

RELAPSE: A SLIP DOESN'T MEAN TREATMENT HAS FAILED

Alcohol treatment often focuses on drinking cessation. Washington University researchers propose that “maintaining sobriety is a crucial but oft ignored component of effective treatment.” They say “The high rate of relapse trying to maintain the behavior change is a major source of consternation.” Priscilla Mackay, Ph.D., and G. Alan Marlatt, Ph.D., propose relapse prevention (RP) after drinking is stopped, “to detect problem behavior/situations and intervene to prevent/interrupt the relapses.”

Lapse or relapse?

The central approach is discerning between relapse and lapse. Instead of a lapse as a return to the diseased state (*i.e.*, failure), relapse “is seen as a step backward” and does not predict what direction the next step is; “continued worsening is not inevitable,” and there is an opportunity for intervention in the aftercare program. The authors write, “A governing philosophy in our aftercare group is that a slip is not a reason for termination, but failure to talk about it and learn from it is taken very seriously.”

Research shows relapse often occurs with a number of variables, including individual and intrapersonal factors (*e.g.*, negative emotional states such as anger, depression, and boredom, and lack of coping skills); environmental and social factors (*e.g.*, intense degree of physical dependence and craving responses to cues). The RP model helps clients recognize their high-risk conditions and develop coping skills to keep them from giving in to those conditions.

Roadmaps to recovery

Mackay and Marlatt suggest, “recovery is like taking a highway journey.” The traveler can expect unexpected detours. . . narrow mountain curves, seemingly easy driving on long, straight highways that can seductively lull you off guard, and unforeseen weather conditions. As in a highway journey, once a person stops drinking, he/she enters a new stage of perceived control. According to the authors, “this period of perceived control continues until the individual inevitably encounters a high-risk situation,” which increases the chances for relapse.

In aftercare group settings, clients learn to spot high-risk situations and respond to potential relapse situations. Counselors’ and group members’ response to abstinence slips are central to the RP model. The group helps a “slipper” reframe the incident as an understandable, but inappropriate reaction to life stressors. They suggest better coping ways rather than pointing fingers of blame, and then help develop experiences that will support continued sobriety.

The RP model also has been used, in individuals with other addictive behaviors, such as drug abuse, sexual aggression, and anger problems. The important thing is that people with newly developed behaviors are vulnerable to lapses. If others treat these events too harshly, it may precipitate a full-scale slide rather than serve as a reminder to remain vigilant to cues and warning signs.

Reviewed 1/07

Priscilla W. Mackay & G. Alan Marlatt, “Maintaining Sobriety: Stopping is Starting,” *The International Journal of the Addictions*, 25:1257-1276, 1991. This article first appeared in *The Brown University Digest of Addiction Theory & Application*. Posted in *The Addiction Letter*, 1994, Manisses Comm. Grp. Inc., Box 3357, Providence, RI 02906