
A Role for Harm Reduction?

- How can we make relapse less risky and fatal?
- Are harm reduction and abstinence incompatible?
- How to make harm reduction serve recovery?
- How can we create messages that recognizes the reality of relapse and recovery and the value of harm reduction?
- The process is the same for harm reduction behaviors as for recovery behaviors.
- People are in different stages of change for a whole host of recovery behaviors.
Cyclical Model for Successfully Sustained Change

• Keys to successful recycling
  o Persistent efforts
  o Repeated attempts
  o Learning from the past
  o Recovering from neuroadaptation
  o Find support for impaired self-regulation (scaffolding)
  o Begin building a new life without the addictive behavior
  o Never Give Up
  o “Stick and Stay”
Let’s retire the term “Relapse”

• It is stigmatizing blaming, and contributes to a fatalistic/failure identity

• Recycling on the Road to Recovery
  ○ A setback in sustaining change, a mistake that can be corrected, an opportunity to learn
  ○ Long-term multidimensional perspective
  ○ Getting Well and Getting Better
Yes

• Is relapse and recycling necessary for AUD Recovery?
• Reoccurrence happens often with all chronic conditions (why they are “chronic”)
• Focusing on how individuals can benefit from the experience of a failure to sustain change can change the perspective of research and clinical practice in health and addictive behaviors
Thank You

Questions?


